



CORPORATE PRACTICES PROTECTION CLAIMS & CIRCUMSTANCES DECLARATION

Named Organisation: _____

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 sometime 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, letter or other correspondence** 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
- A **request, notice, direction, letter or other correspondence** from any Regulatory Authority, including but not limited to any Government transport authority, Occupational Health & Safety authority and/or Environmental Protection authority advising that the Insured is likely to be required to, provide or produce any information, records, or documentation, or be subject to an investigation or audit in the future? 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 the 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

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: _____