

Employment Practices Liability

Proposal Form

Completing the Proposal Form

- Please read the “Statutory Notice” before completing this Proposal Form.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.

1. Details of Applicant

a) Name of Applicant:			
b) Applicant's Address:			
c) How long has the Applicant continuously carried on business?			
d) Nature of business:			
e) Is the Applicant a:	<input type="checkbox"/> Private Company <input type="checkbox"/> Public Company <input type="checkbox"/> Other - specify:		
f) Total number of employees:			

	Currently	One (1) Year Ago	Two (2) Years Ago
Full time - Executive Officers			
Full time - Employees			
Independent Contractors			

2. Employment Practices Information

Does the Applicant:

a) Use outside employment counsel for employment advice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Have a full time human resources manager or department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, how is this function handled?	
c) Conducted any retrenchments, staff reductions or facility closing during the last six (6) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details:	
d) Anticipate any retrenchments or staff reductions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how many?	
e) Have a formal employment contract with any employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how many?	

f) Distribute an employee handbook to all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please explain why:	
g) Have a manual of its human resource procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what date was it last revised?	
h) Provide formal training for its supervisors in administering these procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Have a written policy against discrimination, including sexual harassment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how is it communicated to employees?	
j) Have a grievance procedure for dealing with discrimination claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
k) Use any tests (e.g. psychological, drug, polygraph etc.) for screening applicants or for continued employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details:	
l) Have a written progressive disciplinary program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
m) Provide outplacement for terminated employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details:	
n) Have an established termination procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details:	
o) Have an established severance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details:	
p) Obtain advice from a human resource manager prior to terminating an employee? If No, who has the authority to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Hire employees?	
ii. Fire employees?	

3. Loss History

a) Please provide a listing of all employment legal actions as well as administrative proceedings commenced during the past three (3) years. Describe the type of allegation, the court or government agency involved and any determination, judgment, defence cost or settlement for each.	
b) Is the Applicant presently subject to any judicial or administrative order, decree, judgment or conciliation agreement relating to employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details:	

4. Prior Insurance

a) Does the Applicant currently have an Employment Practices Liability insurance policy or similar insurance? Yes No

If Yes, please provide details:

Insurer	Limit	Deductible	Policy Period
	\$	\$	

b) Has the Applicant or any person proposed for coverage given written notice under the provisions of any prior or current Directors and Officers Liability insurance policy of specific facts or circumstances which might give rise to a claim being made against any Insured? Yes No

If Yes, please provide details:

5. Continuity with Prior Coverage

Complete this section only if the Applicant currently has coverage and requires continuity of coverage.

a) Continuity date requested:

b) Please provide a copy of the prior proposal with which continuity of coverage is to be maintained.

Note: The Company will be relying upon the declarations and statements contained in such prior proposal and those declarations and statements shall be considered to be incorporated in and form a part of the policy of the Company.

6. Prior Knowledge/Warranty

This section applies if the Applicant has requested continuity of coverage and the request has not been accepted or granted, or if there is no prior coverage. This question need not be answered if this proposal forms part of a renewal of a current Chubb Insurance Australia Limited Employment Practices Liability insurance policy.

Is any person proposed for coverage cognisant of any facts or circumstances: (a) which he or she has reason to suppose might afford valid grounds for any future claim(s) such as would fall within the scope of the proposed coverage; or (b) which indicate the probability of any such claim(s)? Yes No

If Yes, please provide details:

It is agreed that if such facts or circumstances exist, any claim or action arising therefrom is excluded from the proposed coverage.

7. False Information

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

8. Requested Limit

\$

9. Stamp Duty

Please state the total number of employees located in the following states and overseas:

NSW	VIC	QLD	SA	WA	ACT	NT	TAS	O/S

10. GST

a) What is the Applicant's Australian Business Number?

b) 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 by any and which Applicants? (e.g. answer - full claim or %)?

Note: It is Chubb's intention to apply GST in accordance with the Input Tax Credit claimed by the Applicant.

11. Additional Information

Please provide with this Proposal Form:

- Latest Audited Annual Report.
- Most recent employee handbook.
- Functional organisation chart depicting Human Resource department position.

12. Declaration and Signature

The undersigned authorised officers of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant, to effect insurance, the undersigned agree that this proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the policy should one be issued.

The undersigned, on behalf of the Applicant, acknowledge that the Statutory Notice contained herein has been read and understood.

This proposal must be signed by the Applicant's Chairman of the Board, Managing Director or Chief Executive Director.

Signature

Title

Date

Statutory Notice

For the purposes of this statutory notice, Chubb Insurance Australia Limited ABN: 23 001 642 020 AFSL: 239687 means "we", "us" and "our".

Duty of Disclosure

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.

Where your policy is claims made and notified the following will apply

Claims Made And Claims Made And Notified Coverages

These coverages apply only to claims that are either first made against you during the period of insurance or both first made against you and notified to us in writing before the expiration of the period of the insurance cover provided by your policy.

Notification Of Facts That Might Give Rise To A Claim

Section 40(3) of the ICA only applies to the claims made and the claims made and notified coverages available under your policy. Pursuant to Section 40(3) of the ICA, and only pursuant to that section, if you give notice in writing to us of facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of such facts but before the insurance cover provided by your policy expires, then we are not relieved of liability under your policy in respect of the claim, when made, by reason only that it was made after the expiration of the period of the insurance cover provided by your policy.

Other Important Information

Subrogation

You may prejudice your rights with regard to a claim if, without prior agreement from us, you make agreement with a third party that will prevent us from recovering the loss from that, or another party.

Your policy contains provisions that either exclude us from liability, or reduce our liability, if you have entered into any agreements that exclude your rights to recover damages from another party in relation to any loss, damage or destruction which would allow you to sustain a claim under your policy.

Utmost Good Faith

Every insurance contract is subject to the doctrine of utmost good faith which requires that parties to the contract, including third parties, should act toward each other with the utmost good faith. Failure to do so on your part may prejudice any claim or the continuation of cover provided by us.

Not a Renewable Contract

Cover under your policy will terminate at expiry of the period of insurance specified in your policy document. If you wish to effect similar insurance for a subsequent period, it will be necessary for you to complete a new proposal form prior to the termination of your current policy so that terms of insurance and quotation/s can be agreed.

Change of Risk or Circumstances

It is vital that you advise us of any departure from your "normal" form of business (i.e. that which has already been conveyed to us). For example, acquisitions, changes in location or new overseas activities. Please refer to the territory clause of your policy and the sanctions limitations contained therein.

Privacy Statement

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.

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.

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 31,000 people worldwide.

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, including Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base. Chubb is a major insurer of many of the country's largest companies. With five branches and over 500 staff in Australia, it has a wealth of local expertise backed by its global reach and breadth of resources.

More information can be found at www.chubb.com/au

Contact Us

Chubb Insurance Australia Limited
ABN: 23 001 642 020 AFSL: 239687

Grosvenor Place
Level 38, 225 George Street
Sydney NSW 2000
O +61 2 9335 3200
F +61 2 9335 3411
www.chubb.com/au

Chubb. Insured.SM