

Company

Name

Phone

Email

Club Management Liability form

Instructions to proposer:

Please answer all questions in full. If you have insufficient space to complete your answer, please attach a separate signed and dated sheet and identify the question number concerned

The proposal form should be answered after carefully reading the Chubb Club Management Liability policy wording and following detailed enquiry of all persons to be covered.

Policy Details

Applicant name:

Trading name:

ABN:

Type of organisation:

Private Company

Public Company

Trust

Not for Profit

Partnership

Sole Trader

Financial Institution

Other, please specify:

5. Input tax credit (%):

6. Principal address:

General Questions

1. Business activity:

2. Actual Annual Revenue:

3. Percentage of annual revenue derived from North America:

4. Number of employees in each state or territory or overseas:

VIC	NSW	WA	TAS	QLD	NT	ACT	SA	Overseas

5. Does the Applicant have employees based in North America?

Yes

No

i. Number of employees based in North America:

ii. Total number of employees in the states of California, Michigan, Pennsylvania, Texas, New York and West Virginia:

6. Is the risk currently insured?

Yes

No

i. Holding Insurer?

7. Is the Applicant a Not for Profit?

Yes

No

General Questions (Continued)

8. Is the Applicant a subsidiary of another company? Yes No
- i. Ultimate parent company name (in full):
- ii. Country of registration of parent company:
9. Does the Applicant hold an Australian Financial Services Licence? Yes No
10. In the past 10 years have you or any named insured/business/corporation/director had an insurance policy cancelled, declined, non-renewed or had special terms imposed, been declared bankrupt or involved in a business which became insolvent? Yes No
- i. Type:
- ii. Year:
- iii. Details:
11. Has any proposed Applicant suffered any loss, whether covered by insurance or not, that would have fallen within the scope of the proposed coverage? Yes No
- i. Coverage:
- ii. Date of Loss:
- iii. Details of Loss:
- iv. Amount of Loss (estimate occurred amount if open):
- v. Claim Status:
12. Is any Applicant aware of any facts, circumstances, acts or failures to act that may give rise to any future claims that would fall within the scope of the proposed coverage? Yes No
- i. Coverage:
- ii. Date:
- iii. Details:
- iv. Potential Amount:
- v. Mitigating Action(s):

Policy Coverage

1. Directors & Officers Liability Coverage Section?	Yes	No
2. Employment Practices Liability Coverage Section?	Yes	No
3. Crime Coverage Section?	Yes	No

Directors & Officers Liability Coverage Section

1. Does the Applicant wish to remove the Financial Impairment Exclusion?	Yes	No
2. Is the Applicant a franchisor or franchisee?	Yes	No
3. Does the Applicant have a safety management system that complies with AS/NZ 4801?	Yes	No
4. Does the Applicant have an audit of its safety management system to ensure it remains effective and up to date in managing health and safety risks in the workplace?	Yes	No
5. Does the Applicant have in place hazard and incident reporting procedures which notify officers under relevant occupational health and safety laws?	Yes	No
6. Are all employees, contractors, volunteers, work experience students and labour-hire employees trained and inducted with respect to the Applicant's occupational health and safety procedures at the outset of their engagement with the Applicant?	Yes	No
7. Has any proposed Applicant suffered any occupational health and safety loss within the past 5 years, whether covered by insurance or not, that would have fallen within the scope of the proposed coverage?	Yes	No

Employment Practices Liability Coverage Section

1. Does the Applicant have an audit of its safety management system to ensure it remains effective and up to date in managing health and safety risks in the workplace?		
2. Does the Applicant anticipate any retrenchments or staff reductions within the next 12 months?	Yes	No

Crime Coverage Section

1. Please list the number of locations in which the Applicant operates:

i. Australia / New Zealand – number of locations:

ii. Asia – Number of locations:

iii. Details:

iii. US/Canada – Number of locations:

iv. South America – number of locations:

v. Africa – number of locations:

vi. Europe – number of locations:

vii. Overseas Countries Details:

2. Does the Applicant verify new customer, vendor or supplier bank account information (including name, address and bank account number) and any amendments to customer, vendor or supplier details prior to initiating any new financial transaction with such customer, vendor or supplier?	Yes	No
3. Are individuals duties segregated so that no single person can control the process from start to finish for all: - transfers of Applicant's funds (including deposits, funds transfers, withdrawals and countersignatures on cheques); - reconciliation of bank statements; and - processing of refunds or returns of goods above \$1,000?	Yes	No
4. Does the Applicant have callback procedures with customers, vendors or suppliers to authenticate any fund transfer instructions prior to transfer?	Yes	No
5. Does a Social Engineering Fraud risk management strategy exist and has the Applicant informed and alerted relevant staff at all locations of Social Engineering Fraud ?	Yes	No

Additional Questions

1. a) What impact has COVID-19 had on the Applicant's business, including indirectly through supply chain, 3rd party impact etc?
b) What is the intention regarding continuation of the Applicant's business?
2. If the Applicant faces potentially permanent closure of any facilities or layoffs/stand-down/forced leave of employees/ workers, has the Applicant consulted with employees and their appropriate representatives in accordance with applicable employment laws for the territory in which the layoffs/stand-down/forced leave may occur?
3. Is the Applicant eligible for, and/or has the Applicant applied for, any financial assistance or relief from the government, or other 3rd parties in the previous 12 months?
4. Has the Applicant endeavoured to comply with all advice, regulations, restrictions, and guidelines issued by the Australian Government Department of Health in response to COVID-19, or any other similar applicable advice, regulations, restrictions, and guidelines issued by government health bodies in any other territory or jurisdiction in which the Applicant operates?

Declaration

The undersigned authorised officers of the Applicant declare that to the best of their knowledge and belief the statements made in this proposal and all attachments and schedules to this proposal are true and notice will be given as soon as reasonably practicable should any of the above information change 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 to this proposal and the said statements in this proposal 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 in this proposal has been read and understood.

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

Name:

Position:

Signature:

Date:

Your Duty of Disclosure:

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Cth) to disclose anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. This includes your driving record and insurance history for the previous five (5) years and any criminal convictions whether current or spent for the previous ten (10) years prior to the inception of, or renewal of the insurance Policy.

You have that duty after proposal, and up until the time we agree to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance.

You do not need to tell us anything that:

- reduces the risk that is insured;
- is common knowledge;
- **Your** insurer knows or should know as an insurer; or
- the insurer waives compliance with **Your** duty of disclosure.

If **You** are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact **Us** or your appointed insurance broker..

Non Disclosure:

If you do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Short Form Privacy Disclosure and Consent

Application/ Claim Forms

1. One Underwriting Pty Ltd is committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer our various insurance services we are involved in as set out in the One Underwriting Privacy Notice. In order to do this, we may also share your information with other persons or entities who assist us in providing or promoting our services as set out in the One Underwriting Privacy Notice. Further information about our privacy practices can be located in the One Underwriting Privacy Policy, a copy of which can also be sent to you on request by your One Underwriting representative. You may also gain access to your personal information, or modify your privacy preferences, by contacting your One Underwriting representative or our Privacy Officer through the means set out in the One Underwriting Privacy Notice.
2. If you are disclosing personal or sensitive information about any other person to One Underwriting, you confirm that you have obtained the consent of that person to disclose to One Underwriting their personal or sensitive information and you have made them aware that One Underwriting will or may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If you have not obtained consent from this other person to disclose their personal or sensitive information to One Underwriting, you will inform us before providing the relevant information to us.

By submitting this Claim Form you acknowledge that you have read the One Underwriting Privacy Notice and agree that we can handle any personal information you have provided to us in the manner set out above

Submit your claim

au.motorclaims@oneunderwriting.com.au

Motor solutions team enquiries 07 3223 7517

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For full details please refer to oneunderwriting.com.au/privacy

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