

# Business Protection Management Liability Declaration Form

Completed questionnaires are to either be emailed or faxed for the attention of **Sean Montgomery** at Willis Towers Watson; on Fax: (03) 8681 9888 or email [Sean.Montgomery@WillisTowersWatson.com](mailto:Sean.Montgomery@WillisTowersWatson.com) For any queries, please call (03) 8681-9998

**BUSINESS PROTECTION MANAGEMENT LIABILITY INSURANCE IS UNDERWRITTEN BY CGU INSURANCE LIMITED. ABN 27 004 478 371. AFS Licence Number 238291**

## CLAIMS INFORMATION

### Insured Name:

Please answer the following questions after enquiry within your organisation

Has there been, or is there now pending against any person /entity being proposed for insurance with this declaration.

a. Any claim or loss which falls for indemnity under a policy similar to that proposed for (or would have fallen for indemnity under such a policy had such a policy been in effect)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Any circumstance or incident which might potentially give rise to a claim under the scope of cover of the policy for which this proposal is being completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Any prosecution of any entity to be insured (or any person proposing for insurance) under the corporations Act, the competition & customer Act or any other statute	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Has/Does the insured Entity:	
1. Suspected any fraud or dishonesty or other criminal acts that might result in a direct financial loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Discovered or suffered a direct financial loss of over \$5,000 as a result of fraudulent, dishonest or other criminal acts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have a turnover exceeding \$500,000 or more than 20 employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Been trading for less than 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If YES is answered to any of the above Claims questions, COVER IS NOT AUTOMATICALLY ACCEPTED and this application MUST be referred to Willis Australia Ltd for assessment. Please provide details:**

## 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.

Enquiry has been made of all directions and senior staff

I/We acknowledge signing of the form does not oblige the entity(s) or persons proposing for insurance or CGU Professional Risks to enter into contact of insurance

I/We agree that, by submitting this form, the personal information I/We provide to CGU Insurance Limited in this form or otherwise may be collected, held, used and disclosed in the manner set out in CGU Privacy Policy found at [www.cgu.com.au/privacy](http://www.cgu.com.au/privacy), including for processing this Declaration form and providing me/ us with cover.

I/We also confirm that the undersigned is/are authorized to act for and on behalf of all persons who may be entitled under any policy which may be issued pursuant to this Declaration form and I/We complete this proposal form on my /our and their behalf.

### Who is required to sign the proposal form declaration:-

- The Chief Executive Officer (Managing director) is required for all not for Profit and Private Corporations or the Principal of sole trader,
- Two Partner, for a partnership,
- Two signatories being that the chairman ,chief executive officer(Managing Director),Chief Risk Officer and/or another Director for all public corporations (Unlisted),Co-operations and Mutual Corporations

Name/Position:	Signature ^:	Date: / /
Name/Position:	Signature ^:	Date: / /

**^It is important the signatory /signatories to the declaration is /are fully aware of the scope of this insurance so that all questions can be answered. If in doubt, please contact your insurance broker since non –disclosure may affect an insured’s right of recovery under the policy or lead to it being avoided**

In order to arrange insurance for you or handle a claim for you, Willis Towers Watson needs to collect your personal information. If you would like more information on the way your personal information is handled by Willis Towers Watson, please refer to Willis Towers Watson’s Privacy Policy which is available online at visit [www.willis.com.au/privacy](http://www.willis.com.au/privacy) or upon request

*^Note: If completing this form electronically, please type in your name in full as signature.*

Full terms, conditions, limitations, exclusions and benefits are set out in the policy documents, copies of which have been provided with this quotation.

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## **Please read and retain in your file**

**The proposed insurance is issued on a 'claims made' basis. This means that the policy responds to:**

1. Claims first made against the insured during the policy period and notified to CGU Professional Risks during that policy period, providing that the insured was not aware, at any time prior to the policy inception, of circumstances which would have alerted a reasonable person in the insured's person position that a claim may be made against the insured; and
2. 'Claims Circumstances' notified pursuant to sections 40 (3) of the Insurance Contracts Act which states: 'where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of insurance cover provided by the contract.'

After policy expiry, no new claims can be made on the expired policy though the event giving rise to the claim may have occurred during the policy period.

If during the policy period you become aware of the circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to us during the policy period, we may not cover you under subsequent policy for any claim which arises from these circumstances. When completing the proposal you are obliged to report and provide full details of all circumstances of which you are aware and which a reasonable person in your position would consider may give rise to a claim. It is important that you make proper disclosure (see Duty of Disclosure, below) so that your cover under any new policy with us is not compromised

Pursuant to the Insurance Contracts Act your duty to disclose all relevant information is set out below

**Duty of Disclosure:-** Before entering into a contract of general insurance, you have duty, under the Insurance Contracts Act, to disclose to us every matter that you are aware of, or could reasonably be expected to be aware of, that is relevant to our decision about insuring you and if so on, on what terms. You have the same **duty to disclose** these matters to us before you renew, extend, vary or reinstate a contract of general insurance

Your duty however does not require disclosure of matter:-

- That diminishes the risk to be undertaken by us
- That we know or, in the ordinary course of our business, ought to know
- That is of common knowledge
- As to which compliance with your duty is waived by us.

You should note that your duty continues after the proposal form has been completed until the policy is entered into.

**Non-disclosure:** If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, we may also have option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the insured, including senior staff, before completing the proposal form and before you sign any declaration confirming no change in the information disclosed

**Retroactive Liability:** the proposed insurance may be limited by a retroactive date wither stated in the schedule or endorsed onto the policy. Where the retroactive cover provided by the proposed policy is subject to such a date, then the policy does not cover any claim arising from actual or alleged act, error, omission or conduct occurring prior to such retroactive date

**Average Provision:-** One of the insuring provision of the proposed insurance may provide that where the amount required to dispose of a claim exceeds the limit of the sum insured in the policy then CGU Professional Risks shall be liable only for a proportion of the total costs and expenses. This shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

**Surrender of Waiver of any Right of Contribution or Indemnity:** If another person or company is liable to compensate you or hold you harmless for part or all of any loss or damage other covered by our policy, but you agree with that person or company (either before or after the inception of our policy) that you would not seek to recover any loss or damage from them, we will not cover you for this loss or damage.