



# DENNIS FOSTER Insurance Brokers

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## Directors and Officers Information Sheet

Date \_\_\_\_\_ Referred By \_\_\_\_\_

**Insured Name** (Please list all entities to be insured under this policy including current subsidiary/incorporated joint venture companies):

\_\_\_\_\_

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode \_\_\_\_\_

Phone No's: \_\_\_\_\_ Fax \_\_\_\_\_

Address of Head Office: \_\_\_\_\_ Postcode \_\_\_\_\_

Website: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

ABN/ACN: \_\_\_\_\_ Country/State of Registration: \_\_\_\_\_

Please tick the structure of the Company to be insured under this Policy: Pty Ltd      Public Unlisted  
Non Profit/Association      Public Listed      Trust      Partnership      Sole Trader  
Other      Please Specify \_\_\_\_\_

Please describe the full business activities (including all subsidiary companies/controlled entities): \_\_\_\_\_

\_\_\_\_\_

- In the last 24 months, has the Applicant or any of its Subsidiaries acquired or merged with any other entity? No      Yes
- Does the Applicant or any of its Subsidiaries have any acquisition, tender offer or merger with another entity pending or under consideration? No      Yes
- Is the Applicant or any of its Subsidiaries aware of any proposal relating to its acquisition by another entity? No      Yes
- Is there any change to the nature of business intended, or being considered in the next 12 months? No      Yes

Please advise the Securities Exchange, which the Applicant is listed on (eg: ASX), if applicable: \_\_\_\_\_

- Is the Applicant intending to raise funds via a public offering of securities within the next year in Australia or elsewhere? No      Yes

Please advise the total number of employees including contractors:

Board members, Directors, Partners & Officers \_\_\_\_\_

Full time employees excluding the above \_\_\_\_\_

Part-time employees \_\_\_\_\_

Casual employees \_\_\_\_\_

Independent Contractors \_\_\_\_\_

Voluntary Workers & Secondees \_\_\_\_\_

Total \_\_\_\_\_

Please advise the annual turnover/revenue and assets of Applicant for:

	Previous 12 months	Next 12 months (estimated)
Revenue/Turnover	_____	_____
Assets	_____	_____

In respect of gross fees/revenue for the last financial year, please provide a breakdown by State (for Stamp Duty Purposes)

NSW _____%	ACT _____%	QLD _____%	VIC _____%	TAS _____%
SA _____%	WA _____%	NT _____%	Overseas _____%	

Is the Applicant a registered entity pursuant to the A New Tax System (Goods & Services Tax) Act 1999 (Cth)?

**No Yes**

Is the Applicant involved in any business activities outside of Australia and New Zealand?

**No Yes**

If Yes, is the Applicant involved in any business activities in the USA &/or Canada?

**No Yes**

*If Yes, you may be required to complete an additional Risk Addendum Form*

Does the Applicant have any other similar Insurance Cover currently in place?

If Yes, please advise us of the following information;

	Name of Insurer	Limit of Indemnity	Policy Period	Deductible
Management Liability				
General Liability				
Professional Indemnity				
Other				

In the past 5 years, has the Applicant or any Director or Officer of Applicant or its subsidiaries, been declined, had cancelled or non-renewed any insurance policies for any of the coverage's for which it has applied?

**No Yes**

After inquiry, in the past 5 years, has there been any regulatory inquiries or investigations made into the Applicant, its Subsidiaries, or any of its, Directors or Officers, Managers, or Employees, which may have been covered by us, under any of the coverage's for which it has applied?

**No Yes**

After inquiry of all Directors & Officers of the Applicant, has there been, or is there now pending, any proceedings (Criminal or Civil) or demands which have been made against them in their capacity as a Director or Officer Of the Applicant or its Subsidiaries?

**No Yes**

After inquiry, is the Applicant or any of its Directors or Officers aware of facts or circumstances, which might afford valid grounds for any future investigations, inquiries, regulatory proceedings, or other claims, which may be covered by us, under any coverage for which it has applied?

**No Yes**

In the last 5 years, has the Applicant been the subject of any complaint, suit, inquiry or notice of a hearing from any State, Territory or Federal regulatory body, or any other party?

**No Yes**

Has the Applicant sustained any losses over the last 5 years as a result of any fraudulent action, or dishonest misappropriation? This includes the loss of any third party's funds or tangible property in the car, custody and control of the Applicant?

**No Yes**

Within the last 5 years, has the Applicant been audited or been the subject of a Risk Review by the Australian Taxation Office or any State or Territory Revenue Office?

**No Yes**

If the Applicant answered Yes, please provide details of any losses (via separate addendum if necessary) sustained during the past 5 years. Please include a brief description of the facts of the matter, details regarding the quantum of the loss, the outcome and whether any insurance monies were paid as a result: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cover Required**

*Directors & Officers Liability*

\$1,000,000      \$2,000,000      \$3,000,000      \$5,000,000      \$10,000,000      \$20,000,000

Other: \_\_\_\_\_

*Employment Practices Liability*

\$500,000      \$1,000,000      \$2,000,000      \$3,000,000      \$4,000,000      \$4,000,000

Other: \_\_\_\_\_

*Tax Audit Costs*

\$50,000      \$75,000      \$100,000      \$150,000      \$200,000      \$250,000

Other: \_\_\_\_\_

*Statutory Liability & Supplementary Legal Costs*

\$500,000      \$1,000,000      \$2,000,000      \$3,000,000      \$4,000,000      \$5,000,000

Other: \_\_\_\_\_

*Crime Protection*

\$1,000,000      \$2,000,000      \$3,000,000      \$5,000,000      \$10,000,000      \$20,000,000

Other: \_\_\_\_\_

**Directors and Officers Liability**

*Please advise;*

The market capitalisation if listed on a public securities exchange: \_\_\_\_\_

The total number of shareholders: \_\_\_\_\_

The total number of shares held by Directors of Officers: \_\_\_\_\_

Do any of the Directors or Officers of the Applicant hold (at the specific request of the Applicant) any Board or Other managerial positions on other outside entities? **No** **Yes**

If Yes, please advise of the entities:

Outside Entity	The Applicant's relationship to the Outside Entity	D&O Insurance Policy Number and Limit of Indemnity of the Outside Entity	Policy Period

Do you require coverage for any of your Directors or Officers who hold any positions on an outside entity? **No Yes**

If Yes, please advise us of the Directors or Officers who require cover, the entities where they hold positions, and the positions that they hold: \_\_\_\_\_

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**Employment Practices Liability - if required**

During the next 12 months, is the Applicant or any of its subsidiaries implementing or contemplating the implementation of, any outsourcing of any functions currently performed by its employees? **No Yes**

During the next 12 months, is the Applicant or any of its subsidiaries undergoing, or has it contemplated undergoing, any employee redundancies, layoffs, or early retirement (including those resulting from any type of company, restructure, acquisitions, divestment, office or plant closer)? **No Yes**

Have any directors, officers or employees of the Applicant or any of its subsidiaries, resigned, or had their employment terminated, or been made redundant within the last 24 months? **No Yes**

If Yes to any of the above, please advise full details: \_\_\_\_\_

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Does the Applicant have a central Human Resources or personnel department performing a function for the Applicant and its subsidiaries? **No Yes**

If No, how is this function handled? \_\_\_\_\_

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Does the Applicant and its subsidiaries have a written Human Resources manual, employee handbook or equivalent written employment management guidelines? **No Yes**

If Yes, are all managers and employees:

- Provided with a copy of this manual **No Yes**
- Provided with training in relation to the policies and procedures in the manual? **No Yes**

Are decisions regarding the termination of employment always subject to prior review by the Applicant's;

- Human Resources or Personnel Department **No Yes**
- Internal Legal Department **No Yes**
- External Legal Counsel **No Yes**

**Tax Audit Costs – if required**

Does the Applicant outsource any of its audit functions? **No Yes**

If Yes, please advise full details of the firm or persons conducting the Audit function: \_\_\_\_\_

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Does the Applicant engage any external consultants to assist it with its book keeping and accounting? **No Yes**

If Yes, please provide full details: \_\_\_\_\_

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Does the Applicant employ an Accountant or Book Keeper? **No Yes**

**Statutory Liability and Supplementary Legal Costs – if required**

Does the Applicant have a Workplace or Occupational Health & Safety Manager, Department or Co-ordinator? **No Yes**

Has the Applicant's quality control system been certified? **No Yes**

Does the Applicant have a current manual for Occupational Health & Safety Procedures and Environmental Protection Procedures? **No Yes**

Are these manuals distributed to all employees and is training provided? **No Yes**

On the most recent Workers Compensation renewal, was the Company rated at the industry gazetted rate? **No Yes**

*If you are unsure about the answer to the above questions please attach the last Workers Compensation Insurance renewal notice*

If the Applicant answered No to any of the above please provide full details: \_\_\_\_\_

\_\_\_\_\_

Does the Applicant have workers engaged in any hazardous manual activities (including work in confined spaces, abrasive blasting, electrical work, diving and other high risk activities)? **No Yes**

Does the Applicant manufacture or use any toxic chemicals or hazardous substances? **No Yes**

Has the Applicant, or has the Applicant applied for, any environmental licence or licence to pollute? **No Yes**

Does the Applicant have any involvement in:

- Asbestos **No Yes**
- Fungus, mildew, mould or any other pollutants **No Yes**
- Recycled, reconditioned or reclaimed materials **No Yes**
- Any marine, aviation or road activities **No Yes**

Has the Applicant ever had a penalty or premium loading imposed on their Workers Compensation insurance? **No Yes**

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

\_\_\_\_\_

\_\_\_\_\_

Do you required cover for;

- Statutory Liability Insurance **No Yes**
- Supplementary Legal Costs Insurance **No Yes**

**Crime Protection – if required**

Do external auditors audit all operations at least annually? **No Yes**

Have all recommendations by external auditors regarding internal controls been complied with following your last audit? **No Yes**

Do you have an Internal Audit Department? **No Yes**

Are duties segregated so that no individual can control any of the following activities from commencement to completion without referral to others;

- Signing cheques or authorising payments (including capital expenditure) above \$5,000? **No Yes**
- Issuing funds transfer instructions? **No Yes**
- Amending funds transfer procedures? **No Yes**
- Opening new accounts? **No Yes**
- Investment in and custody of securities and valuables? **No Yes**
- Refund monies or return goods above \$5,000? **No Yes**
- Disbursement of assets or funds of any pension plan? **No Yes**
- Awarding contracts following a tender? **No Yes**

When recruiting or promoting employees to positions of trust involving handling of stock, money, financial or treasury functions, do you;

- Undertake independent checks into their employment history? **No Yes**
- Undergo a process to ensure their suitability for the position? **No Yes**

Is there controlled access to all locations? **No Yes**

Are all premises containing stock, money, securities, precious metals etc. connected to an intruder alarm? **No Yes**

Does the Applicant maintain an approved suppliers list? **No Yes**

Are unique passwords used to give various levels of entry to the computer depending on the users authorisation? **No Yes**

Are passwords automatically withdrawn when people leave? **No Yes**

Is your computer system firewall protected to prevent unauthorised access? **No Yes**

Is your computer system protected by virus detection and repair software? **No Yes**

If the Applicant answered NO to any of the above please provide full details: \_\_\_\_\_

\_\_\_\_\_

**Any Additional Information/Requirements:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_