

Proposal Form for Financial Institutions

Gold Complete



Bring on tomorrow



Important Notices

Claims-made and Notified Insurance

Gold Complete contains some sections on a *claims-made and notified* basis. This means that Gold Complete only covers claims first made against you during the period the Policy is in force and notified to the Insurer as soon as practicable in writing while the Policy is in force. The Policy may not provide cover for any Claims made against you if at any time prior to the commencement of this policy you became aware of facts which might give rise to those Claims being made against you.

Section 40(3) of the *Insurance Contracts Act 1984* provides that where you gave notice in writing to the Insurer of facts that might give rise to a Claim against you as soon as was reasonably practicable after you became aware of those facts while this Policy is in force, the Insurer cannot refuse to pay a Claim which arises out of those facts, when made, because it was made after the expiry of the Policy.

This Policy excludes prior claims and circumstances as outlined in the 'General Policy Exclusions – Prior Insurable Events' provision.

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 something

Subject to the Cancellation General Provision and Non-Avoidance Additional General Extension in this Policy

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

This notice sets out how AIG Australia Limited (AIG) collects, uses and discloses personal information about:

- **you, if an individual; and**
- **other individuals you provide information about.**

Further information about our Privacy Policy is available at www.aig.com.au or by contacting us at australia.privacy.manager@aig.com or on 1300 030 886.

How we collect your personal information

AIG usually collects personal information from you or your agents.

AIG may also collect personal information from:

- Our agents and service providers;
- other insurers;
- people who are involved in a claim or assist us in investigating or processing claims, including third parties claiming under your policy, witnesses and medical practitioners;
- third parties who may be arranging insurance cover for a group that you are a part of;
- providers of marketing lists and industry databases; and
- publically available sources.

Why we collect your personal information

AIG collects information necessary to:

- underwrite and administer your insurance cover;
- maintain and improve customer service; and
- advise you of our and other products and services that may interest you.



To whom we disclose your personal information

In the course of underwriting and administering your policy we may disclose your information to:

- entities to which AIG is related, reinsurers, contractors or third party providers providing services related to the administration of your policy;
- banks and financial institutions for policy payments;
- assessors, third party administrators, emergency providers, retailers, medical providers, travel carriers, in the event of a claim;
- other entities to enable them to offer their products or services to you; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

AIG is likely to disclose information to some of these entities located overseas, including in the following countries: United States of America, United Kingdom, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as any country in which you have a claim and such other countries as may be notified in our Privacy Policy from time to time.

You may request not to receive direct marketing communications from AIG.

Access to your personal information

Our Privacy Policy contains information about how you may access and seek correction of personal information we hold about you. In summary, you may gain access to your personal information by submitting a written request to AIG.

In some circumstances permitted under the Privacy Act 1988, AIG may not permit access to your personal information. Circumstances where access may be denied include where it would have an unreasonable impact on the privacy of other individuals, or where it would be unlawful.

Complaints

Our Privacy Policy also contains information about how you may complain about a breach of the applicable privacy principles and how we will deal with such a complaint.

Consent

If applicable, your application includes a consent that you and any other individuals you provide information about consent to the collection, use and disclosure of personal information as set out in this notice.

Dispute Resolution Process

We are committed to handling any complaints about our products or services efficiently and fairly.

If you have a complaint:

- (i) contact your insurance intermediary and they may raise it with us;
- (ii) if your complaint is not satisfactorily resolved you may request that your matter be reviewed by management by writing to:
The Compliance Manager
AIG
Level 12, 717 Bourke Street
Docklands VIC 3008
- (iii) if you are still unhappy, you may request that the matter be reviewed by the Insurer's Internal Dispute Resolution Committee. We will respond to you with the Committee's findings within 15 business days.
- (iv) if you are not satisfied with the finding of the Committee, you may be able to take your matter to the insurance industry's independent dispute resolution body. This external dispute resolution body can make decisions with which we are obliged to comply.

General Insurance Code of Practice

We are a signatory to the General Insurance Code of Practice. This aims to raise the standards of practice and service in the insurance industry, improve the way that claims and complaints are handled and help people better understand how general insurance works. Information brochures on the Code are available upon request.



General Information

Details of Proposed Policyholder

1. (a) Name of Policyholder: _____
(b) Address of Head Office: _____
(c) Country or State of Registration: _____
(d) Website Address: _____
(e) Company registration number (e.g. ABN): _____

2. (a) Please specify staff numbers by location for the Policyholder and all of its Subsidiaries:

NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Overseas

- (b) Please complete the below for the Policyholder and all of its Subsidiaries:

Country	Business Activities (e.g. locally registered subsidiary, branch office, sales / distribution centre, etc.)	# of Full-Time Employees	# of Part-Time Employees	# of Locations	# of Expatriate Residents	Revenue
						\$
						\$
						\$
						\$
						\$

If the Policyholder or any of its Subsidiaries have employees located in the United States or Canada, please complete the North America Supplementary Questionnaire at the end of this proposal form.

3. Is the Policyholder or any of its Subsidiaries: Ticker: _____
 - (a) Listed on the Australian Stock Exchange? ☐ Yes ☐ No _____
 - (b) Listed on any foreign stock exchange(s)? ☐ Yes ☐ No _____
 - (c) Listed on any unlisted securities market or exempt stock exchange(s)? ☐ Yes ☐ No _____
 - (d) Traded in any other way? ☐ Yes ☐ No _____



Does the Policyholder or any of its Subsidiaries have any policy in place currently that provides cover of a similar nature to that available under Gold Complete? ☐ Yes ☐ No

If "Yes", please provide the previous policy details below:

(a) Type of Policy:	
(b) Limit of Liability:	\$
(c) Insurer:	
(d) Policy Number:	
(e) Expiry Date	

If the following information is not publicly available, please enclose with this Proposal Form:

- (a) The latest Annual Report and audited Financial Statements for the Policyholder and its Subsidiaries;
- (b) A complete corporate structure diagram; and
- (c) Any prospectus or other similar types of disclosure documents issued in the last 24 months.



Directors' & Officers', Company Securities, Side A Protection and Lifetime Prospectus Liability

Please respond to the following questions with respect to the Policyholder and all of its Subsidiaries.

Business Information

1. Since the date of the latest Financial Statements:

(a) Have there been any developments which adversely impact the financial position of the Policyholder or any of its Subsidiaries? ☐ Yes ☐ No

(b) Does the Policyholder or any of its Subsidiaries anticipate incurring a significant one time change to earnings, or having to re-state earnings, in the next 12 months? ☐ Yes ☐ No

If the answer to either of the foregoing is "Yes", please provide further information on a separate sheet.

2. Has the Policyholder or its Subsidiaries changed their External Auditor in the last 24 months? Are there any plans to rotate or change their External Auditor in the next 12 months? ☐ Yes ☐ No

If "Yes", please provide further information:

3. (a) Has an external review of the Policyholder's or any of its Subsidiaries' continuous disclosure regimes been undertaken? ☐ Yes ☐ No

(b) Has the Policyholder and all of its Subsidiaries complied with all recommendations? ☐ Yes ☐ No ☐ N/A

If "No", please provide comments on a separate sheet.

Outside Directorships

4. Do any Managers or Employees serve, at the specific request or direction of the Policyholder or any of its Subsidiaries, as a director or officer, trustee, governor or equivalent of any entities which are not Subsidiaries? ☐ Yes ☐ No

If "Yes", please complete the Schedule of Outside Entities attached to this proposal.



Employment Practices Liability

Please respond to the following questions with respect to the Policyholder and all of its Subsidiaries.

Employee Information

1. List the number of Employees (including independent contractors) with base salaries:
 - (a) Between A\$100,000 – A\$250,000 per annum _____
 - (b) Greater than A\$250,000 per annum _____
2. How many of the directors, officers and employees have resigned, had their employment terminated, were made redundant, or took early retirement:

In the last 12 months: _____ 12 - 24 months ago: _____

Human Resources Procedures

3. How many dedicated Human Resources staff does the Policyholder and its Subsidiaries have? _____
If none, please provide further information on how this function is handled on a separate sheet.
4. Is there a Human Resources Manual or equivalent written guidelines for Managers? ☐ Yes ☐ No
If "Yes", has external legal counsel reviewed these guidelines? ☐ Yes ☐ No ☐ N/A
5. Is there an Employee Handbook which is distributed to all Employees? ☐ Yes ☐ No
If "Yes",
 - (a) Does it specify a complaints procedure available to all employees? ☐ Yes ☐ No ☐ N/A
 - (b) Does it contain formal written policies for anti-harassment, anti-discrimination, equal opportunity employment and privacy? ☐ Yes ☐ No ☐ N/A
6. (a) Is there mandatory ongoing training for all employees on anti-harassment and anti-discrimination policies? ☐ Yes ☐ No

(b) If "Yes", does this also form part of an induction program for new employees? ☐ Yes ☐ No ☐ N/A
7. (a) Are there written policies outlining employee conduct when dealing with the general public, customers, clients, vendors, and other third parties? ☐ Yes ☐ No

(b) Are there written policies or procedures for dealing with complaints from third parties for issues involving discrimination or harassment? ☐ Yes ☐ No
8. Are internal or external counsel engaged when contemplating redundancies, disciplinary action or terminations? ☐ Internal ☐ External



Kidnap, Ransom and Extortion

Please respond to the following questions with respect to the Policyholder and all of its Subsidiaries.

Risk Analysis

1. Please describe the security precautions taken to ensure the safety of Managers and Employees (and their dependents) living in overseas locations:

2. (a) Please list all countries that Managers and Employees (and their dependents) intend to travel to for business during the Policy Period:

Country	Average # of trips per year	Average # of people per trip	Average # of days per trip

- (b) Please describe the security precautions taken to ensure the safety of Managers or Employees, and their dependents travelling to overseas locations:

3. Has the Policyholder or its Subsidiaries engaged security consultants for Kidnap, Ransom, Extortion or Detention? ☐ Yes ☐ No

If "Yes", please provide full details:



Claims Information

1. Having made appropriate enquiries:

- (a) In the last 5 years have there been any claims made against, investigations into, or loss suffered by the Policyholder or its Subsidiaries, or their Managers and Employees which may have been covered under this policy if it were in force? ☐ Yes ☐ No
- (b) In the last 5 years has the Policyholder or its Subsidiaries suffered any direct financial loss exceeding \$10,000 as a result of fraud or dishonesty? ☐ Yes ☐ No
- (c) Has any Manager or Employee of the Policyholder or its Subsidiaries ever had proceedings (civil or criminal) instigated against them alleging misconduct or breaches of the law in their capacity as a Manager or Employee of the Policyholder or its Subsidiaries? ☐ Yes ☐ No
- (d) Are any Managers or Employees aware of:
- (i) Any facts which might give rise to a claim being made against, investigations into, or loss suffered by the Policyholder or its Subsidiaries or its Managers or Employees which may be covered under this policy if it commences? ☐ Yes ☐ No
- (ii) Any facts which would cause a reasonable person to believe that the Policyholder or its Subsidiaries might suffer a direct financial loss as a result of fraud or dishonesty? ☐ Yes ☐ No
- (e) Has there ever been an actual, attempted, or threatened kidnapping, extortion, hijacking, or detention (wrongful or otherwise, including detention by the government of any country), against the Policyholder, its Subsidiaries, or their Managers or Employees, or their dependents? ☐ Yes ☐ No

If "Yes" to any of the above questions, please provide full details on a separate sheet. If applicable, include the circumstances, any allegations, loss incurred (including defence costs, representation costs, settlements, judgements, and any insurer reserves), and details of any remedial action taken.



Declaration and Consent

We declare that we have made all necessary enquiries into the accuracy of the responses given in this proposal and confirm that the statements and particulars in this proposal are true and complete and that no material facts have been omitted, misstated or suppressed. We agree that should any of the information given by us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, we will give immediate notice thereof to the insurer.

We acknowledge receipt of the **Important Notices** contained in this proposal and that we have read and understood the content of that Notice.

We consent to AIG collecting, using and disclosing personal information as set out in AIG's privacy notice in this proposal and the policy. If we have provided or will provide information to AIG about any other individuals, we confirm that we are authorised to disclose the other individual's personal information to AIG and also to give the above consent on both our and their behalf.

We confirm that we are authorised by the Policyholder and its Managers to complete, sign and submit this proposal on behalf of the Policyholder and its Managers.

To be signed by the Chairman and an Executive Officer

SIGNATURE:

NAME:

TITLE:

DATE:

SIGNATURE:

NAME:

TITLE:

DATE:



Schedule of Outside Entities

Please complete the following Schedule with respect to the Policyholder and all of its Subsidiaries.

Outside Entity	Insurer	Policy Number	Limit of Liability	Expiry Date	Stock Exchange (and ticker/symbol)	Activity
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			



North American Supplementary Questionnaire – Employment Practices Liability

This Supplementary Questionnaire forms part of the main proposal. It is to be completed for all Employees domiciled in North America.

Please respond to the following questions with respect to the Policyholder and all of its Subsidiaries.

Additional Details

1. Please provide the following details regarding the Employees (including all directors and officers) of the Policyholder and all of its Subsidiaries in North America:

State, Province, or Territory	# of Full-Time Employees	# of Part-Time Employees	# of Independent Contractors

Please include any additional states, provinces, or territories on a separate sheet.

2. Is “at will” employment wording included in employment applications, employment contracts, and employee handbooks? ☐ Yes ☐ No
3. Does the Policyholder and all of its Subsidiaries in the United States have a Family and Medical Leave Act (FMLA) policy? ☐ Yes ☐ No
4. (a) Are severance packages provided to terminated, redundant, or laid off employees? ☐ Yes ☐ No
- (b) If “Yes”, does the severance agreement include a waiver of release of an employee’s rights to bring a claim against the Policyholder or its Subsidiaries? ☐ Yes ☐ No
5. In the last 5 years, has the Policyholder or its Subsidiaries been involved in or become aware of any actions, charges, inquiries, investigations, grievance filings, or other administrative hearings by the Equal Employment Opportunity Commission, National Labor Relations Board, Department of Labor, or any similar federal, state, or local government agency? ☐ Yes ☐ No

If “Yes”, please provide full details on a separate sheet.

6. Please attach the most recent EEO-1 report for the Policyholder and any Subsidiary with 100 or more employees in the United States.

Head Office

Sydney

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Melbourne

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Bring on tomorrow