



## BUSINESS PRACTICES PROTECTION

### RENEWAL AND CLAIMS DECLARATION

#### WHO IS THE Named Organisation:

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- In the last 12 months, has there been any change to the Occupation described in the expiring Policy Schedule? *If yes, please provide details* Yes  No

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Staff Number (FTEq)		Revenue		Contractor Payments	
Expiring Year	Forthcoming Year	Expiring Year	Forthcoming Year	Expiring Year	Forthcoming Year
		\$	\$	\$	\$

After specific enquiry of management and staff, is any Insured aware or have knowledge or information of any circumstance in the last five years:

- Of a **Fatality or Permanent Impairment** at a controlled worksite? Yes  No
- Of an **Enforceable Undertaking** imposed on any Insured and accepted by any Regulatory Authority or sanctioned or imposed by any Court? Yes  No
- That, at some time in the future, might give rise to a **claim** under this proposed insurance? Yes  No
- That resulted in a **fine or penalty** imposed by Federal, State, Local Government or Regulatory Authority? Yes  No
- Of any **Workplace or Environmental incidents** that warranted investigation by any Regulatory Authority? Yes  No
- A **request, notice, direction or letter** from any Regulatory Authority, including but not limited to any Government transport authority, Occupational Health & Safety authority and/or Environmental Protection authority to provide or produce any information, records or documentation? Yes  No
- An **audit** by any Regulatory Authority, including but not limited to any Government transport authority, Occupational Health & Safety authority and/or Environmental Protection authority? Yes  No
- Of any other **incidents** that warranted **investigation** by any Regulatory Authority (including ACMA, ACCC, ASIC etc.)? Yes  No
- That resulted in the compulsory attendance at any **hearing, inquiry, prosecution or other commission**? Yes  No
- Of any allegation of an **Employment Practice Breach** that would be covered by this proposed insurance? Yes  No
- Of any claim made against any **Director or Responsible Person** relating to a **breach of their duties** as a Director or Responsible Person? Yes  No
- Has there been **any change to the systems and procedures** as disclosed in the most recently completed full Proposal for this product? Yes  No
- Do you **continually monitor and audit procedures and systems** to ensure **compliance** with any amendments to all legislation specific to your industry including but not limited to Corporations Act, Workplace Health & Safety (including Bullying), EPA, Privacy, Fatigue, Speed and Mass management, and any other legislation specific to your industry? Yes  No

*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/Executive 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 Responsible 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:** \_\_\_\_\_