



New Entity / Contractor Declaration

Insured (Named Insured): _____ Policy No.: _____

New Entity / Contractor Name: _____ ABN/ACN (if applicable): _____

Type (tick one): ☐ New entity (related entity / subsidiary) ☐ Contractor

Addition date required (DD/MM/YYYY): ____ / ____ / ____

A. NEW ENTITY DETAILS (complete if “New entity”)

1) Relationship to Named Insured (tick one):

☐ Subsidiary ☐ Related body corporate ☐ Joint venture ☐ Other: _____

2) Status (tick one):

☐ Newly created (commenced trading on: ____ / ____ / ____)

☐ Acquired (acquisition date: ____ / ____ / ____)

3) If acquired: assumption of liabilities (tick one)

☐ No – no assumption/acceptance of existing liabilities

☐ Yes – liabilities assumed/accepted (provide details and attach supporting documents if relevant):

4) Retroactive cover requested for the New Entity? (tick one)

☐ No ☐ Yes – requested retroactive date: ____ / ____ / ____ and details/reasons:



B. CONTRACTOR DETAILS (complete if “Contractor”)

5) Contractor type (tick one): ☐ Individual ☐ Company

6) Engagement basis (tick one):

- ☐ Labour-only / on-hire
☐ Consulting / professional services
☐ Subcontractor delivering services to clients under the Insured’s contracts
☐ Other: _____

7) Are you seeking the contractor to be insured under this Policy? (tick one)

- ☐ No (contractor maintains own insurance)
☐ Yes

8) If contractor maintains own insurance (tick one):

- ☐ Not applicable
☐ Yes – evidence of insurance attached (COI)

Insurer: _____ Policy type(s): ☐ PI ☐ D&O/ML ☐ PL ☐ Other: _____

Limits: \$ _____ Expiry: ____ / ____ / ____

C: ACTIVITIES AND SERVICES

Cover will only apply to the activities/services already insured under the current Policy unless endorsed.

Describe the activities/services to be performed by the New Entity / Contractor (if none, write “NIL”):

D: INCOME DETAILS (Gross Fees / Turnover attributable to the New Entity / Contractor)

(If not applicable, write “N/A”).

Previous 12 months: \$ _____

Current/Last 12 months: \$ _____

Next 12 months: \$ _____



E: CLAIMS / CIRCUMSTANCES / INVESTIGATIONS (Tick one)

- ☐ Nil to declare – No claims/circumstances/investigations/audits/notices as set out below
- ☐ Disclosures attached and/or completed below (attach additional pages if required)

After full inquiry, I/we declare that neither the Proposer nor any of its insured persons is aware of:

- a) any claim, demand, proceeding, complaint, allegation, threat or notice of intention to claim (formal or informal, civil, criminal, administrative or tribunal);
- b) any investigation, inquiry, examination, prosecution, inquest/coronial inquiry, show-cause process, improvement/prohibition notice, enforceable undertaking process, audit, review or enforcement action by any regulator, authority, professional body or law enforcement agency (including employment practices, discrimination, harassment, bullying, unfair dismissal, underpayment, workplace relations, WHS, corporate governance or statutory compliance); or
- c) any fact, matter, circumstance, incident or conduct that could reasonably be expected to give rise to a claim under this insurance, including (without limitation) any Employment Practices, Statutory Liability, WHS, Tax Audit or Crime/Fidelity matter, or any acts, errors or omissions, whilst in this or any other business.

If the above is not correct, provide us full details.

F: DECLARATION

I declare that I am authorised to complete this form on behalf of the Named Insured/Proposer and that, to the best of my knowledge and belief (after full inquiry), the statements and particulars are true and correct, and no material facts have been omitted or misrepresented. I/we undertake to inform Artisan Underwriting Pty Ltd in writing of any changes to material facts, and any claim/investigation/audit/circumstance that arises or becomes known, before any insurance based on this form is entered into or amended.

Name: _____ Position/Title: _____

Signature: _____ Date (DD/MM/YYYY): ____ / ____ / ____