



FINANCIAL LINES CLAIM/NOTIFICATION FORM

IMPORTANT NOTICE

This document is used for notification of a claim or circumstances which may lead to a claim.

- Please provide in addition to this document, all other relevant documentation or information, which includes and is not limited to copies of any contracts for service, scope of services, retainer, written demands, correspondence, and any legal or court documents (if applicable).
- Please read this document carefully before answering.
- Please speak with your Insurance broker or legal representatives if you have any queries or concerns regarding completion of this form.
- This document is to be signed by the Insured or their authorised representative.
- This document must be completed in its entirety before submitting to Artisan Underwriting Pty Ltd (**Artisan**).
- You must not admit to any wrong doing to any third parties or make any offers of settlement without **Artisan's** written consent. Please refer to full terms and conditions of your Policy.
- Please refer to the below 'Supporting Documents Required' page, for a list of documents that Artisan require in order for the Insured to submit a claim.
- It is recommended that the Insured keeps a record of all information supplied or provided (including copies of this claim form and all other correspondence in respect thereto).
- Please submit a copy of this completed Claim Form and supporting attachments to claims@artisanuw.com.au

Section 1 Insured Details

Full Insured Name: _____
Insured Address: _____
Contact Person: _____
Contacts Position: _____
Phone No.: _____
Email: _____

Section 2 Policy Details

Policy No: _____
(Artisan Reference) _____
Period of Insurance: _____

- 1. Does the Insured hold any other insurance policies that may be applicable to this notification?
Yes [] **No** []

If Yes, please provide further details: _____

Name of Policyholder: _____
Insurer: _____
Type of Insurance: _____
Period of Insurance: _____

- 2. Has the Insured notified this other Policy?
Yes [] **No** []

Section 3 Claimant details

- 3. Claimant(s) or potential Claimant(s) (the party who is making a claim, demand or making allegations against the Insured) full name / legal entity.

- 4. What is the Insured (or other Policyholders) relationship with the Claimant(s) or potential Claimant(s) ?



Section 4 Details of the Claim or Circumstances

5. What is the precise nature of the claim (i.e. the Claimant's allegations) or the facts or circumstances that may lead to a claim being made against the Insured?

Please also confirm;

- a. What was the date the Insured first became aware of the claim, allegations or circumstances which may give rise to a claim?

- b. What is the total amount being claimed (if known) or the estimated loss (if applicable)?

- c. What is the Insured's own views of the claim, allegations or circumstances that may give rise to a claim?

- d. Does the Insured have an opinion how to resolve/solve the claim, allegations or circumstances?

6. Was the claim, allegation or intimation of a claim made verbally: **Yes** [] **No** []

If Yes, please provide details (including date of said verbal claim, demand, or allegation)

7. Was the claim, demand, allegation or the intimation of a claim made in writing? **Yes** [] **No** []

Has the Insured received a copy of a written demand? **Yes** [] **No** []

If Yes, please attach a copy of the demand along with all other correspondence received with respect thereto.

If you answered Yes to any of the above, please confirm the date you received the written demand:

8. Have proceedings been issued against the Insured? **Yes** [] **No** []

If Yes, please attach a copy of the court documents along with all other correspondence with respect thereto.



Section 5 Insured's Response to the Claim/Circumstance

9. Are there any other parties which may have contributed to the claim or circumstance which may give rise to a claim? **Yes** [] **No** []

If Yes, please provide details: _____

10. Has the Insured obtained their own legal advice to act on its behalf? **Yes** [] **No** []

If Yes, please provide details of their name, firm, address and charge out rates: _____

Note: The Insured should NOT obtain or engage legal representation without Artisans prior consent

Section 6 Declaration

The Insured or its authorised representatives signing the below, declares that all statement made and information provided in connection with this claim or circumstance (whether written or oral) are true and accurate, and after full inquiry confirm that there are no material facts which been misstated or withheld or suppressed. Furthermore, the undersigned declares and agrees that should any of the information given to Artisan alter, the undersigned will give Artisan immediate notice thereof. The undersigned also agrees that Artisan may use and disclose personal information in accordance with our 'Privacy Statement'. The undersignee also acknowledges and agrees that this claim form and all other information or documents provided to us in regards to this claim or circumstance, shall form part of the claim thereon.

Full Name: _____

Position: _____

Your Signature: _____

Date: _____



SUPPORTING DOCUMENTS REQUIRED

The below information helps Artisan to assess indemnity, liability and potential quantum in relation to the claim or circumstance.

Professional Indemnity (Negligence) claim:

- Any contract, including defined scope of services between the Insured and the Claimant(s) or potential Claimant(s).
- Letter of demand, if any, including all correspondence in respect thereof.
- Full details of the project (if applicable), including details of all other parties engaged by or on behalf of the Insured.
- Any court issued documents (if applicable).
- Your response to the allegations, claim, demand or circumstance which may give rise to a claim.

Employment Practices Breach:

- Contract of Employment and any other relevant employment related documentation.
- Copy of the Claimant's Termination Notice (if applicable).
- If applicable, Fair Work Australia Application (Applicant's Response).
- All correspondence pertaining to the dispute/alleged breach, including the Insured's response to the allegations or dispute.
- Copies of all itemised legal bills and retainer (If the Insured has already obtained its own legal representation).
- Copies of any judgements and or Deed of Settlements (if applicable).

Crime:

- Loss Assessors Reports.
- Audit Reports, including any internal investigation reports.
- Police Reports.
- Witness statements or signed confessions.
- Account Statements, Invoices, Receipts and any other relevant financial statements.
- Receipts, Invoices, Money Orders or Cash receipts, including Cheques and Cheque requisitions.

Tax Audit Costs:

- Notification/Letter from the ATO or regulatory authority notifying the Insured of the audit.
- Notification/Letter from the ATO or regulatory authority confirming any developments with regards to the audit including whether Audit has been completed.
- Copies of all related and itemised invoices from the Insured's (including Companys) Accountant



IMPORTANT NOTICE

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract. You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about

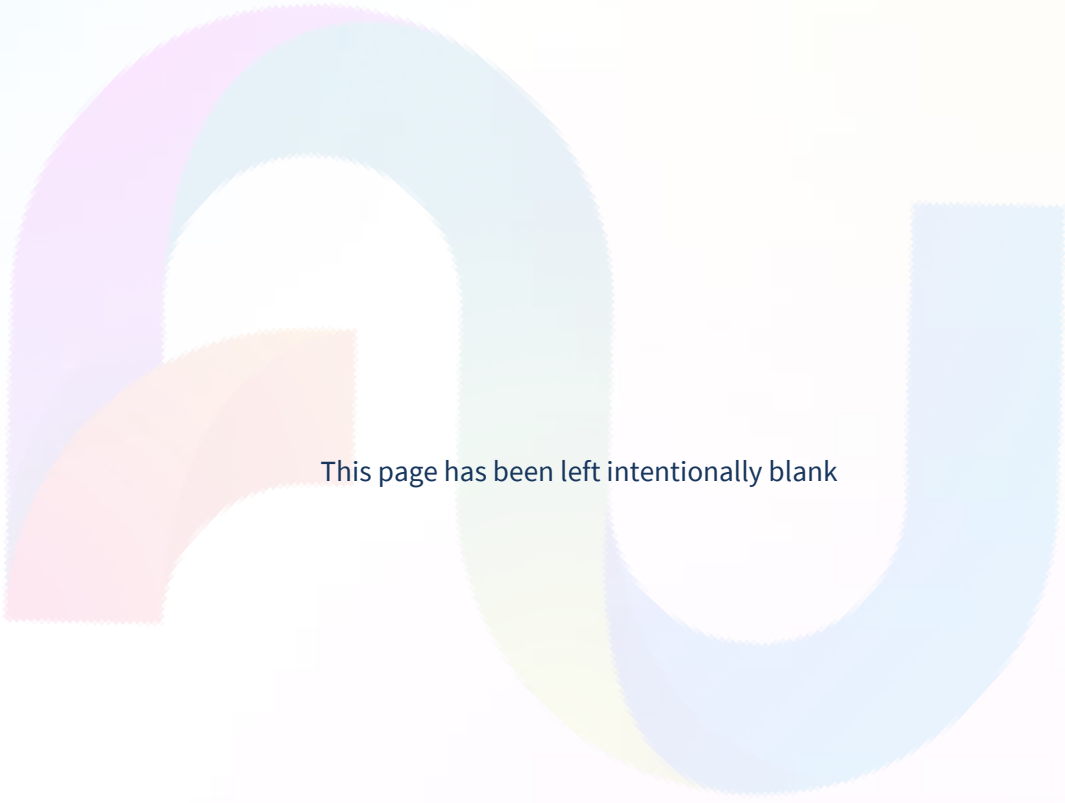
Non-Disclosure:

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

Privacy Notice:

We safeguard your privacy and the confidentiality of your personal information and are committed to handling your personal information in a responsible way. We will abide by the Privacy Act 1988 (Cth) (the 'Act') including the Australian Privacy Principles which are set out in the Act. We have developed a Privacy Policy that sets out how we collect, store, use and disclose your personal information. Please refer to our website for a copy of our Privacy Policy.





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