

# Chubb Elite Financial Institutions Civil Liability Insurance

## Proposal Form

### Instructions to Applicant

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#### **Completing the Proposal Form:**

1. Please note that this proposal form is being completed by the Applicant on behalf of all the Insureds to be covered and as defined in the Policy. The reference to Applicant means the Principal Organisation and its Subsidiaries, as defined in the Policy.
2. Please read the Important Notices on pages 1 - 2.
3. Please answer all questions. If you have insufficient space to complete an answer, attach a separate signed and dated sheet and identify the question number concerned.

#### **Please enclose with this Proposal Form:**

1. Latest audited annual reports and interim reports of the Applicant;
2. Latest Auditing Firm's letter of recommendation to Management and Management's written response;
3. Copy of standard client contract(s);
4. Any of the completed addendums A-F that are relevant to your operations; and
5. Organisational Chart.

#### **Additional underwriting information particular to activities as described in Addendums:**

##### *Investment Banking:*

1. Applicant's Standard Investment Banking Engagement Letters specific to types of advisory services offered;
2. Copies of any standard indemnity agreements the Applicant has with investment banking or other clients.

##### *Investment Adviser/Manager:*

1. Most recent prospectus for each fund managed by the Applicant;
2. Most recent annual statement for each fund for which cover is requested;
3. A copy of the standard investment management contract.

### Important Notice

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#### **Your Duty of Disclosure**

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

#### *What you do not need to tell us*

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

#### *If you do not tell us something*

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### *Coverage*

The Professional Indemnity contracts of insurance will cover liabilities arising from claims first made against you during the policy period or discovery period, if applicable.

Section 40(3) of the Insurance Contracts Act 1984, however, provides that an insurer cannot refuse to pay a claim by reason only that the claim was made after the expiry date of the policy in circumstances where you gave notice in writing to the insurer of facts that might give rise to the claim as soon as was reasonably practicable after you became aware of those facts but before the end of the policy period.

### *Waiver of Contribution or Indemnity Rights*

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the contract of insurance that you will not seek to recover such loss or damage from that person, Chubb will not cover you, to the extent permitted by law, for such loss or damage.

### *Change of Risk or Circumstances*

You should advise Chubb as soon as practicable of any material change to your normal business as disclosed in the proposal, including but not limited to changes in location, acquisitions and new overseas activities.

## **Privacy Statement**

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Chubb Insurance Australia Limited (Chubb) is committed to protecting your privacy. This document provides you with an overview of how we handle your personal information. Our Privacy Policy can be accessed on our website at [www.chubb.com/au](http://www.chubb.com/au).

### **Personal Information Handling Practices**

#### *Collection, Use and Disclosure*

We collect your personal information (which may include sensitive information) when you are applying for, changing or renewing an insurance policy with us or when we are processing a claim in order to help us properly administrate your insurance proposal, policy or claim.

Personal information may be obtained by us directly from you or via a third party such as your insurance intermediary or employer (e.g. in the case of a group insurance policy).

When information is provided to us via a third party we use that information on the basis that you have consented or would reasonably expect us to collect your personal information in this way and we take reasonable steps to ensure that you have been made aware of how we handle your personal information.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you. Sometimes, we may use your personal information for our marketing campaigns, in relation to new products, services or information that may be of interest to you.

We may disclose the information we collect to third parties, including service providers engaged by us to carry out certain business activities on our behalf (such as assessors and call centres in Australia). In some circumstances, in order to provide our services to you, we may need to transfer personal information to other entities within the Chubb Group of companies (such as the regional head offices of Chubb located in Singapore, UK or USA), or third parties with whom we or those other Chubb Group entities have sub-contracted to provide a specific service for us, which may be located outside of Australia (such as in the Philippines or USA). Please note that no personal information is disclosed by us to any overseas entity for marketing purposes.

In all instances where personal information may be disclosed overseas, in addition to any local data privacy laws, we have measures in place to ensure that those parties hold and use that information in accordance with the consent you have provided and in accordance with our obligations to you under the *Privacy Act 1988* (Cth).

### **Your Choices**

In dealing with us, you agree to us using and disclosing your personal information as set out in this statement and our Privacy Policy. This consent remains valid unless you alter or revoke it by giving written notice to our Privacy Officer. However, should you choose to withdraw your consent it is important for you to understand that this may mean we may not be able to provide you or your organisation with insurance or to respond to any claim.

## How to Contact Us

If you would like a copy of your personal information, or to correct or update it, please contact our customer relations team on 1800 815 675 or email CustomerService.AUNZ@chubb.com.

If you have a complaint or would like more information about how we manage your personal information, please review our Privacy Policy for more details or contact the Privacy Officer, Chubb Insurance Australia Limited, GPO Box 4907, Sydney NSW 2001, Tel: +61 2 9335 3200 or email Privacy.AU@chubb.com.

### Applicant Details

|  |  |
|--|--|
| 1. Name of Applicant                       |  |
| 2. Principal address                       |  |
| 3. Web address                             |  |
| 4. Date established                        |  |
| 5. Nature of the business by the Applicant |  |

### Regulatory Details

|  |  |
|--|--|
| 6. Is the Applicant licensed by any regulatory authority?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, please list the regulatory authorities.                |  |
| 7. Is the Applicant an Australian Financial Services Licensee? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, does the Applicant have retail clients?                |  |

### Ownership

|  |  |
|--|--|
| 8. Is the Applicant:   |  |
| a) Listed on any stock exchange?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Listed on any unlisted securities market or exempt exchange?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Traded in any other way?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES to any of the above, please provide full details: stock code; what exchange they are listed on; and type of security traded on that exchange:                           |  |
| <br>   |  |
| <br>   |  |
| 9. Please detail any shareholder or associated group of shareholders who own or control, directly or indirectly, more than 10% of the ordinary share capital of the Applicant. |  |

### Material Change in Subsidiaries or Services

|  |  |
|--|--|
| 10. Is the Applicant or any individual proposed for coverage aware of any actual (last 12 months) or future acquisition, merger or creation of a new subsidiary:       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, please list any subsidiaries:  |  |
| a) That have increased the asset size of the Applicant's total assets by more than 20% based on the latest audited consolidated financial statements or annual report: |  |
| <br>   |  |
| b) That are domiciled inside of, and principally active in the United States of America or its Territories:  |  |
| <br>   |  |
| c) That have had a claim relating to professional services paid by an insurer within the previous five years:  |  |
| <br>   |  |
| d) That derive more than 20% of its revenue from investment banking, hedge funds, or derivative trading:   |  |
| <br>   |  |

|   |  |
|---|--|
| 11. Has the Applicant provided any new services to its client during the past 12 months?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, does the Applicant have retail clients?   |  |
| 12. Is the Applicant intending or anticipating offering any new services/products to its clients during the next 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, does the Applicant have retail clients?   |  |

### Information Relating to Applicant

13. What are the Applicant's total number of:

|                         | Employees<br>(Including Directors and Officers) |           | Locations |           |
|-------------------------|---|-----------|-----------|-----------|
|                         | This Year                                       | Last Year | This Year | Last Year |
| Head Office             |   |           |           |           |
| Branches                |   |           |           |           |
| Data Processing Centres |   |           |           |           |

### Service Providers/Agents

14. Please provide the list of the Applicant's service providers or agents based on the following functions:

|               | Name of Service Provider/Agent |
|---------------|--------------------------------|
| Fund Manager  |                                |
| Trustee       |                                |
| Custodian     |                                |
| Administrator |                                |
| Stockbroker   |                                |
| Others        |                                |

### Agents

|   |   |
|---|---|
| 15. Do you have agents as part of your distribution channels? | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 16. Does the Applicant monitor the advice provided by agents? | <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide details by attachments. |

### Regulatory Examinations

|  |  |
|--|--|
| 17. Has the Applicant or any of its directors, officers or employees been subject to any regulatory investigation? | <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide details by attachments.  |
| 18. Have all recommendations or criticisms of the last examination been complied with?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please provide details by attachments.   |
| 19. Did any regulatory investigation result in disciplinary proceedings, admonishments or recommendations?         | <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide details by attachment, including whether all the recommendations were implemented. |

### Cover Required

|                                  |  |
|----------------------------------|--|
| 20. Effective date required      |  |
| 21. Limits of Liability required |  |
| 22. Deductible required          |  |

### Existing Policies

|                                  | Limit of Indemnity | Deductible | Expiry Date | Insurer |
|----------------------------------|--------------------|------------|-------------|---------|
| Professional Indemnity Insurance |                    |            |             |         |
| Financial Institutions Bond      |                    |            |             |         |
| Directors and Officers Liability |                    |            |             |         |

## Activities

23. Please provide the approximate percentages of the Company's total revenues that were derived from the following activities?

|   | Current Year % | Previous Year % |
|---|----------------|-----------------|
| a) Actuarial  |                |                 |
| b) Lending (Please complete Addendum Part A)  |                |                 |
| c) Leasing Services (Please complete Addendum Part A)                               |                |                 |
| d) Securities trading/dealing (Please complete Addendum Part B)                     |                |                 |
| e) Commodities trading/dealing  |                |                 |
| f) Derivatives or specialist trading/dealing  |                |                 |
| g) Foreign Exchange Dealing   |                |                 |
| h) Financial, investment or economic advice with respect to:                        |                |                 |
| i. mergers, acquisitions or capital restructuring (Please complete Addendum Part C) |                |                 |
| ii. underwriting of securities (Please complete Addendum Part C)                    |                |                 |
| iii. corporate advisory (Please complete Addendum Part C)                           |                |                 |
| iv. venture capital   |                |                 |
| v. other, please specify:   |                |                 |
| i) Investment Adviser/ Manager (Please complete Addendum Part D)                    |                |                 |
| j) Data Processing (Please complete Addendum Part E)                                |                |                 |
| k) General Insurance (Please complete Addendum Part F)                              |                |                 |
| l) Life Insurance (Please complete Addendum Part F)                                 |                |                 |
| m) Real Estate Agent/Agency Manager   |                |                 |
| n) Real Estate Appraisals   |                |                 |
| o) Real Estate Investment Trust Advisory Services                                   |                |                 |
| p) Securitisation   |                |                 |
| q) Other  |                |                 |



## External Audits

26. State the name of the external auditors who fully audit your accounts, and whether the firm has changed in the last five years:

27. How often are full external audits conducted?

28. Does the audit include all offices and branches, including data processing offices?

Yes  No

29. Does the external auditor:

a) Regularly review the system of internal control and furnish written reports?

Yes  No

b) Report directly to the Audit Committee of the Board of Directors?

Yes  No

30. Has the firm rendered an unqualified opinion for each of the last five years?

Yes  No

a) Have all material recommendations been complied with as a result of the most recent audit?

Yes  No

If NO, please give details, including the time frame for implementation of any outstanding issues.

## Internal Audits

31. Does the Applicant have an internal audit department?

Yes  No

32. How many people are employed in the internal audit department?

33. How often are full internal audits conducted?

34. Have all material recommendations been complied with as a result of the most recent audit?

Yes  No

If NO, please give details, including the time frame for implementation of any outstanding issues.

35. Are internal audits conducted on a surprise basis?

Yes  No

36. Does the internal auditor report to the Audit Committee of the Board of Directors?

Yes  No

## Electronic Data Processing (EDP) Audits

37. How many people are employed in the internal E.D.P audit department or function?

38. Is there a full continuous E.D.P audit programme in operation?

Yes  No

39. Has this been reviewed by external auditors?

Yes  No

## Continuous Disclosure

40. Does the Applicant have written procedures and protocols in place to ensure the Applicant complies with any continuous disclosure obligations arising pursuant to any legislation, listing rules or other law?

Yes  No

If YES, are all relevant directors, officers or employees:

a) Provided with a copy of the manual and/or guidelines?

Yes  No

b) Received regular training in relation to their continuous disclosure obligations during the past 2 years?

Yes  No

41. Who is responsible for ensuring compliance with continuous disclosure obligations?

## Compliance

42. Does the Applicant have procedures in place with respect to anti-money laundering rules and regulations?

Yes  No

43. Does the Applicant have a written code of ethics which all employees are required to sign, which includes a statement on the principles of acceptable conduct, and with guidelines for outside activities, conflict of interests, gifts from customers, and prohibition on other employment?

Yes  No

## Disaster Recovery

44. Does the Applicant have a comprehensive disaster recovery plan

Yes  No

If NO, indicate the procedures in place for disaster recovery.

## Legal Counsel

45. State the names of external legal counsel routinely acting for the Applicant

46. What is the external legal counsel used for?

47. Does the Applicant have an in-house Legal Department/Counsel?

Yes  No

a) What are the department's responsibilities?

48. Has the Applicant changed its outside legal counsel in the last three years?

Yes  No

If YES, please explain.

48. Has the Applicant changed its outside legal counsel in the last three years?

Yes  No

If YES, please explain.

49. Does the Applicant use a standard written agreements/contracts/letter of offer setting out the terms and conditions of the services provided?

Yes  No

If YES, a) Are all contracts approved by legal counsel?

Yes  No

b) Do all contracts provide indemnity and/or limitations to the Applicants liability?

Yes  No

50. Are all publications, marketing material, or other product services communications, reviewed by legal counsel prior to their release to third parties?

Yes  No

If NO, please provide details.

## Internal Controls and Procedures

51. In respect to the transfer of funds or property to another organisation:

a) Please describe the method of instruction, for example, written, telephone, electronic, etc:

b) Are these instructions tested or subject to a call back procedure to an authorised person other than the individual initiating the transfer?

Yes  No

If NO, please provide full details.

52. Does the Applicant conduct an independent check of the employment history of any new new employees prior to being recruited?

Yes  No

53. Are duties segregated so that no individual can complete an activity from the beginning to the completion of the task without referral to another in respect of:

a) Opening new bank accounts

Yes  No

b) Disbursement of assets

Yes  No

c) Signing cheques or authorising payments greater than \$10,000

Yes  No

d) Custody of securities

Yes  No

If NO, please provide details as to alternative arrangements:

## Insurance Details

54. Does the Applicant currently purchase Professional Indemnity Insurance?

Yes  No

If YES, please provide the following information:

|                       |  |
|-----------------------|--|
| a) Insurer            |  |
| b) Limit of Liability |  |
| c) Deductible         |  |
| d) Expiry date        |  |

55. What Aggregate Limit of Liability is required?

56. What Deductible is required?

## GST and Stamp Duty

57. What is the Applicant's Australian Business Number?

58. Does the Applicant intend to claim an Input Tax Credit for the premium of the proposed policy if provided?

Yes  No

If YES, to what extent is an Input Tax Credit being claimed? (e.g. answer - full claim or %)

59. For the purpose of calculating the stamp duty and GST charges, please provide a breakdown of the number of employees of the Applicant based in each of the following locations:

|             |  |
|-------------|--|
| a) NSW      |  |
| b) VIC      |  |
| c) QLD      |  |
| d) SA       |  |
| e) WA       |  |
| f) TAS      |  |
| g) NT       |  |
| h) ACT      |  |
| i) Overseas |  |
| j) TOTAL    |  |

## Claims/Circumstances

60. Have any claims ever been made against the Applicant or any past or present director, officer or employee of the Applicant?

Yes  No

61. Is the Applicant, or any director, officer or employee aware, after enquiry, of any fact, circumstance, act or omission which may give rise to a claim?

Yes  No

62. Has any past or present director or officer of the Applicant ever been declared bankrupt, had any fine or penalty imposed or been subject to any official investigation, inquiry or examination in such capacity?

Yes  No

63. Has there ever been, or is there currently pending, any prosecution of the Applicant, or any director, officer or employee of the Applicant?

Yes  No

64. Have any losses been paid on behalf of the Applicant or any past or present director, officer or employee of the Applicant, under any Professional Indemnity Insurance policy?

Yes  No

65. Has the Applicant, or any director, officer or employee of the Applicant, ever had an insurer decline a proposal for, or cancel or refuse to renew, a Professional Indemnity Insurance policy?

Yes  No

Note: if you answer YES to any of the above questions, please provide full details separately, including the following details in respect to questions 60 to 64:

|                                    |  |
|------------------------------------|--|
| a) Date of Loss                    |  |
| b) Nature of Claim or circumstance |  |
| c) Size of incurred loss           |  |
| d) Amount Paid                     |  |
| e) Amount Outstanding              |  |

**Acknowledgement**

We (the undersigned):

- a) acknowledge that we have read and understand the Important Notices and Privacy Statement contained in this proposal;
- b) agree that this proposal, together with any other information or documents supplied, shall form the basis of any resulting contract of insurance;
- c) acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by Chubb;
- d) declare after enquiry that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted;
- e) undertake to inform Chubb of any material alteration to those facts before completion of the contract of insurance.

Signed:

|   |  |      |  |
|---|--|------|--|
| Chairperson                               |  |      |  |
| Name                                      |  | Date |  |
| Managing Director/Chief Executive Officer |  |      |  |
| Name                                      |  | Date |  |

## Addendum Part A Professional Indemnity Policy

### Lending And Leasing Activities

Name of Applicant:

1. Please describe the type and volume of loans and leases, which are presented to your Board of Directors.

2. Is there a formal lending policy (adopted by the Board of Directors) addressing all types of loans and leases in which you participate?

Yes  No

If YES, please describe.

3. Does your formal lending policy describe minimum documentation standards for each type of loan or lease in which you participate?

Yes  No

If YES, please describe.

4. a) Who is responsible for your formal lending policy with respect to:

i. Ascertaining that documentation standards are met?

ii. Monitoring the lending function?

b) To whom and with what frequency do the responsible individuals described in question 4(a) provide formal findings?

5. Does a loan or lease applicant:

a) complete an application form for all requests?

Yes  No

b) receive a loan declination with reasons for the declination?

Yes  No

c) receive formal commitment letters?

Yes  No

d) receive written confirmation of lines of credit?

Yes  No

If any of the above responses are NO, please describe exceptions

6. Have all internal Audit and Compliance exceptions within the lending and leasing functions been corrected?

Yes  No

If NO, please provide an explanation.

7. Do you ever become involved in the management of the business of any borrower (either directly or indirectly)

Yes  No

If YES, please provide an explanation.

Signature

Date

## Addendum Part B Professional Indemnity Policy

### Securities Broker/Dealer

Name of Applicant:

1. a) Is the Applicant licensed by the Australian Securities and Investment Commission?  Yes  No

b) Has the Applicant ever had any regulatory or disciplinary proceedings in respect of financial services offered as an Australian Financial Services Licensee?  Yes  No

c) Number of Proper Authority holders?

d) Total annual revenue from brokerage commissions?

e) Average daily trading volume?

f) Does the Applicant's Brokerage Department offer margin accounts?

g) State percentage of volume of margin accounts and revenue earned.

2. State the nature of services offered by the Applicant.

3. Are there any ancillary services offered by the Applicant?  Yes  No

If YES, please explain.

4. What percentage of accounts are:

a) Individual

b) Corporate

c) Institutional

d) Others

5. Does any client (group of companies) account for more than 20% of the Applicant's income?  Yes  No

If YES, please state percentage amounts of income derived from such client.

6. State percentage of revenue that is derived from the following:

|                              | Current Year | Previous Year |
|------------------------------|--------------|---------------|
| a) Listed Stocks             |              |               |
| b) Unlisted Stocks           |              |               |
| c) Bonds                     |              |               |
| d) Options                   |              |               |
| e) Commodity Futures         |              |               |
| f) International Securities  |              |               |
| g) Listed Unit Trusts        |              |               |
| h) Direct Private Placements |              |               |
| i) Underwriting              |              |               |
| j) Other (please specify)    |              |               |

7. Describe how the Applicant manages trading exposures relating to trading activities. Please include details as to trading limits placed upon employees; and how these limits are monitored.

8. If formal limits are exceeded:

a) Is there an automatic flagging system in place?

Yes  No

b) Would the trade still proceed?

Yes  No

If YES, please provide details by attachment as to alternative system.

9. In the past 12 months, how often were these limits exceeded and by what amounts? What measures were implemented to avoid repetition?

10. Does the Brokerage Department clear its own trades?

Yes  No

If NO, indicate the name of the broker or clearing agent used.

Is the selection reviewed annually?

Yes  No

Is there a hold harmless clause in the contract with the broker or clearing agent to protect the Applicant for liability for improperly executing trades?

Yes  No

11. a) Do clients sign a written brokerage contract with the Applicant's Brokerage Department?

Yes  No

b) Does the contract contain a written disclaimer when advice is given?

Yes  No

c) If the operation is a discount brokerage, does the contract or other literature given to clients define the Applicant's responsibility and specifically indicate that no investment advice is to be given?

Yes  No

12. a) Does the Applicant have a formal, documented dispute resolution procedure?

Yes  No

b) How many complaints were received in the past three years?

c) How many were unresolved after 60 days?

13. Describe any auditing procedures associated with this service.

Signature

Date

## Addendum Part C Professional Indemnity Policy

### Investment Banking/Corporate Advisory Services

Name of Applicant:

1. a) Please indicate the Gross Total Revenue derived from investment banking activities for the last two financial years and an estimate for the current financial year

| Location            | Current Year Estimate Gross Revenue (incl. currency) | Last Year Actual Gross Revenue (include currency) | Two years previous Actual Gross Revenue (include currency) |
|---------------------|--|---|--|
| USA                 |  |   |  |
| Canada              |  |   |  |
| Other (please list) |  |   |  |
|                     |  |   |  |
|                     |  |   |  |
|                     |  |   |  |
|                     |  |   |  |
|                     |  |   |  |
|                     |  |   |  |
|                     |  |   |  |

- b) Approximately what proportion of the above is fee/advice related versus success/profit related?

2. Please show the split of Gross Total Revenue in the investment banking operations for the last financial year.

|                           | % Gross Revenue ex. USA     | % Gross Revenue USA |
|---------------------------|-----------------------------|---------------------|
| a) M&A/Corporate Advisory |                             |                     |
| b) Equity - New issuance  |                             |                     |
| c) Debt - New issuance:   | i. Corporate Debt           |                     |
|                           | ii. Structured Finance Debt |                     |
|                           | iii. Convertible Structures |                     |
| d) Capital Raising        |                             |                     |
| e) Other *                |                             |                     |
| Total                     |                             |                     |

\* If OTHER, please provide details by attachments.

3. Please provide details of any industry sectors served where the approximate percentage of Gross Revenues from such sectors is greater than 20% of the investment banking portfolio. (e.g. Pharmaceutical, Telecoms, etc.)

| Industry sector | % Gross Revenue |
|-----------------|-----------------|
|                 |                 |
|                 |                 |
|                 |                 |

4. Please state the most recent values of the following:

|  | Current Year | Previous Year |
|--|--------------|---------------|
| Average fee income of any one client           |              |               |
| Largest fee income of any one client           |              |               |
| Average value of any one transaction           |              |               |
| Average number of transactions in any one year |              |               |

5. Has the Applicant been involved in any incomplete or failed transactions in the last 12 months.

Yes  No

If YES, please provide details including the number of incomplete or failed transactions.

6. Please state:

a) Average underwriting participation value over the last five years.

b) Largest underwriting participation value to date.

7. a) Has the Applicant acted on behalf of its clients in the last 3 years in any takeover or merger?

Yes  No

If there has been one or more takeovers or mergers, please list each takeover or merger situation, indicating by asterisk, on behalf of whom the Applicant was acting, and the values involved. Use a separate sheet if necessary.

| Offeror | Offeree | Sector | Successful<br>(Yes/No) | Offer value<br>(incl. currency) | Lead underwriter<br>(Yes/No) |
|---------|---------|--------|------------------------|---------------------------------|------------------------------|
|         |         |        |                        |                                 |                              |
|         |         |        |                        |                                 |                              |
|         |         |        |                        |                                 |                              |
|         |         |        |                        |                                 |                              |
|         |         |        |                        |                                 |                              |
|         |         |        |                        |                                 |                              |

b) Has the Applicant advised on, or underwritten any floatation's in the last 12 months?

Yes  No

If there has been one or more floatation's, please list each involvement.

| Company | No. of shares placed | 100% share capital involved (incl. currency) | Value (inc. currency) | Lead underwriter (Yes/No) |
|---------|----------------------|--|-----------------------|---------------------------|
|         |                      |  |                       |                           |
|         |                      |  |                       |                           |
|         |                      |  |                       |                           |
|         |                      |  |                       |                           |
|         |                      |  |                       |                           |
|         |                      |  |                       |                           |

c) Has the Applicant advised on or underwritten any rights issues in the last 12 months?

Yes  No

If there has been one or more rights issues, please list each involvement

| Company | No. of shares placed | 100% share capital involved (incl. currency) | Value (inc. currency) | Lead underwriter (Yes/No) |
|---------|----------------------|--|-----------------------|---------------------------|
|         |                      |  |                       |                           |
|         |                      |  |                       |                           |
|         |                      |  |                       |                           |
|         |                      |  |                       |                           |
|         |                      |  |                       |                           |

8. Please detail the Applicant's procedures to ensure adequacy of due diligence reviews.

9. What are the Applicant's procedures to ensure financial resources of buyers represented in M&A transactions?

10. a) With respect to any investment banking transaction, please outline the Applicant's internal guidelines as to when an independent outside review is required.

b) Are these outside reviewers rotated?

Yes  No

c) Whose responsibility is it to check such reviews are carried out when necessary?

11. a) Is there a secondary independent review or a checklist procedure conducted internally prior to the release of advice or documentation to ensure all aspects of the transaction as agreed have been completed?

Yes  No

b) Does the Applicant have a procedure or committee in place to perform a final quality review prior to the close of the transaction?

Yes  No

12. Please provide details of what procedures are in place to ring fence sensitive information and to ensure no conflict of interests with other areas of the Applicant's organisation.

13. a) What are the Applicant's procedures with respect to valuation work undertaken to ensure the reasonableness of such valuation?

b) Are specific engagement letters used?

Yes  No

14. In the past five years has any client and/or other third party made a written complaint to the Applicant or to any regulatory body or commenced any civil proceeding in connection with any investment banking transaction?

Yes  No

If YES, please provide details by attachments.

15. a) Does the Applicant have any material regulatory recommendations outstanding or not implemented at present?

Yes  No

If YES, please provide details by attachments.

Signature

Date

## Addendum Part D Professional Indemnity Policy

### Investment Banking/Manager

Name of Applicant: \_\_\_\_\_

1. If the Applicant acts as an investment advisor or manager, please indicate the following:

|   | Current Year | Previous Year |
|---|--------------|---------------|
| a) The total value of the assets for which investment advice is provided? |              |               |
| b) The value of the largest account?                                      |              |               |
| c) The total fees earned by this service                                  |              |               |
| d) Asset value of lost accounts   |              |               |
| e) Total number of lost accounts  |              |               |
| f) Market value of Discretionary Accounts                                 |              |               |
| g) Number of Discretionary Accounts                                       |              |               |
| h) Market value of Non-Discretionary Accounts                             |              |               |
| i) Number of Non-Discretionary Accounts                                   |              |               |
| j) The number of clients that services are provided for:                  |              |               |
| i. Individuals  |              |               |
| ii. Corporations  |              |               |
| iii. Charitable Institutions  |              |               |
| iv. Other   |              |               |

2. If the Applicant offers corporate services, are there procedures in place to ensure that the service being provided is reviewed by someone other than the deal originator in respect of appropriateness and suitability for the specific client?  Yes  No

3. Do clients complete a written document that clearly identifies and states the client's investment objectives?  Yes  No

4. Are all clients' agreements reviewed annually?  Yes  No

5. Are responsibilities for investment decisions segregated from accounting and custodial activities?  Yes  No

6. How often do clients receive statements regarding their portfolio? \_\_\_\_\_

7. Does the Applicant recommend the use of derivative instruments or investment other than commonly traded securities as part of its portfolio management?  Yes  No

If YES, please describe the types of investments used, their objectives, the percentage of total investment assets and valuation procedures utilised.

8. Does the Applicant act as an Investment Advisor in the USA and /or is the Applicant registered with the SEC under the Investment Advisors Act of 1990?  Yes  No

9. What is the percentage of total fees derived from managed funds during the last financial year which were received from US clients/investors?  Yes  No

10. Please provide the percentage split of the total managed fund fees and total Funds Under Management (FUM) during the last financial year for the following territories:

a) By territory

| Territory              | % Fees | % FUM |
|------------------------|--------|-------|
| Australia              |        |       |
| Far East and Asia      |        |       |
| UK                     |        |       |
| Europe (ex. UK)        |        |       |
| North America          |        |       |
| Central America        |        |       |
| South America          |        |       |
| Other [Please specify] |        |       |
| Total                  |        |       |

b) By investment strategy

| Investment strategy       | % Fees | % FUM |
|---------------------------|--------|-------|
| Listed Equity             |        |       |
| Unlisted Equity           |        |       |
| Debt - Corporate          |        |       |
| Debt - Structured         |        |       |
| Real Estate/Property      |        |       |
| Commodities               |        |       |
| Derivatives - Hedging     |        |       |
| Derivatives - Speculative |        |       |
| Limited Partnership       |        |       |
| Other [Please specify]    |        |       |
| Total                     |        |       |

11. Does the Applicant have set procedures in place to ensure:

|   |  |
|---|--|
| a) Any unauthorised or trading errors are identified, monitored, and where necessary, rectified?              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Any breaches of pre-agreed investment restrictions are recognised and rectified?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) A formalised due diligence process is followed when assessing any given investment or investment strategy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

12. Please provide the following information for any fund for which cover is required.

| Fund name | Country of registration | Current financial year Net Asset Value. (include currency) | Previous financial year Net Asset Value (include currency) | Open/Closed | % invested by Applicant |
|-----------|-------------------------|--|--|-------------|-------------------------|
|           |                         |  |  |             |                         |
|           |                         |  |  |             |                         |
|           |                         |  |  |             |                         |
|           |                         |  |  |             |                         |
|           |                         |  |  |             |                         |

|   |  |
|---|--|
| 13. Have there been any changes or modification in the investment restrictions or limitations of any fund within the past 2 years?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, please give details on a separate sheet (or provide new prospectus).  |  |
| 14. Have there been any material changes in the administrative procedures or the investment policies of any fund within the past 2 years?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, please provide full details on a separate sheet.  |  |
| 15. Do the fund's directors or officers have procedures in place to ensure the investment advisor's performance and investments selected are acceptable and within the parameters of the investment management agreement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If NO, please provide further details of the alternative procedures in place on a separate sheet.   |  |
| 16. Has any fund for which cover is required:   |  |
| a) Been subject to a regulatory review?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Had a drop in the Net Asset Value during any given 12 months exceeding 50% of its original Net Asset Value?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Been restructured or is likely to be liquidated or restructured over the next 12 months?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES to any of the above, please provide details by attachment.   |  |
| 17. Is each fund managed by the Applicant subject to an annual audit?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If NO, please provide details.  |  |

**Fund Administration**

| 18. Does the Applicant provide fund administration services?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                                |
|--|--|------------------|--------------------------------|
| If YES, please specify the jurisdictions in which the offices are located and the fee income during the last financial year of such offices. |  |                  |                                |
| Jurisdictions  | Currency   | Basic fee income | Performance related fee income |
|  |  |                  |                                |
|  |  |                  |                                |
|  |  |                  |                                |
|  |  |                  |                                |
|  |  |                  |                                |

|  |  |
|--|--|
| 19. Are officers and employees of the Applicant appointed as directors of the individual companies which are administered?         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, please specify:  |  |
| a) The type of funds administered.   |  |
| b) What training is given to officers and employees to enable them to fulfil their duties properly as directors of such companies? |  |

|  |  |
|--|--|
| 20. Does the Applicant require each company on whose board the Applicant's officers sit to provide an indemnity or evidence of appropriate insurance in favour of the Applicant/relevant individual? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

|           |  |
|-----------|--|
| Signature |  |
| Date      |  |

## Addendum Part E Professional Indemnity Policy

### Data Processing Services

Name of Applicant:

1. Indicate the types of data processing services provided to clients and the percentage of data processing revenue derived from each:

| Type              | % of Revenue |
|-------------------|--------------|
| Cheque Processing |              |
| Data Storage      |              |
| Data Entry        |              |
| Data Collection   |              |
| Data Processing   |              |
| Other             |              |

If OTHER, please provide details by attachment.

2. Does the Applicant have specialised audit staff for the provision of data processing services?  Yes  No

3. Is this service rendered under a contract?  Yes  No

If YES, a) are all contracts approved by legal counsel?  Yes  No

b) do all contracts provide indemnity and/or limitations to the Applicant's liability?  Yes  No

If NO, please describe how the Applicant protects itself from liabilities.

4. Does the Applicant sell any software to third parties?  Yes  No

If YES, please provide details.

Signature

Date

## Addendum Part F Professional Indemnity Policy

### Insurance Company

Name of Applicant: \_\_\_\_\_

1. Please indicate the nature of the Applicant's primary operations:

- a) Property/Casualty
- b) Life/Health
- c) Reinsurance
- d) Other, [please specify]

2. Please indicate the insurance services the Applicant is currently offering or planning to offer for:

|                                  | Policy Holders   | Other Than Policy Holders                                |
|----------------------------------|--|--|
| a) Claims Adjusting and Handling | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Insurance Risk Management     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Safety Engineering            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Loss Control                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Rehabilitation                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Salvage                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Subrogation                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) Premium Financing             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i) Actuarial                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j) Insurance Pool Management     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Has the Applicant entered into any new classes of business in the past 3 years?

Yes  No

If YES, please provide details.

4. Does the Applicant or any of its Subsidiaries currently participate or manage any scheme?

Yes  No

If YES, please provide details.

5. Please indicate the number of claims handling personnel:

- a) Inside Adjusters
- b) Outside Adjusters
- c) Medical Staff
- d) Lawyers
- e) Other

6. a) Approximate total number of claims handled annually:

b) Number of field claims offices:

7. If outside adjustment services are used, what percentages of claims are handled by outside adjustment services?

8. Does the Applicant use agents or third party administrators to negotiate and settle claims?

Yes  No

If YES, how many agencies or third party administrators and what is the maximum authority?

Number:

Maximum Authority:

|  |  |  |  |
|--|--|--|--|
| 9. a) Does the Applicant participate in a Code of Practice?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| b) Does the Applicant have a fully documented dispute resolution process?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If YES, please describe the process.   |  |  |  |
| c) Are there established procedures for handling claims or suits against the Applicant for professional liability, extra contractual liability or punitive damages?            |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If YES, describe procedures and when such procedures were established.   |  |  |  |
| d) How often are these procedures reviewed and analysed?   |  |  |  |
| 10. Do you have a senior person responsible for monitoring and assessing all lawsuits?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Name of Officer:   |  | Title:   |  |
| <b>Engineering and Loss Control Services</b>   |  |  |  |
| 11. Number of safety engineering and loss control inspection personnel:  |  |  |  |
| 12. Number of safety engineering and loss control inspections annually:  |  |  |  |
| 13. If outside safety engineering or loss control services are used, what percentages of safety engineering or loss control services are handled by outside service providers? |  |  |  |
| Signature  |  |  |  |
| Date   |  |  |  |

## About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurer. Chubb, via acquisitions by its predecessor companies, has been present in Australia for over 50 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages include Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities as well as Accident & Health, for a broad client base, including many of the country's largest companies.

More information can be found at [www.chubb.com/au](http://www.chubb.com/au)

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