



**ARTISAN<sup>®</sup>**  
UNDERWRITING



[www.artisanuw.com.au](http://www.artisanuw.com.au)



## 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

### If you do not tell us anything

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.

### Claims made policy

The Policy is issued on a claims made and notified basis. This means that the Policy only covers the Insured for claims first made against the Insured during the Period of Insurance and notified to us during the Period of Insurance. Section 40(3) of the Insurance Contracts Act 1984 may provide additional rights at law. That section provides that 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 during the period of insurance, 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.

### Retroactive date

The proposed insurance may be limited by a Retroactive Date. If so, the policy will not cover any claims or circumstances arising from any events, services, activities, errors or omissions or conduct prior to the Retroactive Date.

### Subrogation

Where you have prejudiced Artisan Underwriting Pty Ltd (including its Insurers or underwriters) rights to recover a loss from another party, this may have the effect of excluding or limiting the Underwriters liability in respect of that loss.

### 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 below for a copy of our Privacy Policy.



## Part A – Associations Details

1. Insured Entities (include all subsidiaries)	Date Incorporated	ABN

2. Telephone Number	Email Addresses

3. Websites

4. Addresses	State	Post Code

5. Name of Principal/ Directors	Age	Qualifications	Start date with Insured
			/ /
			/ /
			/ /
			/ /
			/ /

Number of Directors, Principal, Partners & Staff	Full time	Part Time / Casual
Directors, partners, principals		
Qualified/Technical staff		
Administration/Other staff		
Volunteers		
<b>Total staff</b>		

6. Has the Association acquired, sold, disposed of or merged with any entity during the last 3 years?

No  Yes

(a) Does the Association have any plans to acquire, sell, dispose of or merge with any entity in the next 12 months?

No  Yes  If Yes to (a) or (b), please provide details

7. Is the Association a subsidiary of another entity?

No  Yes

8. Is the Association an incorporated body?

No  Yes  If Yes, under the provisions of what legislation is it incorporated?



## Part B – Activities, Services and Income

9. Please list all professional services provided and allocate an approximate percentage of the Insureds income for each.

(i) Activities Performed (include all activities and services)

	%
	%
	%
	%
	%
	%
	%
	%
	%
	%

(ii) Does the Insured subcontract out any of their Professional Services/Activities?

No  Yes  If Yes:

(a) Please confirm the percentage of fees/turnover paid to subcontractors in the last 12 months?

(b) Provide full details of the Professional Services Subcontracted.

**(c) Please confirm that all subcontractors carry Professional Indemnity insurance?**

No  Yes

**(iii) Please indicate if the Association provides the following services:**

No  Yes

Legal advice	Yes <input type="checkbox"/> No <input type="checkbox"/>	Financial services including insurance services	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical treatment or medical services	Yes <input type="checkbox"/> No <input type="checkbox"/>	Research, development, experimentation or testing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Evaluation or setting standards for the qualification and performance of others or the quality of products manufactured or sold	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fund or property management for third parties	Yes <input type="checkbox"/> No <input type="checkbox"/>
Manufacturing, construction, erection or installation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Supply of materials, plant, goods, or equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>

If Yes to any of the above, please provide details.

**(iv) Does the Association**

**(a) Hold a gaming licence?**

No  Yes

**(b) Provide any Products or Goods?**

No  Yes

**(c) Operate outside of Australia?**

No  Yes  If Yes, please provide details:

**(v) Does the Insured anticipate any changes to the above Activities in the next 12 months?**

No  Yes  If Yes, under the provisions of what legislation is it incorporated?

**10. Please provide gross Fees/Turnover, including gross fees paid to sub-contractors.**

**(i) Revenue**

Location	Previous 12 months	Last 12 months	Next 12 months
Australia	\$	\$	\$
Other (exc USA/Canada)	\$	\$	\$
USA/Canada	\$	\$	\$
<b>Total</b>	\$	\$	\$

(ii) Employees, Members and Volunteers

Total Number of Employees and Volunteers and Members			
Please state number of:	Employees	Volunteers	Members

(a) How many employees earn over \$100,000?

(iii) Financial Position

(a) Can the Insured provide the latest audited financial report as part of this submission?

No  Yes

An insolvency exclusion will automatically apply without review and acceptance of audited financials

(b) Please advise assets and liabilities as stated in the latest annual report and accounts of the Association.

Current Assets	\$	Current Liabilities	\$
Non-Current Assets	\$	Non-Current Liabilities	\$

(c) Has there been any material change in the financial position, capital structure or operation of the Association since it's last audited financial report?

No  Yes

(d) Are any of the Insured Persons aware of facts or circumstances that might affect the ability of the Association to meet all its debts as and when they fall due?

No  Yes  If Yes to either of the above, please provide details.



## Part C – Risk Management and Controls

### 11. Employment Practices

(a) Does the Association have a formal termination of employment policy?

No  Yes

(b) Does the Association seek legal advice on all employment related matters, including if there is a requirement to terminate, make redundant or exit an employee?

No  Yes

(c) Does the Association have an employee handbook and formal employment procedures in place which are issued to all employees?

No  Yes

(d) Has the Association had any redundancies or terminations in the last 12 months?

No  Yes

(e) Does the Association envisage any redundancies in the next 12-18 months?

No  Yes  If yes to any of the above (Part C Q9), please provide full details.

## 12. Crime and Fraud

a) Is it a requirement of the Association that all cheques must be signed by at least two different authorised signatories and all payments in excess of \$5,000 must be authorised by at least two Insured Persons? Yes  No

b) Is any person authorised to reconcile any bank account who are also authorised to deposit or withdraw funds from? Yes  No

c) Does the Association have formal vendor and third-party payment verification processes for onboarding or changing banking details? Yes  No

d) Does the Association operate a trust account? Yes  No

If Yes, does the Association employ an independent and qualified accountant to audit that trust account

(i) If Yes, does the Association employ an independent and qualified accountant to audit that trust account? Yes  No

e) Does the Association conduct fraud awareness training to staff and make aware of the risks of social engineering and fraud? Yes  No

f) (e) Does the Association provide background checks with verified references when hiring employees? Yes  No

g) Does the Association provide police checks on employees, particularly anyone in accounts department or involved with monies or high value items? Yes  No

## 13. Tax Audit

(a) Has the Association complied with all its statutory obligations and all requirements (including the payment of any amount) as required under any Commonwealth, State or Territory legislation, which are or may become the subject of a tax audit?

No  Yes  If no, please provide details

(b) Has the Association in the past 24 months received any enquiry, or been subject to any audit by any Commonwealth, State or Territory department, body, agency or authority regarding any matter which may be the subject of a tax audit?

No  Yes  If Yes, please provide details

(c) Has the Association in the past 24 months been the subject of any enquiry or investigation by the Australian Taxation Office?

No  Yes  If Yes, please provide details

#### 14. Statutory Liability

(a) Is the Association aware of, and comply with various Statutes that apply to the business/industry?

No  Yes

(b) Does the Association have written procedures, manuals or systems to ensure compliance with said Statutes?

No  Yes

(c) Is the Association aware of its privacy breach and data protection obligations

No  Yes  If No to any of the above, please provide details



## Part D – Claims and Circumstances Disclosure

**Important:** Reference to "Company" includes all of its past and current subsidiaries or related entities. Reference to "Insured Person" means any past or present Director, Partner, Principal or Officer.

#### 15. After full enquiry

a) Has any claim ever been made or civil, criminal or regulatory proceedings brought against the Company or any Insured Person (whether as Insured Persons of the Company or any other entity), in respect of the risks of the kind to which this Proposal Form relates?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Has any Insured Person ever received a notice to attend an official investigation, examination, inquiry or other proceedings ordered or commissioned by an official body or institution, in respect of the risks of the kind to which this Proposal Form relates?	Yes <input type="checkbox"/> No <input type="checkbox"/>



c) During the past 5 years has the Company suffered any loss as a result of any dishonest or fraudulent act of any Insured Person, in respect of the risks of the kind to which this Proposal Form relates?

Yes  No

d) During the past five years has the Company or any Insured Person had any statutory fine or penalty or infringement notice (other than for traffic offences)?

Yes  No

e) During the past five years has the Company or any Insured Person had any statutory fine or penalty or infringement notice (other than for traffic offences)?

Yes  No

f) Has any former or current Insured Person of the Company ever been declared bankrupt?

Yes  No

g) Has any former or current Insured Person of the Company ever been an Insured Person of an organisation placed in receivership, liquidation or provisional liquidation?

Yes  No

h) Has any former or current Insured Person of the Company ever been an Insured Person of an organisation placed in receivership, liquidation or provisional liquidation?

Yes  No

If Yes to any of the above (between a and h), please provide full details (including background, allegation, costs incurred/reserved) and provide supporting documentation with this proposal.

**Important: Any claims or allegations in connection with any facts, circumstances or situations with regards to Section D (Claims and Circumstances Disclosure), whether disclosed or not, are excluded from this proposed coverage.**

Please disclose to us any matters pertaining to Part D above, or any other claims or circumstances which may give rise to a claim.



## Part E – Insurance Details

23. Does the Insured carry an active and current Professional Indemnity Insurance Policy?

No  Yes  If Yes, please provide details:

Name of Insurer	Premium
	\$
Limit of indemnity	Excess
\$	\$
Expiry Date	Retroactive Date Specified
/ /	/ /

24. Stamp Duty Declaration – Please provide a percentage breakdown of fees/turnover by location as follows

NSW	VIC	QLD	SA	WA	ACT	TAS	NT	O/S
%	%	%	%	%	%	%	%	%

### Supporting Information

Please enclose the following documents in support of this Proposal Form:

- The Association's latest audited annual report.
- Copies of any promotional material describing the Association's activities or services.
- Claims Details/ Claims History/Supporting Documentation for Circumstances/Claims.



## Part F – Declaration

Please Note: Signing the Declaration does not bind either the proposed Insured or the Insurer to execute this or any insurance whatsoever.

By signing this Declaration, the Insured declares that all necessary inquiries into the accuracy of the responses given in this proposal have been made and the Insured confirms that the statements and particulars given in this proposal are true, accurate and complete and that no material facts have been omitted, misstated or suppressed. The Insured agrees that if any of the information changes between the date of this proposal and the inception date of the insurance to which this proposal relates, the Insured will give immediate notice thereof to the Artisan Underwriting Pty Ltd (Artisan).

The Insured acknowledges receipt of the Important Notice, Privacy Notice and Duty of Disclosure information contained in this proposal and confirms they have read and understood the content of them. The Insured consents to Artisan Underwriting Pty Ltd collecting, using and disclosing personal information as set out in Artisan's Privacy Notice in this proposal and the policy.

If the Insured has provided or will provide information to Artisan about any other individuals, the Insured confirms that they are authorised to disclose the other individual's personal information to Artisan and give the above consent on their behalf.

The signatory below confirms that they are authorised by the Insured (and its subsidiaries, previous businesses, partners/principals/directors if applicable) to complete this proposal form and to accept quotation terms for this insurance on behalf of the Insureds (and its subsidiaries, previous businesses, partners/principals/directors) behalf.

Signed	
Name of Partner(s) or Director (s)	
On behalf of	
Date	/ /





**ARTISAN<sup>®</sup>**  
UNDERWRITING