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UNDERWRITING



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Part A – Company Information

1. Please provide responses to all of the below fields:

Name of Company	
ABN	
Date of Incorporation	
Principal Address	
Website Address	

2. Please provide a description of business activities carried out by the Company:

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3. Please confirm below the names of all Company Directors, including their Director Identification Number (DIN):

Director Name	Director Identification Number



Part B – Company Structure

4. Is the Company:

i) Public?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii) Private?	Yes <input type="checkbox"/> No <input type="checkbox"/>
iii) Any Subsidiary of the Company been sold or ceased Trading?	Yes <input type="checkbox"/> No <input type="checkbox"/>
iv) Listed on the Foreign Stock Exchange?	Yes <input type="checkbox"/> No <input type="checkbox"/>
v) Aware of any acquisition, tender offer or merger pending or under consideration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
vi) Aware of any proposal relating to its acquisition by another company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
vii) Intending a new private or public offering of securities (equities, debt, shares, notes, bonds, debentures) within the next 12-months?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If Yes to any of the above questions 'IV to VII', please provide all relevant information in the below box.

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5. Please provide a response to all of the below fields:

a) Total Turnover for Last Complete Financial Year	\$
b) Total Assets for Last Complete Financial Year	\$

If available, in addition to this proposal form, please provide a copy of the latest audited financial statements, the latest interim statement (if applicable) and company organizational chart.

6. Please advise the total number of employees below:

Employment Type	Number
Board Members, Directors, Partners & Executive Officers	
Full Time Employees (excluding the above)	
Part Time & Casual Employees	
Independent Contractors	
Voluntary Workers & Secondees	
Total	%

7. Would you like cover for Employment Practices Liability under the proposed insurance?

No Yes if yes, please also complete Section E.

8. Within the last 5-years has:

i) The name of the Company Changed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii) Any acquisition or merger taken place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
iii) Any subsidiary been sold or ceased trading?	Yes <input type="checkbox"/> No <input type="checkbox"/>
iv) The capital structure of the Company changed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If Yes to any of the above questions (I to IV), please provide all relevant information in the below box.

9. If the proposed Insured is a subsidiary of another company, please state the full name, ABN and Address of the parent holding company.

10. Has any director or officer (whether past or present) of the Company or any of its subsidiaries ever been declared bankrupt?

No Yes If yes, please provide details:

11. Is the Company planning to launch a public securities offering in the coming year?

No Yes If yes, please provide details:

12. Has the Company or any of its subsidiaries experienced any significant financial distress or changes in financial position since the last financial statement?

No Yes If yes, please provide details:

13. Do any directors, officers, or employees hold outside directorships?

No Yes If yes, please provide details on provide details on the entities.

14. Has there been any change to the directors and officers in the past 12 months?

No Yes If yes, please provide details:

15. Does the Company have any North America Exposure (including revenue, assets, contracts etc.)?

No Yes If yes please complete Question 16 & 17. If no, please skip to Question 18.

16. Please provide the full names below of the North American Subsidiary/s:

Subsidiary Name	% Owned By the Company

17. Please complete the below fields:

a. Total Turnover from North America/What % of Group Turnover is derived North America?	
b. Total Gross Assets from North America/What % of Group Assets is derived from North America?	
c. Total Employees (including Contractors and Volunteers) that are domiciled in North America? What states are they based in?	

18. Does the Company have a Director of Officer responsible for environmental awareness and issues?

No Yes

19. If applicable, does the Company anticipate having to take a significant one-time charge to earnings, or restate earnings within the next 12 months?

No Yes

20. Does the insured have any concerns over meeting financial obligations as they fall due in the next 12 months?

No Yes If yes, please provide details:

21. If the insured holds debt, have they breached any debt covenants in the last 12 months?

No Yes If yes, please provide details:



Part C – Ownership Information

22. Please provide responses to all of the below fields in regards to the business ownership:

I. Total Number of Shareholders	
II. Total Number of Shares Issued	

23. Please provide the details for any Director or Officer who controls or owns more than 5% of the ordinary share capital of the company

Shareholder	% Held
	%
	%
	%

24. Please provide the details of any shareholder or group of affiliated shareholders who control or own more than 15% of the share capital of the Company

Shareholder	% Held
	%
	%
	%

25. Please provide the details of any / all listed subsidiaries

Shareholder	Name of Exchange



Part D – Insurance Details

26. Does the Insured carry an active Directors & Officers Insurance Policy?

Name of Insurer	
Expiry Date (DD/MM/YYYY)	/ /
Limit of Indemnity	\$
Excess	\$

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

NSW	VIC	QLD	SA	WA	ACT	TAS	NT	OS	Total
%	%	%	%	%	%	%	%	%	100%



Part E – Employment Practices Addendum

28. Please list the number of employees with salaries greater than:

a) \$50,000	
b) \$100,000	
c) \$150,000	
d) \$200,000	

29. How many directors, officers or employees of the company have resigned or had their employment contracts terminated or been made redundant within the last 12-months?

a) Directors	
b) Officers	
c) Employees	

30. Is the Company or any of its subsidiaries presently involved in, or considering within the next year, any actions such as employee reductions, outsourcing, layoffs, or early retirement initiatives?

No Yes If yes, please provide details:

31. Does the Company have a central HR department that manages functions for itself and its subsidiaries?

No Yes

if YES, please advise how many employees are in this department and if NO, provide details below on how this function is managed:

32. Does the Company have written employment procedures (employee handbook) that are provided to employees and readily available to each employee?

Yes No

33. Are all employees within the Company engaged under a written contract of employment?

Yes No if no, please provide details:

34. Please indicate from the below options, the requested limit of indemnity for Employment Practices Liability.

\$250K \$500K \$1M \$2M



Part F – Claims

35. Is the Insured aware of any circumstance or incident which may give rise to a claim against the Insured or its partners/principals/directors or employees?

No Yes if Yes, please provide details:

36. Has there ever been or is there any pending claims against the Insured, its subsidiaries, previous businesses or predecessors in business or its current or former partners/principals/directors or employees for actual or alleged breaches of professional duties or services for which this policy relates?

No Yes if Yes, please provide details:

Date of Claim or Loss DD/MM/YYYY	Brief Details of Each Claim or Loss	Cost (if any) of Claim Paid or Loss Insured	Estimated Outstanding Loss
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

37. Is the Insured aware of any actual or pending prosecution, investigation or inquiry of the Insured or any partners/ principals/directors or employees under any statute, legislation, regulation or By-Law whatsoever?

No Yes If yes, please provide details:

38. Has the Insured or any partner/directors or employees ever been subject to any disciplinary action, been fined or penalised, or been the subject of an inquiry investigating or alleging professional misconduct?

No Yes If yes, please provide details:

39. Has the Insured (including its subsidiaries, previous businesses or predecessors in business or its current or former partners/principals/directors) ever had any Insurer decline a proposal, imposed any special terms, cancelled or refused to renew a Professional Indemnity Insurance policy?

No Yes If yes, please provide details:



Part E – 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	/ /



Contact Us



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