



PROPOSAL FORM

# Business Practices Insurance Policy

[libertyinternational.com/au](http://libertyinternational.com/au)



## Important Notices

### Trade Sanctions

Liberty will not be deemed to provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty or its parent to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Australia, the European Union, United Kingdom, United States of America or other applicable jurisdiction.

### Subrogation

If Liberty grants indemnity under this policy, then Liberty shall be subrogated to all of the Insured's rights of recovery against any person, trustee, company or entity whether or not a payment has in fact been made and whether or not the Insured or Insured Person has been compensated in full for their loss. The Insured must, at its own cost, provide all reasonable assistance to Liberty (including, but not limited to giving information, signing documents and giving evidence) to help enforce those rights. The Insured must not do anything that may prejudice Liberty's position or potential or actual rights of recovery against any parties.

### Claims Made/Occurrence insurance

This is a proposal for a 'Claims Made' policy of insurance with an occurrence trigger for Notifiable Incidents. This means that the policy covers you for any claims made against you and notified to the insurer during the policy period. The policy does not provide cover in relation to:

- acts, errors or omissions that occurred prior to the retroactive date (if one is specified) in the policy;
- any claim made, threatened or intimated against you prior to the commencement of the policy period;
- any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the policy period;
- any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;
- any claim arising out of any fact you are aware of before the commencement of the policy period;
- any claim made against you after the expiry of the policy period.

However, the effect of Section 40(3) of the Insurance Contracts Act 1984 (Cth) is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the policy period, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the policy period, notwithstanding that the claim was made against you after the expiry of the policy period.

### Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 (Cth), to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

### Non Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

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## Business Practices Insurance Policy

**Important:** Please answer all questions fully. All questions will be deemed to be answered in respect of all entities and persons to be insured under this policy. If the space provided is insufficient include attachments on your company letterhead.

### 1. DETAILS OF THE PROPOSERS

a. Name of the principal company:

b. Address of the principal office (provide a street address only):

Street

City

State

Country

Postcode

c. Contact details:

Name

Telephone

Email

d. Company details:

Country of registration

ABN

Date established

Website address

e. Type of business activities:

**Disciplines**

**%**

Aeronautical

%

Agricultural

%

Construction

%

Consultancy

%

Energy/utilities

%

Engineering

%

Finance/banks

%

Hospitality

%

Insurance

%

Manufacturing

%

Mining

%

Pharmaceutical

%

Real Estate

%

Telecommunications

%

Transport/logistics

%

Wholesale trade

%

**The total of the fields must equal 100%**

**TOTAL**

**%**



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## Part A Statutory Liability Insurance

a. State the details of liability insurance currently purchased.

	<b>Insurer</b>	<b>Policy no.</b>	<b>Limit</b>	<b>Policy period</b>
Crime				
Cyber				
D&O				
Employment Practices				
Environmental				
General Public & Products				
Management Liability				
Professional Indemnity				
Workers Compensation				
Other (Marine, Aviation etc.)				

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## 2. RISK MANAGEMENT

### Policies and procedures

- |    |   |     |    |
|----|---|-----|----|
| a. | Has the Principal Company conducted a risk management review to identify regulatory exposures?  | Yes | No |
| b. | Does the Principal Company and its Subsidiaries have any policies and procedures in place to comply with the following legislation? (if unknown, select "No") |     |    |
|    | 1. Work Health & Safety   | Yes | No |
|    | 2. Environmental Protection Management  | Yes | No |
|    | 3. The Fair Work Act  | Yes | No |
|    | 4. The Corporations Act   | Yes | No |
|    | 5. The Spam Act   | Yes | No |
|    | 6. The Privacy Act  | Yes | No |
|    | 7. The Heavy Vehicle National Law   | Yes | No |
|    | 8. Other (please specify)   | Yes | No |
| c. | Does the Principal Company have a department, committee and or manager responsible for overseeing the following:  |     |    |
|    | 1. Work Health & Safety   | Yes | No |
|    | 2. IT   | Yes | No |
|    | 3. HR   | Yes | No |
|    | 4. Corporate Governance, Risk and Compliance  | Yes | No |
| d. | Does the Principal Company hold formal Quality Assurance Certification for any of the following?  |     |    |
|    | 1. ISO 9001 Quality Management Systems  | Yes | No |
|    | 2. ISO 14001 Environmental Management Systems   | Yes | No |
|    | 3. ISO 45001 Occupational Health and Safety Systems   | Yes | No |
|    | 4. ISO 27001 Information Security Management Systems  | Yes | No |
|    | 5. ISO 27701 Privacy Information Management Systems   | Yes | No |
|    | 6. AS/NZS 5377 E-Waste Management Systems   | Yes | No |
| e. | Does the Work Health & Safety Policy address psychosocial risk hazards and provide control measures?<br>If so, how:   | Yes | No |
| f. | Does the Principal Company or its Subsidiaries manufacture, handle or use any toxic chemical or hazardous substances?<br>If yes, please provide details:      | Yes | No |

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g. Are Work Health & Safety risks prioritised and documented in a **risk register** or **action plan**? Yes No

If so, please **provide a copy** with submission.

If no, please advise how Work Health & Safety risks are managed:

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## 3. AUDITING

a. Does the Principal Company regularly conduct Work Health & Safety (WHS) surveys or risk audits at its facilities, either internally or through external consultants? Yes No

If so, please provide details:

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b. Does the Principal Company regularly audit its manuals, systems, or procedures to ensure compliance with relevant legislation? Yes No

1. Are audits conducted by external consultants? Yes No

2. When was the most recent audit conducted?

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## 4. TRAINING AND RECORD KEEPING

a. Does the Principal Company maintain a register of work-related incidents? Yes No

If so, please provide a copy with submission:

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b. Are records maintained to demonstrate that all workers have been inducted and trained in relevant manuals, systems, or procedures appropriate to their roles? Yes No

c. How frequently is training provided?

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## 5. CLAIM HISTORY

a. In the past five (5) years, to the best of your knowledge, has the Principal Company or its Subsidiaries experienced any of the following:

1. Any fines, penalties, or infringement notices issued by Federal, State, Local Government, or other statutory authorities? Yes No

2. Any Work Health & Safety or Environmental incidents that warranted investigation by a Regulatory Authority, including any Notifiable Incidents? Yes No

3. An audit by any Work Health & Safety Authority, including but not limited to any Government transport authority, Occupational Health & Safety authority and/or Environmental Protection authority? Yes No

4. Requirements to attend any hearings, inquiries, prosecutions or other commissions? Yes No

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- |  |     |    |
|--|-----|----|
| 5. Any incident or circumstance which could give rise to a fine or penalty by Federal, State, Local Government or other Statutory Authority? | Yes | No |
| 6. A fine, penalty imposed by any Regulatory Authority, court or tribunal  | Yes | No |
| 7. Any enforceable undertaking entered into or agreed to?  | Yes | No |
| 8. An allegation of an Employment Practices Breach?  | Yes | No |
| 9. Any matter which may give rise to a claim under this insurance?   | Yes | No |

If yes to the above, please provide date and details including outcome:

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## Part B Employment Practices Liability

Please answer the following questions only if Employment Practices Liability Insurance is sought:

- a. Does the Principal Company including Subsidiaries have employees in the United States Of America? Yes No

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### 6. RISK MANAGEMENT

- a. Does the proposed Principal Company including Subsidiaries engage external employment counsel for employment-related advice? Yes No  
If no, how is this function handled?

- 
- b. Have there been any retrenchments or staff reductions during the last 6 months? Yes No  
If yes, please attach full details.

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- c. Are there any retrenchments or staff reductions anticipated? Yes No  
If yes, please attach full details.

- 
- d. Does the Principal Company have written employment contracts for its employees? Yes No

- 
- e. Is an employee handbook distributed to all employees? Yes No  
If no, please explain:

- 
- f. Does the Principal Company have human resources procedures manual? Yes No  
If yes, indicate the date it was last revised:

- 
- Are supervisors provided with formal training on these procedures? Yes No

- 
- g. Have a written policy against discrimination, bullying or harassment including sexual harassment? Yes No  
If yes, how is it communicated to employee?

- 
- h. Have a grievance procedure for dealing with discrimination, bullying or harassment claims? Yes No

- 
- Use any test (e.g. psychological, drug etc.) for screening applicants or for continued employment? Yes No

If yes, please attached full details:

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- i. Have a written progressive disciplinary program? Yes No  
Provide outplacement for terminated employees? Yes No  
If yes, please describe:

- 
- j. Have an established termination procedure? Yes No  
If yes, please describe:

- 
- k. Have an established severance policy? Yes No  
If yes, please describe:

- 
- l. Obtain advice from a human resource manager prior to terminating an employee? Yes No  
If no, attached details of how terminations are handled:

- 
- m. Who has the authority to: Yes No  
1. Hire employees?  
2. Terminate employees?

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## 7. CLAIMS HISTORY

- a. Has there ever been or is there now pending, any claim against the Principal Company, any of its Subsidiaries or any of their directors, officers or employees relating to employment? Yes No  
If yes to 'a', then answer the below questions
- 
- b. Please attach a listing of all employment practices claims or legal actions as well as administrative proceedings commenced during the past 3 years. Describe the type of allegation, the court or government agency involved and any determination, judgement, defence cost or settlement for each.
- 
- c. Is the Principal Company including Subsidiaries presently subject to any judicial or administrative order, decree, judgement or conciliation agreement relating to employment? Yes No

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- d. Is the Principal Company, its Subsidiaries, or its directors and officers aware of any facts which might give rise to an employment practices claim? Yes    No

If yes, please provide details:

- e. Has the Principal Company including Subsidiaries or any Insured Person given written notice under the provisions of any prior or current employment practices liability policy or directors and officers liability policy of specific facts or circumstances which might give rise to a claim being made against any Insured? Yes    No

If yes, attach details.

## 8. PRIOR INSURANCE

- a. Does the Principal Company currently have employment practices liability insurance or similar insurance? Yes    No

Insurer limits	Deductible	Policy period
\$	\$	\$

## 9. ADDITIONAL INFORMATION - FOR PARTS A & B

- a. Please enclose with this proposal form:
1. The latest audited annual report
  2. Risk register (if applicable)
  3. Incident register (if applicable) including notifiable incidents
  4. Most recent employee handbook

- b. Limit of Liability sought:

Part A	Part B
1.	
2.	

Aggregate Limit of Liability sought (if more than one Part is sought, then will each Part have a separate Limit of Liability, or will the Limit of Liability be shared across all Parts?)

- c. Limit of Liability sought:

Part A	Part B	Part C
1.		
2.		

- d. Aggregate Limit of Liability sought (If more than one Part is sought, do you require each Part to have a separate Limit of Liability or should the Limit of Liability be shared across all Parts?)

**Aggregate limit**

1.  
2.

- e. Excess sought:

Part A	Part B	Part C
1.		
2.		

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## 11. DECLARATION

(To be signed by a chairperson and an executive officer.)

We, the undersigned, declare and acknowledge:

- that we are, after enquiry, authorised by all persons and entities seeking insurance, to make this proposal;
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a Contract of Insurance is entered into, we are obliged to inform Liberty of any changes to any information supplied or of any new information that is relevant;
- that we understand Liberty relies on the accuracy of the information and documentation supplied in proposing for this insurance;
- that we have read and understood the Important Notices which form part of this proposal;
- that we understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposers' acceptance of an offer by Liberty, if any;
- that I am a small business owner with a turnover of less than \$2 million in the last financial year, and I have provided a small business declaration in accordance with the Duties Act 1997 (NSW) (strike out if not applicable).

Signature

Name (please print)

Title:

Chairperson

Date

Signature

Name (please print)

Title:

Executive Officer

Date

### Privacy Notice

Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**) is part of the Liberty Mutual Group headquartered in the United States.

We collect personal information to provide insurance products and services, manage claims and support related business operations. This may include information collected from insurance brokers, intermediaries, or directly from you. If you do not provide the personal information requested, we may be unable to offer the appropriate type or level of service.

If you provide Liberty with personal or sensitive information about other individual, you must ensure they are aware of this notice and have consented to the disclosure. If you have not done so, please inform Liberty before sharing their data.

Your personal information may be disclosed to Liberty's related entities, reinsurers, insurance intermediaries, loss adjusters, legal and professional advisors and other service providers. We may also store your information with third party cloud or electronic storage providers.

Some recipients may be located overseas in the United States, Canada, United Kingdom, European Union, India, China, Australia, Hong Kong, Singapore and Malaysia. Where reasonably necessary, your information may be transferred to countries without comparable data protection laws to deliver the services you request. By engaging with Liberty, you consent to these cross-border transfers unless you notify us otherwise in writing.

We are committed to protecting your privacy and ensuring transparency in how we use your personal information. As part of this commitment, we confirm Liberty does not currently use automated decision-making (**ADM**).

You may access or seek correction of your personal information, make a privacy complaint, or raise any queries by contacting Liberty's Privacy Officer: [privacy.officer.ap@libertymutual.com](mailto:privacy.officer.ap@libertymutual.com). If you require a physical mailing address, please contact the Privacy Officer via email.

For more information, and to view the relevant privacy policy for your jurisdiction, visit: [Australia Privacy Policy](#).