

# Proposal Form

DUAL Evolution



## Directors & Officers Liability Insurance

## Employment Practices Liability Insurance

## Tax Audit Costs Cover

## Statutory Liability & Supplementary Legal Costs Insurance

## Crime Protection Insurance

### IMPORTANT NOTICE RELATING TO THIS PROPOSAL FORM

PLEASE READ THE FOLLOWING BEFORE PROCEEDING TO COMPLETE THIS PROPOSAL FORM

#### 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 1984* (Cth.), 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 in its entirety. 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 provided. Directors & Officers Insurance, Employment Practices Liability Insurance, Tax Audit Costs Cover and Statutory Liability & Supplementary Legal Costs Insurance is issued on a CLAIMS MADE and NOTIFIED basis. This means that these covers only respond to:

- (1) Claims first made against you during the insurance period and notified to the Insurer during that insurance period, 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) Claims notified pursuant to Section 40, sub-section 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 Insured 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 insurance period. 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 this proposal form, 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* (Cth.)) 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 1984* (Cth.), DUAL Australia is required to advise you of your responsibilities in relation to the disclosure of relevant information.

### When completing this Proposal Form

This proposal form can be used to obtain quotations from DUAL Australia for Directors & Officers Liability Insurance, Employment Practices Liability Insurance, Tax Audit Costs Cover, Statutory Liability and Supplementary Legal Costs Insurance and/or Crime Protection Insurance. This proposal form is split into 9 Sections. The first asks you to provide details of the Applicant and is a compulsory section. This section must be completed on behalf of all Applicants seeking quotations for Directors & Officers Liability Insurance, Employment Practices Liability Insurance, Tax Audit Costs Cover, Statutory Liability & Supplementary Legal Costs Insurance and Crime Protection Insurance. Sections 2-6 each relate to a specific insurance coverage and need only be completed if the Applicant requires quotations for these Policies. Section 7 is the Declaration Section and is also compulsory. A duly authorised representative of the Applicant must sign this to confirm that the information which has been provided in this form is correct.

The Applicant should only complete Section 1, which is compulsory, the section/s which relate to the insurances which they require quotations for and finally sign section 7, which is the Declaration Section. For example, if the Applicant only requires a quotation for Directors & Officers Liability Insurance, they should only complete Sections 1, 2 and 7, however, if they require quotations for Directors & Officers Liability Insurance, Employment Practices Liability Insurance and Crime Protection Insurance, then they should complete Sections 1, 2, 3, 5 and 7.

Any references throughout this proposal form to “you” or “your” are to be read as references to “the Applicant”.

If you have any questions in relation to the information which is to be provided, please contact your local DUAL Australia underwriter, who will be able to assist you with any queries that you may have. In certain instances, exemptions may be sought in relation to some of the information that has been requested. Contact details of your local DUAL Australia office are available from our website at: [www.dualaustralia.com.au](http://www.dualaustralia.com.au)

### 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 of 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 honestly, 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 any additional relevant facts.
- A relevant fact is a fact and/or circumstance that may influence 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 the 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 management liability insurance for the firm who acts as a 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 Pty Ltd, we are committed to compliance with the *Privacy Act 1988* (Cth). We use your personal information to assess the risk of and provide insurance, and assess and manage claims. We may also use your contact details to send you information and offers about products and services that we believe will be of interest to you. If you don’t 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 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 are part of the Hyperion Insurance Group and may provide your information to UK based Group entities who provide us with business support services. We may also provide your information to your broker and our contracted third party service providers (e.g. claims management companies), but will take all reasonable steps to ensure that they comply with the Privacy Act.

Our Privacy Policy contains information about how you can access the information we hold about you, ask us to correct it, or make a privacy related complaint. You can obtain a copy from our Privacy Officer by telephone (+61 (0)2 9248 6300), email ([reception@dualaustralia.com.au](mailto:reception@dualaustralia.com.au)) or by visiting our website ([www.dualaustralia.com.au](http://www.dualaustralia.com.au)).

By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy.

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

All notifications to DUAL Australia should be addressed to:

The National Claims Manager

By Email: [claims@dualaustalia.com.au](mailto:claims@dualaustalia.com.au)

By Mail: GPO Box 7101  
Sydney NSW 2001  
Australia

**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 with us or your insurance broker or agent).**

### Section 1 | Questions about the Applicant

The following section (Section 1) should be completed by all Applicants.

The Proposed Policyholder's Name: \_\_\_\_\_

(Please include the name of all entities which are not subsidiaries of the ultimate holding company which you require a quotation for. References to the Applicant are references to the Proposed Policyholder throughout)

Trading as: \_\_\_\_\_

Names of all subsidiaries / incorporated joint venture companies to be insured by this policy/these policies: \_\_\_\_\_

Head office address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Country / State of Registration: \_\_\_\_\_

ABN/ACN: \_\_\_\_\_

Type of company (e.g. private, public listed, public unlisted, association, co-operative etc.) \_\_\_\_\_

Date of incorporation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date from which the Applicant has continuously conducted its business: \_\_\_\_/\_\_\_\_/\_\_\_\_

If we need to make contact please provide details of:

Key Contact Person: \_\_\_\_\_ Contact number: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_ Contact number: \_\_\_\_\_

1. Describe the full business activities of the Applicant (including all subsidiary companies and controlled entities):

\_\_\_\_\_

2. In the last 24 months, has the Applicant or any of its Subsidiaries acquired or merged with any other entity? Yes [ ] No [ ]

3. Does the Applicant or any of its Subsidiaries have any acquisition, tender offer or merger with another entity pending or under consideration? Yes [ ] No [ ]
4. Is the Applicant or any of its Subsidiaries aware of any proposal relating to its acquisition by another entity? Yes [ ] No [ ]
5. Is there any change to the nature of business intended, or being considered in the next twelve (12) months? Yes [ ] No [ ]
6. Is the Applicant listed on the ASX or any other Securities Exchange? Yes [ ] No [ ]
7. Please advise the Securities Exchange, which the Applicant is listed on (eg: ASX), if applicable: \_\_\_\_\_

8. Is the Applicant intending to raise funds via a public offering of securities within the next year in Australia or elsewhere? Yes [ ] No [ ]

9. Please advise the total number of employees including contractors:

Employment Type	Number
Board members, Directors, Partners & Executive Officers	
Full time employees excluding the above	
Part-time & casual employees	
Independent Contractors	
Voluntary Workers & Secondees	
<b>Total:</b>	

10. Please advise the annual turnover / revenue and assets of the Applicant for:

	Previous 12 months	Next 12 months (estimated)
Revenue / Turnover		
Assets		

11. In respect of gross fees/revenue for the last financial year, please provide a breakdown by State (for Stamp Duty Purposes)

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

12. Is the Applicant a registered entity pursuant to the A New Tax System (Goods & Services Tax) Act 1999 (Cth.)? Yes [ ] No [ ]
13. Is the Applicant involved in any business activities outside of Australia and New Zealand? Yes [ ] No [ ]
- If YES, is the Applicant involved in any business activities in the USA &/or Canada? Yes [ ] No [ ]

**If YES, please complete the North American Risks Addendum at the End of Section 7.**

14 Does the Applicant have any other similar Insurance Cover currently in place? Yes [ ] No [ ]

If YES, please advise us of the following information:

	Name of Insurer	Limit of Indemnity	Policy Period	Deductible
Management Liability				
General Liability				
Professional Indemnity				
Other:				

### Questions about Claims & Circumstances

1. In the past five (5) years, has the Applicant or any Director or Officer of the Applicant or its subsidiaries, been declined, had cancelled or non-renewed any insurance policies for any of the coverage's for which it has applied? Yes [ ] No [ ]
2. After inquiry, in the past five (5) years, has there been any regulatory inquiries or investigations made into the Applicant, its subsidiaries, or any of its, Directors, Officers, Managers, or Employees, which may have been covered by us, under any of the coverage's for which it has applied? Yes [ ] No [ ]
3. After inquiry, in the past five (5) years, has there been any regulatory inquiries or investigations made into the Applicant, its subsidiaries, or any of its, Directors, Officers, Managers, or Employees, which may have been covered by us, under any of the coverage's for which it has applied? Yes [ ] No [ ]
4. After inquiry of all Directors & Officers of the Applicant, has there been, or is there now pending, any proceedings (Criminal or Civil) or demands which have been made against them in their capacity as a Director or Officer of the Applicant or its Subsidiaries? Yes [ ] No [ ]
5. After inquiry, is the Applicant or any of its Directors or Officers aware of any facts or circumstances, which might afford valid grounds for any future investigations, inquiries, regulatory proceedings, or other claims, which may be covered by us, under any coverage for which it has applied? Yes [ ] No [ ]
6. In the last five years, has Applicant 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 [ ]
7. Has the Applicant sustained any losses over the last five (5) years as a result of any fraudulent action, or dishonest misappropriation? This includes the loss of any third party's funds or tangible property in the care, custody and control of the Applicant? Yes [ ] No [ ]
8. Within the last five (5) years, has the Applicant been audited or been the subject of a Risk Review by the Australian Taxation Office or any State or Territory Revenue Office? Yes [ ] No [ ]

9. If the Applicant answered YES, please provide details of any losses (via separate addendum if necessary) sustained during the past five (5) years. Please include a brief description of the facts of the matter, details regarding the quantum of the loss, the outcome and whether any insurance monies were paid as a result.

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10. Please tick the options below, that you would like us to provide a quote for. Where an "N/A" appears in the box, we are unable to provide a quotation for that option.

#### Directors & Officers Liability

\$1m	\$2m	\$3m	\$5m	\$10m	\$10m	Other (Please specify):

#### Employment Practices Liability

\$500k	\$1m	\$2m	\$3m	\$4m	\$5m	Other (Please specify):

#### Tax Audit Costs

\$500k	\$1m	\$2m	\$3m	\$4m	\$5m	Other (Please specify):

#### Crime Protection

\$1m	\$2m	\$3m	\$5m	\$10m	\$10m	Other (Please specify):

## Section 2 | Directors & Officers Liability

The following section (Section 2) should be completed if the Applicant would like a quotation for Directors & Officers Liability Insurance from us.

1. Please advise:

The market capitalisation if listed on a public securities exchange:	
The total number of shareholders:	
The total number of shares held by Directors or Officers:	

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

If YES, please advise us of the Directors or Officers who require cover, the entities where they hold positions, and the positions that they hold:

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**Please don't forget to sign the Declaration in Section 7 of this Proposal Form**

### Section 3 | Employment Practices Liability

The following section (Section 3) should be completed if the Applicant would like a quotation for Employment Practices Liability Insurance from us.

- |  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| 1. During the next 12 months, is the Applicant or any of its subsidiaries implementing or contemplating the implementation of, any outsourcing of any functions currently performed by its employees?  | Yes [ <input type="checkbox"/> ] | No [ <input type="checkbox"/> ] |
| 2. During the next 12 months, is the Applicant or any of its subsidiaries undergoing, or has it contemplated implementation of, any outsourcing of any functions currently performed by its employees?   | Yes [ <input type="checkbox"/> ] | No [ <input type="checkbox"/> ] |
| 3. During the next 12 months, is the Applicant or any of its subsidiaries undergoing, or has it contemplated undergoing, any employee redundancies, layoffs, or early retirement (including those resulting from any type of employment terminated, or been made redundant within the last 24 months)? | Yes [ <input type="checkbox"/> ] | No [ <input type="checkbox"/> ] |

If YES to any of the above (Q. 1-3), please provide full details: \_\_\_\_\_

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- |  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| 4. Does the Applicant have a central Human Resources or personnel department performing a function for the Applicant and its subsidiaries? | Yes [ <input type="checkbox"/> ] | No [ <input type="checkbox"/> ] |
|--|----------------------------------|---------------------------------|

If NO, how is this function handled? \_\_\_\_\_

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- |   |                                  |                                 |
|---|----------------------------------|---------------------------------|
| 5. Does the Applicant and its subsidiaries have a written Human Resources manual, employee handbook or equivalent written employment management guidelines? | Yes [ <input type="checkbox"/> ] | No [ <input type="checkbox"/> ] |
|---|----------------------------------|---------------------------------|

If YES, are all managers and employees:

- |   |                                  |                                 |
|---|----------------------------------|---------------------------------|
| a. Provided with a copy of this manual?   | Yes [ <input type="checkbox"/> ] | No [ <input type="checkbox"/> ] |
| b. Provided with training in relation to the policies and procedures in the manual?                         | Yes [ <input type="checkbox"/> ] | No [ <input type="checkbox"/> ] |
| 6. Are decisions regarding the termination of employment always subject to prior review by the Applicant's: |                                  |                                 |
| a. Human Resources or Personnel Department?   | Yes [ <input type="checkbox"/> ] | No [ <input type="checkbox"/> ] |

- b. Internal Legal Department? Yes [ ] No [ ]
- c. External Legal Counsel? Yes [ ] No [ ]

**Please don't forget to sign the Declaration in Section 7 of this Proposal Form**

#### Section 4 | Tax Audit Costs

The following section (Section 4) should be completed if the Applicant would like a quotation for Tax Audit Cover from us

1. Does the Applicant outsource any of its audit functions? Yes [ ] No [ ]

If YES, please advise full details of the firm or persons conducting the Audit function: \_\_\_\_\_

\_\_\_\_\_

2. Does the Applicant engage any external consultants to assist it with its book keeping and accounting? Yes [ ] No [ ]

If YES, please provide full details: \_\_\_\_\_

\_\_\_\_\_

3. Does the Applicant employ an Accountant or Book keeper? Yes [ ] No [ ]

#### Section 5 | Statutory Liability & Supplementary Legal Costs

The following section (Section 5) should be completed if the Applicant would like a quotation for Statutory Liability Insurance from us.

1. Does the Applicant have a Workplace or Occupational Health & Safety Manager, Department or Co-ordinator? Yes [ ] No [ ]
2. Has the Applicant's quality control system been certified? (e.g. ISO9000) Yes [ ] No [ ]
3. Does the Applicant have a current manual for Occupational Health & Safety Procedures and Environmental Protection Procedures? Yes [ ] No [ ]
4. Are these manuals distributed to all employees and is training provided? Yes [ ] No [ ]
5. On the most recent Workers Compensation renewal, was the Company rated at the industry gazetted rate? Yes [ ] No [ ]

If you are unsure about the answer to this question (5) above, please attach the Applicant's last Workers Compensation Insurance Renewal notice.

If the Applicant answered NO to any of the above (5.1- 5.5) please provide full details: \_\_\_\_\_

\_\_\_\_\_



- |   |         |        |
|---|---------|--------|
| 6. Does the Applicant have workers engaged in any hazardous manual activities (including work in confined spaces, abrasive blasting, electrical work, diving and other high risk activities)? | Yes [ ] | No [ ] |
| 7. Does the Applicant manufacture or use any toxic chemicals or hazardous substances?   | Yes [ ] | No [ ] |
| 8. Has the Applicant, or has the Applicant applied for, any environmental licence or licence to pollute?  | Yes [ ] | No [ ] |
| 9. Does the Applicant have any involvement in:  |         |        |
| a. asbestos   | Yes [ ] | No [ ] |
| b. fungus, mildew, mould or any other pollutants  | Yes [ ] | No [ ] |
| c. recycled, reconditioned or reclaimed materials   | Yes [ ] | No [ ] |
| d. any marine, aviation or road activities  | Yes [ ] | No [ ] |
| 10. Has the Applicant ever had a penalty or premium loading imposed on their Workers Compensation insurance?  | Yes [ ] | No [ ] |

If the Applicant answered YES to any of the above (6-10) please provide full details: \_\_\_\_\_

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- |  |         |        |
|--|---------|--------|
| 11. Do you require quotations for:     |         |        |
| a. Statutory Liability Insurance       | Yes [ ] | No [ ] |
| b. Supplementary Legal Costs Insurance | Yes [ ] | No [ ] |

## Section 6 | Crime Protection

The following section (Section 6) should be completed if the Applicant would like a quotation for Crime Protection Insurance from us.

- |  |         |        |
|--|---------|--------|
| 1. Do external auditors audit all operations at least annually?  | Yes [ ] | No [ ] |
| 2. Have all recommendations by external auditors regarding internal controls been complied with following your last audit?                             | Yes [ ] | No [ ] |
| 3. Do you have an Internal Audit Department?   | Yes [ ] | No [ ] |
| 4. Are duties segregated so that no individual can control any of the following activities from commencement to completion without referral to others: |         |        |
| a. signing cheques or authorising payments (including capital expenditure) above \$5,000?  | Yes [ ] | No [ ] |

- |  |         |        |
|--|---------|--------|
| b. issuing funds transfer instructions?  | Yes [ ] | No [ ] |
| c. amending funds transfer procedures?   | Yes [ ] | No [ ] |
| d. opening new accounts?   | Yes [ ] | No [ ] |
| e. investment in and custody of securities and valuables?  | Yes [ ] | No [ ] |
| f. refund monies or return goods above \$5,000?  | Yes [ ] | No [ ] |
| g. disbursement of assets or funds of any pension plan?  | Yes [ ] | No [ ] |
| h. awarding contracts following a tender?  | Yes [ ] | No [ ] |
| 5. When recruiting or promoting employees to positions of trust involving handling of stock, money, financial or treasury functions, do you:   |         |        |
| a. Undertake independent checks into their employment history?   | Yes [ ] | No [ ] |
| b. Undergo a process to ensure their suitability for the position?   | Yes [ ] | No [ ] |
| 6. Is there controlled access to all locations?  | Yes [ ] | No [ ] |
| 7. Are all premises containing stock, money, securities, precious metals etc. connected to an intruder alarm?  | Yes [ ] | No [ ] |
| 8. Does the Applicant maintain an approved suppliers list?   |         |        |
| 9. Are unique passwords used to give various levels of entry to the computer depending on the users authorisation?   | Yes [ ] | No [ ] |
| 10. Are passwords automatically withdrawn when people leave?   | Yes [ ] | No [ ] |
| 11. Is your computer system firewall protected to prevent unauthorised access?   | Yes [ ] | No [ ] |
| 12. Is your computer system protected by virus detection and repair software?  | Yes [ ] | No [ ] |
| 13. Does the Applicant have a process in place at all locations where all bank statements are independently reconciled by persons not authorised to deposit or withdraw funds, issue funds transfer instructions or dispatch funds to customers? | Yes [ ] | No [ ] |

If the Applicant answered NO to any of the above (1-13) please provide full details: \_\_\_\_\_

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## Social Engineering

1. Does a Social Engineering Fraud risk management strategy exist, and has the Applicant informed and alerted relevant staff at all locations of Social Engineering Fraud? Social Engineering Fraud includes Fake President Fraud, Payment Diversion Fraud and Customer/Management Impersonation Fraud. Yes [ ] No [ ]
2. Does the Applicant have a process in place at all locations where all unusual payment instructions purporting to come from the Applicant's senior management are followed up by call backs to senior management at a previously known and pre-designated phone number to confirm payment instructions and check authenticity? Yes [ ] No [ ]
3. Does the Applicant have a process in place at all locations where instructions to change bank account details purporting to come from vendors, suppliers or customers are followed up by call backs to the respective vendors, suppliers or customers, at a previously known and pre-designated phone number to confirm instructions to change bank account details and check authenticity? Yes [ ] No [ ]
4. Does the Applicant have a process in place at all locations where senior management approval is always required before a change to vendor and supplier bank details is processed, such approval being given after review of the underlying request and the record of its verification? Yes [ ] No [ ]

If the Applicant answered NO to any of the above (1-4) please provide full details: \_\_\_\_\_

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## Section 7

## Declaration

**THIS SECTION IS COMPULSORY. PLEASE ENSURE THAT A DULY AUTHORISED REPRESENTATIVE OF THE APPLICANT SIGNS THE PROPOSAL FORM. PLEASE NOTE THAT WE WILL REQUIRE A COMPLETED, SIGNED AND DATED PROPOSAL FORM PRIOR TO BINDING.**

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

We declare that the statement and particulars in this proposal form are true and that no material facts have been misstated or suppressed after enquiry. We 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, we will give immediate notice thereof. We agree that the insurers may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. We agree 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 THAT THE PERSON SIGNING THE DECLARATION ABOVE IS/ARE FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY**

**IF IN DOUBT PLEASE SPEAK WITH YOUR INSURANCE BROKER, AGENT OR ADVISOR, AS NON-DISCLOSURE OR MISS-REPRESENTATION IN THIS PROPOSAL 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](mailto:dualenquiries@dualaustralia.com.au)

**ANNEXURES: PLEASE ANNEX THE FOLLOWING DOCUMENTS TO THIS PROPOSAL FORM**

A copy of the Applicant's latest Audited Financial Statements to this Proposal Form.

Also, if insufficient space has been provided in this Proposal Form for you to adequately answer any of the questions, please annex further supplementary pages.

**North American Risks: ADDENDUM**

1. In the USA or Canada, has the Applicant or any subsidiary at any time:

- |  |         |        |
|--|---------|--------|
| a. conducted any business?   | Yes [ ] | No [ ] |
| b. had any shares traded on a listed stock exchange?                 | Yes [ ] | No [ ] |
| c. held a beneficial interest in any company based in North America? | Yes [ ] | No [ ] |

2. If the Applicant answered YES to Section 1, Q13, please advise:

- The total assets of the Applicant and all Subsidiaries in the USA/Canada: AUD\$ \_\_\_\_\_
- What percentage of total assets of the Applicant and all Subsidiaries are in the USA/Canada: \_\_\_\_\_%
- Total number of Employees in the USA/ Canada: \_\_\_\_\_
- The total revenue derived from the USA/Canada: \$ \_\_\_\_\_
- What percentage of the total revenue of the Applicant and its subsidiaries is derived from the USA/Canada: \_\_\_\_\_%

3. Please list those subsidiaries in the USA/ Canada that are not wholly owned? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_