

IMPORTANT NOTICE

Please read the following before proceeding to complete this Proposal Form.

Your Association Liability Insurance Policy is issued on a CLAIMS MADE basis.

This means that this Policy responds to:

1. Claims first made against you during the period of insurance and notified to the Insurer during that period of insurance, providing that you were not aware at any time prior to the Policy inception of circumstances which would have put a reasonable person in your position on notice that a Claim may be made against you; and
2. Pursuant to Section 40(3) of the *Insurance Contracts Act 1984* (Cth.) which states: "Where the Insured gave notice in writing to the Insurer of facts that might give rise to a Claim against the Insurance Contracts Act as soon as was reasonably practicable after the Insured became aware of those facts but before the insurance cover provided by the contract expired, the Insurer is not relieved of liability under the contract in respect of the Claim, when made, by reason only that it was made after the expiration of the period of insurance cover provided by the contract".

When the Policy expires, no new notification generally can be made on the expired policy even though the event giving rise to a Claim against you may have occurred during the period of insurance. You will not be entitled to indemnity under your new policy in respect of any Claim arising out of circumstances of which you were aware at any time prior to policy inception which would have put a reasonable person in your position on notice that a Claim may be made against you.

When completing your Proposal you are obliged to report and provide full details of all circumstances which have become known to you and which would put a reasonable person in your position on notice that a Claim may be made against you. This is important to ensure that you make proper disclosure (refer to notice pursuant to the *Insurance Contracts Act 1984* in order that your entitlement to full indemnity under your new policy is not placed in jeopardy. In accordance with the provisions of the Insurance Contracts Act, DUAL Australia Pty Ltd ('DUAL Australia') is required to advise you of your responsibilities in relation to the disclosure of relevant information.

Your Duty of Disclosure

Before you complete this Proposal Form and enter into a contract of general insurance, please be aware that you have a duty, under the Insurance Contracts Act, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matters:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of its business, ought to know; or
- where the insurer agrees to waive compliance with your duty of disclosure.

(It should be noted that this duty continues after the Proposal Form has been completed up until the time the Policy is entered into.)

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a Claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning. It is therefore vital that you make sufficient enquiries BEFORE you complete your Proposal Form and BEFORE you sign any declaration that there has been no change in the information proposed. Please take notice of the following statements pursuant to the provisions of the Insurance Contracts Act.

Surrender or Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate you or hold you harmless for part or all or any loss or damage otherwise covered by the Policy, but you have agreed with that person either before or after the inception of the Policy that you would not seek to recover any loss or damage from that person, you are NOT covered under the Policy for any such loss or damage.

Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

When completing this Proposal Form

- Please answer all questions giving full and complete answers.
- It is the duty of the Applicant to provide all information that is requested in the proposal form as well as to add additional relevant fact
 - NOTE: A relevant fact is such know fact and/or circumstance that may influence in the evaluation of the risk by the Insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker.
- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question.
- The Proposal Form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting Association Liability Insurance for the organisation who acts as the Applicant.

This Proposal Form DOES NOT BIND the Applicant or the Insurer to complete the insurance but will form part of any insurance.

Privacy Collection Statement

At DUAL Australia, we are committed to protecting your privacy and complying with the Privacy Act 1988 (Cth) ('Privacy Act').

We use your information to assess the risk of providing you with insurance, provide quotations, issue policies and assess claims, on behalf of the insurers we represent. We also use your information to administer any policies we have issued to you and may do so by mail or electronically, unless you tell us that you do not wish to receive electronic communications. If you do not provide us with full information, we may not be able to provide insurance or assess a claim. If you provide us with information about someone else, you must obtain their consent to do so.

We provide your personal information to the insurer we represent when we issue and administer your insurance. When providing a quotation or insurance terms, we will tell you if the insurer is overseas and if so, where they are. We may also provide your information to your broker and our contracted third-party service providers (e.g. claims management companies). We are part of Howden Group Holdings Limited and may provide your information to UK based Group entities who provide us with business support services. If a recipient is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will take reasonable steps to ensure that they protect your information in the same way we do or seek your consent before disclosing your information to them. We do not trade, rent or sell your information.

Our Privacy Policy contains more information about how to access and correct the information we hold about you and how to make a privacy related complaint, including how we will deal with it. By providing us with your personal information, you consent

to its collection and use as outlined above and in our Privacy Policy. Ask us for a copy of our Privacy Policy via email at privacy@dualaustralia.com.au or access it via our website using the following [link](#).

Notification of Circumstances or Events, which may give rise to a Claim

If during the period of this Policy, you become aware of any circumstances which may give rise to a Claim under the Policy and during the period of insurance given written notice to the Insurer of such circumstances, any Claim which may be subsequently made arising out of the circumstances of which notification has been given shall be deemed to be a Claim made during the period of this Policy whenever such Claim may actually be made.

All notifications of claims and circumstances should be addressed to:

The National Claims Manager:

By Email: claims@dualaustralia.com.au

or by mail to: GPO Box 7101
Sydney NSW 2001
Australia

DUAL recommends that you keep a record of all information supplied for the purpose of entering into an insurance contract with us (including copies of this Proposal Form and any correspondence with us or your insurance broker or agent).

Section 1 | Details of Applicant

Insured Name: _____

Address of head office: _____

State: _____ Postcode: _____

Web Address: _____

Date established (dd/mm/yy): _____ Country State of Registration: _____

ABN/ACN: _____ Telephone No: _____

Describe the business activities of the Company: _____

Section 2 | History Of The Company

1. Has the Association made any acquisitions, merger, divestments, pending or under consideration, and/or planning any material capital raisings within the next twelve months? Yes [] No []

2. Is the Association involved in any business activities in the USA and/or Canada? Yes [] No []

If YES to any of the above, please provide further details, including assets, turnover, any past/present or prospective capital raisings and number of employees in the USA &/or Canada:

(If insufficient space, please provide details on a separate page and attach to this Proposal)

Section 3 | Financial Information

1. Please provide the Association's Gross Consolidated Turnover (average of last two (2) years): AUD\$ _____

2. In the past three (3) years, has there been (or is there now proposed) any change in the financial position or capital structure that may materially affect the performance of the company? Yes [] No []
3. Is any Director or Officer of the Company aware of any facts or circumstances that may affect the ability of the Association to meet its debts as and when they fall due? Yes [] No []

If YES, to any of the above please provide full details and attach separately.

The Policy contains an Insolvency Exclusion. On receipt and review of audited financial statements, we can consider removing this exclusion.

4. Do you have any Association Liability Insurance Cover currently in place? Yes [] No []

If YES, please provide full details:

Name of Insurer: _____

Limit of Indemnity: _____

Deductible: _____

Expiry Date of the Policy: _____ / _____ / _____

Retroactive Date: _____ / _____ / _____

Section 4 | Outside Directorship

1. Do any of the Directors or Officers of the Company hold (at the specific request of the Company) any Board positions on other entities? Yes [] No []

If YES, please provide full details of such entries:

Other Entity	Company's Shareholding in Other Entity	Limit of Other Entity's D&O Policy	Expiry Date

Section 5 | Employment Practices Liability

1. Please advise total number of:

Employees: _____ Retrenchments occurred in the last twelve (12) months: _____

2. Does the Association have written employment procedures (e.g. Employee Handbook) that are available to each employee? Yes [] No []

Section 6 Employee Theft

1. Does the Association segregate duties so that no one individual can control any of the following activities from commencement to completion without referral to others (ie Financial Controllers, Directors)? Yes [] No []
- a. Signing cheques, preparing cheque requisitions, reconciling bank statements or issuing funds transfer instructions above \$5,000? Yes [] No []
- b. Refund of Monies or return of goods above \$5,000? Yes [] No []
2. Is there an annual independent physical count of stock that is reconciled against inventory records? Yes [] No []

Section 7 Claims Information / Circumstances

1. After enquiry, is the proposed Insured aware of any facts or circumstances which might afford valid grounds for any future claim(s) or which would indicate the probability of any such claim(s)? Yes [] No []
2. Within the last three (3) years, has the proposed Insured been the subject of any complaint, suit, inquiry or notice of a hearing from any State, Territory or Federal regulatory body, or any other party? Yes [] No []
3. Within the last three (3) years, has the proposed Insured discovered any losses from employee dishonesty, burglary, robbery, disappearances, destruction or forgery? Yes [] No []
4. Has the proposed Insured been declined, had cancelled or non-renewed any insurance policies for any of the coverages for which it has applied? Yes [] No []

If YES, please provide full details: _____

(If insufficient space, please provide details on a separate page and attach to the Proposal)

Section 8 Income Details

1. In respect of gross fees/income for the last financial year, please provide a breakdown by State:

NSW %	ACT %	QLD %	VIC %	TAS %	SA %	WA %	NT %	O/S %

Section 9 Indemnity Limit

1. Please select the amount of Indemnity required:

\$1,000,000 [] \$2,000,000 [] \$5,000,000 []

Other: _____

Section 10 | Declaration

SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

The undersigned declares that the statement and particulars in this Proposal Form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that should any of the information given by us alter between the date of this Proposal and the inception date of the insurance to which this Proposal relates, the undersigned will give immediate notice thereof. The undersigned agrees that the Underwriters may use and disclose our personal information in accordance with the 'Privacy Collection Statement' at the beginning of this Proposal.

The undersigned acknowledges that they have read the policy wording and associated endorsements and are satisfied with the coverage provided, including the limitations and restrictions on coverage.

The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR

Full Name: _____

Position: _____

Signature: _____ Date: / /

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT, PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN INSURED'S RIGHT OF RECOVERY UNDER THE POLICY.

DUAL Australia recommends that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this Proposal Form and correspondence).

HOW TO CONTACT DUAL AUSTRALIA PTY LTD:

Address: DUAL Australia Pty Ltd

GPO Box 7101

Sydney NSW 2001

Australia

Telephone: 1300 769 772 (If dialling from outside Australia +61 2 9248 6300)

E-mail: dualenquiries@dualaustralia.com.au