Proposal Form
Management Liability Insurance

Important notice

Basis of Cover

Loss Discovered

Where the Management Liability insurance is written on a Loss Discovered basis, cover is only available for Losses Discovered by you during the Policy Period.

Claims-Made Insurance

Where the Management Liability insurance is written on a 'Claims Made' basis, cover is only available for claims made against you during the period of insurance. However, under the Insurance Contracts Act 1984 (Cth), we may not be entitled to deny indemnity merely because you notify us of a claim made against you after the expiry of the period of insurance provided you gave us notice during the period of insurance of the facts or circumstances of which you were aware that later gave rise to the claim.

Duty of Disclosure

Under the Insurance Contracts Act 1984 (Cth), before you enter into a contract of insurance you have a duty to disclose to us every matter you know (or you could reasonably be expected to know) to be a matter that is relevant to our decision whether to accept your risk, and if so, on what terms.

The duty of disclosure applies to every person to be covered under the insurance. It applies before you enter into a contract of insurance and before you renew, extend, vary or reinstate a contract of insurance. The duty of disclosure does not however require you to tell us about a matter that diminishes the risk, that is of common knowledge, that we know (or ought to know), or in respect of which we have waived the duty of disclosure.

If you fail to comply with the duty of disclosure, or if you misrepresent the risk to be insured, we may be entitled to reduce our liability for a claim, we may cancel the policy, or if your non-disclosure or misrepresentation was fraudulent, we may be able to treat the policy as though it never existed.

About 1688 Underwriting

1688 Underwriting Pty Ltd ("1688 Underwriting") (ABN 94 670 501 167, AFS Licence 555205), distributes and administers this Management Liability Insurance policy, as agent on behalf of the Insurer pursuant to a Binding Authority Agreement.

About the Insurer

The insurer of this product is Berkshire Hathaway Specialty Insurance Company (Inc. in Nebraska, USA. Liability is limited. ABN 84 600 643 034, AFS Licence 466713) ("BHSIC").

1688 Underwriting's Privacy Policy

1688 Underwriting Pty Ltd is committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles. Our Privacy Policy describes our current policies and practices in relation to the collection, handling, use and disclosure of personal information. It also deals with how you can complain about a breach of privacy laws and how you can access the personal information we hold and how to have that information corrected.

Please refer to our Privacy Policy available at https://1688underwriting.com/privacy, or contact our Privacy Officer by email to compliance@1688underwriting.com.

Insurer's Privacy Policy

We, along with all companies in the Berkshire Hathaway group of insurance companies, are committed to safeguarding your privacy and the confidentiality of your personal information. We, and entities acting on our behalf, only collect personal information from or about you for the purpose of assessing your application for insurance and administering your insurance policy, including managing, and administering any claim made by you. Without your personal information, we may not be able to issue insurance cover, administer your insurance or process your claim. We will only use your personal information in accordance with the Privacy Act 1988 (Cth) and for the purposes outlined above.

We may disclose your personal information to other companies in the Berkshire Hathaway group and other third party service providers for the purposes outlined above or where disclosure is permitted by law. These entities may be located in Australia or overseas, including in New Zealand, India, Singapore, Hong Kong, Malaysia, Germany, the United Kingdom, and the United States of America. Where such disclosure is made, we make all reasonable efforts to ensure that the arrangements we have in place with overseas parties impose appropriate privacy and confidentiality obligations on those parties to ensure that imparted personal information is kept secure and that such information is only used for the purposes noted above.

If you wish to obtain details of the personal information we hold about you (including contacting us to correct or update the personal information we hold about you), or if you have a complaint about a breach of your privacy, please refer to our privacy policy available at https://www.bhspecialty.com/privacy-policy/, or contact our Privacy Officer by email to australasia.privacy.compliance@bhspecialty.com.

We reserve the right to refuse access under the grounds permitted by the Privacy Act 1988 (Cth) and if you are seeking information on another person's behalf, we will require written authorisation from that individual.

Complaints

If you have a complaint or concern about the services we provide, please contact 1688 Underwriting. If you are not satisfied with our response, you may escalate your complaint by contacting us at compliance@1688underwriting.com. Our internal dispute resolution process is free of charge and we will aim to respond to your escalated complaint within thirty (30) calendar days.

1688 Underwriting is also a member of an external dispute resolution body approved by ASIC, the Australian Financial Complaints Authority ("AFCA"). If you are not satisfied with the outcome determined by 1688 Underwriting, you may refer your complaint to the Insurance Division of AFCA.

Completing this form

Note to Applicant

- Please read the "Important Notice" before completing this proposal form.
- All questions must be answered, giving full and complete answers. If additional space is required to answer questions, please provide an attachment.
- The term "**Applicant**", wherever used, shall include any entity in which the **Applicant** has direct or indirect management control.
- Please attach the **Applicant's** latest consolidated annual report and audited financial statements.

Applicant Details

Registered Business Name of **Applicant:**

ABN:

Website address:

Applicant's Country of Incorporation:

How long has the **Applicant** continuously carried on business?

Address of **Applicant's** Head Office

Address line 1:

Suburb:

Address line 2:

Postcode:

Nature of Business of **Applicant:**

Business Operations

1. Entity Type:

☐ Private Company (Pty Ltd) Public Unlisted ☐ Non-profit / Association ☐ Publicly Listed ☐ Other: _____

2. Does the **Applicant** operate any:

☐ Abattoirs
☐ Amusement/Leisure Parks
☐ Armoured car companies
☐ Building Construction
☐ Cannabis
☐ Casinos and Betting Agencies
☐ Cryptocurrencies
☐ Financial Institutions (Banks, Lenders, Superfunds, Insurers, Asset Managers)
☐ Government bodies
☐ Insurance Brokers or Agents
☐ Labour/Trade Unions
☐ Law firms
☐ Mortgage Brokers
☐ Oil, Gas and Mining
☐ Professional Sporting Bodies and Clubs
☐ Property Developers
☐ Sawmills
☐ Trucking companies

3. Please provide the **Applicant's**:

	Consolidated Annual Revenue	Consolidated Total Assets	Consolidated Net Assets
Total			
Australia/New Zealand			
United States of America			

4. If trading less than 12 months, please provide the estimated Revenue for the next 12 months: _____

5. In the last 3 years, has there been or is there now any proposed acquisition, merger or any material change in the capital structure of the **Applicant**? Yes ☐ No ☐

   If Yes, please provide full details:

6. Has the **Applicant** been in breach of any debt covenants or loan agreements in the past 3 years? Yes ☐ No ☐

7. Does the **Applicant** reasonably anticipate breaching any debt covenants or loan agreements over the next 12-18 months? Yes ☐ No ☐

8. Does the **Applicant** distribute an employee handbook to every employee and are employees required to acknowledge in writing receipt of the handbook? Yes ☐ No ☐

9. Does the **Applicant** anticipate a significant change to the number of employees in the next twelve (12) months? Yes ☐ No ☐

   If Yes, please provide full details:

10. Are all terminations reviewed by Human Resources and/or legal counsel (internal or external)? Yes ☐ No ☐

11. Does the **Applicant** require dual verification of the addition of new vendors or suppliers to a master list? Yes ☐ No ☐

12. Does the **Applicant** have any involvement with pollutants, contaminants or hazardous substances for which the volume or type of substance requires any specific license or approval? Yes ☐ No ☐

    If Yes, please provide full details:

Outside Directorships

13. Do any of the Directors or Officers of the **Applicant** hold (at the specific direction or request of the **Applicant**) any executive positions in any associated entities, joint ventures or other businesses? Yes ☐ No ☐

If Yes, please:

(a) attach the latest audited financial statements for each Outside Entity in which a position is held

(b) complete the following schedule for each such position

Name of Outside Entity	Country of Incorporation	Details of Directors & Officers Insurance held by Outside Entity:		
		Limit of Liability	Insurer	Policy Number

Limit of Liability Requested

Directors & Officers Liability	☐ $1 million	☐ $2 million	☐ $5 million	☐ $10 million	☐ Other _____
Employment Practices Liability	☐ $500,000	☐ $1 million	☐ $2 million	☐ $5 million	☐ Other _____
Crime	☐ $250,000	☐ $500,000	☐ $1 million		☐ Other _____
Statutory Liability	☐ $250,000	☐ $500,000	☐ $1 million		☐ Other _____

United States of America Exposure

Please complete the following questions if the **Applicant** would like 1688 Underwriting to consider providing coverage for the United States of America (USA).

14. Please confirm number of employees from USA as follows:

California	New York	New Jersey	Total from USA

15. Does the **Applicant** have any plans or proposals to materially increase its business activities in the USA over the next 24 months? Yes ☐ No ☐

If Yes, please provide full details:

Claims and Circumstances

For the purposes of the following 5 questions:

- The term 'claim' means a written demand or legal proceeding of any kind pertaining to the risks to which the proposed coverage relates
- Appropriate enquiries should be made of all appropriate persons and entities to which coverage may apply

16. Is the **Applicant** aware of any facts, incidents or circumstances which might give rise to a claim under this policy? Yes ☐ No ☐

17. Have any claims been made, or losses been paid by or on behalf of the **Applicant**, any of its past or present Directors, Officers or Employees, whether insured or not, that would have fallen within the scope of the proposed coverage? Yes ☐ No ☐

18. In the past 5 years, has the **Applicant** been involved in any employment-related civil suits, claims, regulatory or administrative proceedings? Yes ☐ No ☐

19. Has the **Applicant** suffered any financial loss exceeding $10,000 as a result of criminal, dishonest or fraudulent acts? Yes ☐ No ☐

20. Has the **Applicant** or any of its personnel actually or allegedly breached any Health & Safety, Environmental or other statutory duty or obligation in the past 5 years? Yes ☐ No ☐

If Yes to any of the above, please provide full details:

21. For the purpose of calculating Stamp Duty and GST charges, please confirm number of employees as follows:

ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Overseas	Total

Declaration

On behalf of all persons and entities for which coverage is proposed, I/we declare that:

- All answers and statements in this Proposal are correct and complete in every respect and there is no further information which may affect acceptance of this Proposal;
- I/we understand that 1688 Underwriting requires this information in order to decide whether to accept this Proposal and, if accepted, to administer the Policy and that the Privacy Act 1988 entitles me/us to have access to, and request correction of, any personal information retained;
- 1688 Underwriting is authorised to collect information relevant to the acceptance of this Proposal and, if accepted, the administration of the Policy from third parties;
- We have read and understand the Important Notice section outlined at the beginning of this proposal form and if accepted by 1688 Underwriting, this Proposal, declaration and all information provided with it will be incorporated into and be the basis of the Policy;
- I/we have disclosed and will continue to disclose all material facts;
- I/we understand that 1688 Underwriting may make our personal information and/or confidential information available to third parties to administer our insurance policies or when required by law to do so;
- The signing of this Proposal does not bind either party to complete the insurance contract and that no cover will be in force until confirmed by 1688 Underwriting.

Name: _____ Position: _____

Signature: _____ Date: _____