



Chubb Insurance Company of Australia Limited
A.B.N. 69 003 710 647 A.F.S. Licence No: 239778
 Locked Bag No 13, Australia Square, 1215
 Level 36, Tower Building, Australia Square, 264-278 George Street,
 Sydney, NSW, 2000

PROPOSAL FORM FOR EMPLOYMENT PRACTICES LIABILITY INSURANCE

Completing the Proposal Form

- Please read the "Statutory Notice" before completing this proposal form.
- Please answer all questions in full leaving no blank spaces.
- 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.

Employment Practices Liability Coverage is written on a claims made basis. Except as otherwise provided, this policy will cover only claims first made against the insured during the policy period. Please note that the defence costs provision of this policy stipulates that the limits of liability may be completely exhausted by the cost of legal defence. Any deductible may be similarly reduced or exhausted by defence costs.

PLEASE READ THE POLICY CAREFULLY

1. GENERAL INFORMATION

Principal Organisation: _____

Principal Address: _____

How long has the **Principal Organisation** continuously carried on business? _____

Nature of business _____

Is the **Principal Organisation:** Private? Yes No Public? Yes No
 Other? (specify): _____

Total number of employees _____

	Currently	One year ago	Two years ago
Full time - Executive Officers	_____	_____	_____
Full time - Employees	_____	_____	_____

2. EMPLOYMENT PRACTICES INFORMATION

Does the proposed **Principal Organisation:**

- Use outside employment counsel for employment advice? Yes No
- Have a full time human resources manager or department? Yes No
 If not, how is this function handled? _____

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- Conducted any retrenchments, staff reductions or facility closing during the last 6 years?
 Yes No If yes, attach details _____
 - Anticipating any retrenchments or staff reductions?
 Yes No If yes, attach details _____
 - Have a formal employment contract with any employee?
 Yes No If yes, how may? _____
 - Distribute an employee handbook to all employees?
 Yes No If no, please explain why. _____
 - Have a manual of its human resource procedures?
 Yes No If yes, indicate the date it was revised _____
 - Provide formal training for its supervisors in administering these procedures? Yes No
 - Have a written policy against discrimination, including sexual harassment? Yes No
 If yes, how is it communicated to employees? _____

 - Have a grievance procedure for dealing with discrimination claims? Yes No
 - Use any tests (e.g. psychological, drug, polygraph, etc) for screening applicants or for continued employment? Yes No
 If yes, attach details.
 - Have a written progressive disciplinary program? Yes No
 - Provide outplacement for terminated employees? Yes No
 If yes, please describe _____
 - Have an established termination procedure? Yes No
 If yes, please describe _____
 - Have an established severance policy? Yes No
 If yes, please describe _____

 - Obtain advice from a human resource manager prior to terminating an employee? Yes No
 If no, attach following details.

Who has the authority to:

hire employees? _____

fire employees? _____

3. LOSS HISTORY

Please attach a listing of all employment legal actions as well as administrative proceedings commenced during the past 3 years. Describe the type of allegation, the court or government agency involved and any determination, judgment, defence cost or settlement for each.

Is the **Principal Organisation** presently subject to any judicial or administrative order, decree, judgment or conciliation agreement relating to employment? Yes No.
If yes, please attach a copy.

4. PRIOR INSURANCE

Does the **Principal Organisation** currently have employment practices liability or similar insurance? Yes No

If no, skip to Section 6 and answer the warranty statement. If yes, provide the following:

Insurer	Limits	Deductible	Policy Period
_____	\$ _____	\$ _____	_____

Has the **Principal Organisation** or any **Insured Person** given written notice under the provisions of any prior or current directors and officers liability policy of specific facts or circumstances which might give rise to a claim being made against any **Insured**? Yes No.
If yes, attach details.

5. CONTINUITY WITH PRIOR COVERAGE

Note: This section applies only if you currently have coverage and request continuity of coverage.

Continuity date requested _____

If continuity of coverage is requested:

- (a) attach a copy of the prior proposal with which continuity of coverage is to be maintained.
- (b) 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

Note: This section applies if you have requested continuity of coverage and your request has not been accepted or granted, or if there is no prior coverage. This question need not be answered if this proposal forms a part of a renewal of a current Chubb Insurance Company of 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 give details: _____

It is agreed that if such facts or circumstances exist, any **Claim** or action arising therefrom is excluded from this 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	TAS	ACT	NT	O/S

10. GST

Australian Business Number: _____

Do you or any other entity Insured under the policy intend to claim an Input Tax Credit for the premium of the Policy? Yes No

If so, to what extent is an Input Tax Credit being claimed by any and which Insured's? (eg answer – full claim or %)?

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11. ADDITIONAL INFORMATION

Please enclose with this proposal form:

- (a) The latest audited Annual Report.
- (b) Most recent employee handbook.
- (c) Functional organisation chart depicting Human Resource Department position.

12. DECLARATION AND SIGNATURE

The undersigned authorised officer of the **Principal Organisation** declares that to the best of his or her knowledge and belief the statements set forth herein 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 this insurance. Although the signing of the Proposal Form does not bind the undersigned on behalf of the **Principal Organisation**, or its directors, officers or Insured Persons to effect insurance, the undersigned agrees that this form and the said statements herein shall be on the basis of and will be incorporated in the Policy should one be issued.

The undersigned, on behalf of the **Principal Organisation** and its Insured Persons, acknowledges that the Statutory Notice contained herein has been read and understood.

Signed: _____ Date: _____

Title: _____
Director of Human Resources or Equivalent Only