



ARTISAN[®]

UNDERWRITING





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 – Company 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
Directors, partners, principals		
Qualified/Technical staff		
Administration/Other staff		
Volunteers		
Total all staff		



Part B – Business Activities and Financial Position

6. Please describe all services and activities the Company undertakes.

(a) Does the Company have an Australian Financial Services Licence?

No Yes AFSL# _____

(b) Does the Company use, intend to use or supply Labour Hire?

No Yes If yes, do you ensure that the correct licenses are held under Labour Hire Legislation?

No Yes

(c) Does the Company have any overseas operations?

No Yes If yes, please provide full details including the country, nature of work undertaken and income derived:

7. Please provide the 5 top shareholders and their % holdings.

	%
	%
	%
	%
	%

8. COMPANY FINANCIALS

Please provide gross Fees/Turnover

(i) Revenue

Location	Previous 12 months	Last 12 months	Next 12 months
Australia	\$	\$	\$
Excluding USA/Canada)	\$	\$	\$
Including USA/Canada)	\$	\$	\$
Total	\$	\$	\$

(ii) Financials

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

No Yes If Yes, what percentage of the total fees/turnover declared in 12

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

(b) Confirm assets and liabilities as stated in the latest annual report and accounts of the Company.

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 Company 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 Company 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, Employment, Crime, Statutory and Tax

9.EMPLOYMENT

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

(b) How many employees or directors have left the Company in the last 12 months?

(i) Number of Directors

(ii) Number of Employees

(c) Has the Company had any retrenchments in the last 12 months?

No Yes

(d) Does the Company anticipate any retrenchments in the next 12 months?

No Yes If you answered yes to e) or f), please provide details

(e) Does the company have written employment procedures (e.g. Employee Handbook) that are provided to each employee?

No Yes

(f) Does the Company only use labour hire companies which are appropriately licensed under applicable Labour Hire Legislation?

No Yes If you answered yes to e) or f), please provide details

10.CRIME

Does the Company

a) Undertaken an audit of the Company's accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Conduct an independent count of physical stock against inventory records (where the count is performed by a person who is not the same person performing the inventory check)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Implement dual authorisation requirements on all forms of payments	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Segregate duties so that the same person cannot control any of the following activities from commencement to completion without referral to others, including	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Signing cheques, preparing cheque requisitions or reconciling bank statements	Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) Issuing funds transfer instructions above \$5,000	Yes <input type="checkbox"/> No <input type="checkbox"/>
(iii) Refund of monies or return of goods above \$5,000	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Have controlled access to all locations / computer terminals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Maintain a master list of authorised suppliers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g) Carry formal verification procedures of new customers, suppliers or vendors and their bank account information (including name, address and bank account number) prior to initiating any financial transaction with such customer, supplier or vendor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
h) a) Have call-back procedures with customers, suppliers or vendors to authenticate any fund transfer instructions greater than \$50,000 prior to transfer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
i) Upon receipt of any requests to change customer, supplier or vendor bank account details	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Have direct call-back procedures in place (i.e. other than email response) to the contact phone number in place prior to making any changes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) Have dual signoff from a supervisor or authorised person in the Company prior to making any changes	Yes <input type="checkbox"/> No <input type="checkbox"/>

11.WORK HEALTH AND SAFETY

Does the Company

a) Have a WH&S plan in place with formal procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Have any WH&S and Safety Management Plan reviewed by an independent third party and have they received applicable certification?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Have an incident reporting platform or register which is reviewed and investigated?	Yes <input type="checkbox"/> No <input type="checkbox"/>

d) Have procedures in place to identify and notify officers on duty under WH&S laws?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Have a system that addresses contractors, volunteers, work experience and labour-hire employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Have an audit programme of its safety management system to ensure it remains compliant, effective and up to date with managing health and safety risks in the workplace?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g) Please provide further information with regards to WH&S obligations:	

12. STATUTORY OBLIGATIONS

a) Is the Company aware of, and comply with various Statutes that apply to the business/industry?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Does the Company have written procedures, manuals or systems to ensure compliance with said Statutes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Is the Company aware of its privacy breach and data protection obligations	Yes <input type="checkbox"/> No <input type="checkbox"/>

If No to any of the above, please provide details

13. TAX

(a) Has the Company 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 Company 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 Company 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. OUTSIDE DIRECTORSHIPS

Does Company's directors or employees act as a director, officer or equivalent for any Outside Entities (any entity that is not the Company or its Subsidiaries)?

No Yes If yes, please provide full details in the table below:

INSURED PERSON	COMPANY NAME	DATE APPOINTED	OWN ML OR D&O COVER



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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
f) Has any former or current Insured Person of the Company ever been declared bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>

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.



Part E – Insurance Details

16. 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
/ /	/ /

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

NSW	VIC	QLD	SA	WA	ACT	TAS	NT	0
%	%	%	%	%	%	%	%	%



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	/ /



Contact Us



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