



DENNIS FOSTER Insurance Brokers

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Management Liability 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): _____

- Does the Company have any securities listed on any stock exchange such as the ASX or CHI X No Yes
- Has the Company made or are there any pending acquisitions, mergers, divestments, material capital raisings in either the past or following twelve months No Yes
- During the last three years has the Company changed its external auditors and/or legal advisors No Yes
- Is the Company involved in any business activities or does it hold any assets in the USA/Canada No Yes
- Does any shareholder own more than 50% of the company's Ordinary Share Capital No Yes
- Within the past five years has the Company or its directors or officers disclosed confidential Information to any third party including potential business partners No Yes
- Has any employee that has had access to the Company's confidential information left your employment within the past three years No Yes
- Please provide the Company's Gross Consolidated Turnover (based on the average of last 2 years): \$ _____
- Please provide the Company's Gross Consolidated Total Assets (last actual financial year): \$ _____
- Please provide the Company's Gross Consolidated Net Assets (last actual financial year): \$ _____
- In the past 3 years, has there been (or is there now proposed) any change in the financial position or capital structure that may materially affect the financial performance of the company No Yes
- Is any Director or Officer of the Company aware of any facts or circumstances that may affect the ability of the Company to meet its debts as and when they fall due No Yes

If you have answered Yes to any of the above questions please advise full details: _____

Do you have a current Management Liability Insurance cover in place **No** **Yes**

If Yes, please advise details;

Name of the Insurer: _____ Limit of Indemnity: _____
Deductible: _____ Expiry Date of the Policy: _____ Retroactive Date: _____

Does the company hold any of the below insurance policies;

Tax Audit: **No** **Yes** Statutory Liability: **No** **Yes** Legal Expenses: **No** **Yes**
Workers Compensation: **No** **Yes** Employers Liability: **No** **Yes**

If yes, please advise details;

Name of the Insurer: _____ Limit of Indemnity: _____
Deductible: _____ Expiry Date of the Policy: _____ Retroactive Date: _____

In respect of turnover for the last financial year, please provide a breakdown by State

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

Please provide the total number of your current employees;

Board members, Directors, Partners & Officers _____
Full time employees excluding the above _____
Part-time employees _____
Casual employees _____
Independent Contractors _____
Voluntary Workers _____
Total _____

Do you anticipate a significant change to the number of employees in the next 12 months **No** **Yes**

Is the Company or any of its subsidiaries undergoing any employee redundancies, layoffs, or early retirement (including those resulting from any type of company, restructure, acquisitions, divestment, office or plant closure) in the next 12 months **No** **Yes**

Does the Company have written employment procedures (e.g. Employee Handbook) that are made available to each employee, and does the Company adhere to these procedures at all times **No** **Yes**

Please advise the below based on your current year estimates:

Annual Salary Bracket	Number of Employees
\$0-\$50,000	_____
\$50,000-\$100,000	_____
\$100,000-\$250,000	_____
>\$250,000	_____

Are all of your Employees engaged under a written contract of employment **No** **Yes**

If No, please provide explanation: _____

Are decisions regarding redundancies, layoffs or negative performance evaluation always subject to prior review by the; Company's Human Resources or equivalent **No** **Yes**
Internal Legal Department **No** **Yes**
External Legal Counsel **No** **Yes**

If No, please provide full details: _____

Do you ensure the following operations are always segregated so that no one person can control any function from Start to finish without referral to another individual:

Signing cheques or authorising payments above \$1,000	No	Yes
Issuing funds transfer instructions	No	Yes
Amending funds transfer procedures	No	Yes
Opening new bank or supplier accounts	No	Yes
Refund of monies or return of goods above \$1,000	No	Yes

Do you always ensure bank statements are independently reconciled by persons not authorised to deposit/withdraw funds or to issue funds transfer instructions

No **Yes**

Is an independent physical count of stock, raw materials, work in progress and finished goods undertaken and is this count reconciled against stock levels

No **Yes**

How frequently: _____

Were any discrepancies discovered during last stock check

No **Yes**

If Yes, please provide details: _____

Do you always ensure wages/salaries are independently checked against personnel records for unusual or excessive payments

No **Yes**

Are passwords automatically withdrawn when staff members leave your employment

No **Yes**

Do you maintain an approved suppliers list

No **Yes**

Are suppliers, service providers and outsourcing companies;

Vetted for competency, financial stability and honesty before being approved

No **Yes**

Appointed under written contract

No **Yes**

If No, please provide details: _____

Does the Company have a current manual for Occupation Health & Safety Procedures and Environmental Protection Procedures that is distributed to all workers

No **Yes**

If No, please provide details: _____

Are all employees appropriately trained and inducted at the outset of their employment with the Company

No **Yes**

If No, please provide details: _____

Does the Company have any workers that are engaged in any hazardous manual activities (including work in confined spaces, abrasive blasting, electrical work, diving and other high risk activities

No **Yes**

If Yes, please provide details: _____

After enquiry, is the proposed Insured aware of any facts or circumstances which might afford valid grounds for any future claim(s) or which would indicate the probability of any such claim(s) under any section of the cover for which it has applied

No **Yes**

Within the last three years, has the proposed insured 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**

Within the last three years, has the proposed Insured discovered any losses from employee dishonesty, burglary, robbery, disappearances, destruction or forgery **No** **Yes**

Has the proposed Insured been declined, had cancelled or non-renewed any insurance policies for any of the coverages for which it has applied **No** **Yes**

Have any claims ever been made against the Company or any of its directors, officers or employees for wrongful termination, discrimination intimidation or sexual harassment **No** **Yes**

In the past five years has the proposed insured had a Workplace or Environment incident (including a workplace fatality, serious injury or dangerous incident) that either required notification to or warranted investigation by a Regulatory Authority or a compulsory requirement to attend any hearing, inquiry, prosecution or other commission **No** **Yes**

Has the Company ever had any Insurer decline a proposal or cancel or refused a Management Liability Insurance **No** **Yes**

If Yes to any of the above please provide full details: _____

Please select the amount of Indemnity required:
\$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 Other: _____

Please indicate if you would like Optional Extension Cyber Risks to be included **No** **Yes**

Any Additional Information/Requirements: _____

