



Management Liability Proposal Form

PERIOD OF INSURANCE

Policy inception date *

Policy expiry date (if other than +12 months)

INSURED DETAILS

Name of Policyholder*

Trading name(s)

Website

ABN:

Street address *

City/Suburb/Town *

Postcode *

State:

COMPANY DETAILS

Are you domiciled in Australia and/or New Zealand? *

Yes

No

Date Established *

Entity Type *

Do you require Cover for USA operations or activities? *

Yes

No

If Yes, please complete the table below

Do you have any revenue derived or operations in any Sanction country? *

Yes

No

USA OPERATIONS OR ACTIVITIES

**Number of
Employees**

Revenue

Assets

Comments



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FINANCIAL INFORMATION

What is the estimated annual gross turnover / sales / revenue in the next 12 months?

Over the last 12 months, are you profitable? Yes No

Do you require cover for Insolvency? Yes No

If Yes to Insolvency Cover, please answer the following:

Have Your financial statements been externally audited in the past 12 months (from proposed inception of this Policy)? Yes No

Has an External Auditor raised a Going Concern note in Your financial statements? Yes No

Have You breached or had waived any of Your debt covenants? Yes No

Will You be able to meet all of Your debts as and when they fall due in the next 12 months? Yes No

Are You currently under or anticipate in the next 12 months (or not in the past 24 months), to be under any external administration? Yes No

Your Current Assets

Your Current Liabilities

INSURANCE INFORMATION

Do You have a current Management Liability Policy in force? Yes No

If Yes, do You want Backdated Continuity of Cover to match current in force policy continuity date? Yes No

If Yes, please provide the following current policy details

CURRENT POLICY DETAILS

Insurer:

Policyholder Name:

Policy Number:

Limit \$:

Policy Period:

Continuity Date:



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COVER DETAILS

COVER TYPE

Please select the Limit Type from the following options:

Aggregate Limit

Separate Limit

Please enter the Limit and Excess required for each of the Cover Options below:

Cover	Limit (in the aggregate)				Excess
DIRECTORS & OFFICERS LIABILITY / CORPORATE REIMBURSEMENT	\$1M	\$2M	\$5M	\$10M	Standard Other _____
ENTITY (CORPORATE LIABILITY)	\$1M	\$2M	\$5M	\$10M	Standard Other _____
EMPLOYMENT PRACTICES LIABILITY	\$1M	\$2M	\$5M	\$10M	Standard Other _____
CORPORATE CRISIS COVER	\$250K	\$500K	\$1M		Standard Other _____
CRIME LOSS COVER**	\$500K	\$750K	\$1M		Standard Other _____
SOCIAL ENGINEERING	\$100K	\$250K	\$500K		Standard Other _____
STATUTORY LIABILITY**	\$500K	\$750K	\$1M		Standard Other _____
TAX AUDIT COVER	\$100K	\$250K	\$500K		Standard Other _____

**Crime Loss and Statutory Liability Covers are available up to \$5M in the aggregate

Do You have a written verification procedure at the time of Policy inception which must include, but not limited to, a requirement that the identity of any party is independently verified including by a callback to a specified telephone number held on file (not that contained in the purported fraudulent instructions), prior to changing banking details or making any payment or refund?

Yes No

Do you expect to be subject of a Tax Audit or review by a government department over the next 12 months?

Yes No



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CLAIMS AND CIRCUMSTANCES

Has the Company or any person proposed for cover ever suffered a loss or been the subject of a claim that would have been covered under the proposed insurance policy had it been in force at the time? Yes No

Is the Company or any person proposed for cover aware of any facts, circumstances, acts, errors, omissions, or events that may reasonably give rise to a future claim under the proposed insurance policy? Yes No

In the past 5 years, has the Company or any person proposed for cover been the subject of:

- € A formal complaint? Yes No
- € Any civil, criminal, or disciplinary proceeding? or
- € An investigation, inquiry, or hearing by a professional body or government authority?

In the past 5 years, has the Company suffered a Crime Loss of more than \$5,000 due to fraud or dishonesty committed by any employee, contractor, officer or other third party? Yes No

If Yes, please provide details including amount lost, recovery (if any), and measures taken to prevent recurrence below.

Has the Company or any person proposed for cover ever had insurance of a similar nature refused, cancelled, declined or not renewed by an insurer? Yes No

Has any current or former Director or Officer of the Company ever been the subject of proceedings (civil or criminal) alleging misconduct or breaches of duty in their capacity as a Director or Officer? Yes No

If any of the above answers are Yes, please provide full details of the date of the instance, nature of the claim, claimant and the amount paid/outstanding (if insufficient space below, please provide in a separate letter or in the Additional Information section at the end of this proposal form).



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ADDITIONAL INFORMATION

Please provide any additional information that is material to this application and attach any accompanying documents. Please note that any comments and/or documents provided will form part of the proposal form.

DECLARATION

I/We hereby declare that:

My/Our attention has been drawn to the Important Notice accompanying this Proposal form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature/s below.

The above statements are true, and I/we have not suppressed or mis-stated any facts and should any information given by me/us alter between the date of this Proposal form and the inception date of the insurance to which this Proposal relates I/we shall give immediately notice thereof.

I/we agree that, by submitting this form, the personal information I/we provide to Pacific Indemnity Underwriting Solutions Pty Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in the Pacific Indemnity Privacy Policy including for processing this application and providing me/us with cover.

I/we also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal Form and I/we complete this Proposal form on their behalf.

Name:

Title:

Signature:

Date: