



## BUSINESS PRACTICES PROTECTION CLAIMS & CIRCUMSTANCES DECLARATION

Named Organisation:

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After specific enquiry of management and staff, is any Insured aware or have knowledge or information of any circumstance:

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|---|--|
| 1. Of a fine, penalty or conviction recorded against any Insured by any Regulatory Authority?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Of an <b>enforceable undertaking</b> imposed on any Insured and accepted by any Regulatory Authority or sanctioned or imposed by any Court?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. That sometime in the future, might give rise to a <b>claim</b> under this proposed insurance?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Of a <b>Notifiable Incident</b> under any WHS legislation or incident that required <b>mandatory reporting</b> to any Regulatory Authority under any act of Parliament?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Of any <b>workplace or environmental incidents</b> that warranted investigation by any Regulatory Authority?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. A <b>request, notice, direction, letter or other correspondence</b> from any Regulatory Authority, including but not limited to any Government transport authority, Workplace Health & Safety authority and/or Environmental Protection authority to provide or produce any information, records or documentation? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. An <b>audit</b> by any Regulatory Authority, including but not limited to any Government transport authority, Occupational Health & Safety authority and/or Environmental Protection authority?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Of any other incidents that warranted investigation by any Regulatory Authority (including the ACCC, ASIC etc.)?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. That resulted in the compulsory attendance at any <b>hearing, inquiry, prosecution or other commission</b> ?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10. Of any allegation of an <b>Employment Practice Breach</b> that would be covered by this proposed insurance?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11. Of any claim made against any director/Officer or responsible person relating to a breach of their duties as a director/Officer or responsible person?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12. Any act, error or omission that may give or have given rise to a Claim under the Directors & Officers Liability section?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 13. Of any claim or loss to the Named Organisation attributable to the fraud or dishonesty of any Employee of the Named Organisation  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

***If any of the above have been answered YES, please attach comprehensive details of the circumstances***

### DECLARATION

It is important that the Named Organisation and all Subsidiaries/Controlled Entities thereof, and the authorised director/Officer signing this Declaration on their behalf, are fully aware of the scope of this insurance so that these questions can be answered correctly. If in doubt, please contact your broker as non-disclosure may affect an Insured's and/or the Named Organisation's right of recovery under the insurance or lead to avoidance.

**I, the undersigned, being a director/executive and/or Officer of the Named Organisation, hereby declare that:**

- I am authorised to complete this Declaration on behalf of the Named Organisation as noted on the Proposal
- All answers to the questions contained in this Declaration are, after enquiry, true to the best of my knowledge & belief; and
- I understand that submission of this Declaration does not bind either the Insurer or the Named Organisation or any subsidiary companies/controlled entities thereof, to enter into a binding contract of insurance.

**Signed:** \_\_\_\_\_

**Dated** \_\_\_\_\_

**Capacity/Title:** \_\_\_\_\_