

motor industry occupational liability insurance

application form

Notices

1. Broker Acting as an Agent for Insurer

In effecting this contract of insurance, 5Star Underwriting Agency Pty Ltd ABN 85 076 884 181 (AFS Licence: 247073), an Austagencies Pty Ltd company (ABN 76 006 090 464), will be acting under an authority given to it by the insurer, Vero Insurance Limited ABN 48 005 297 807 (Vero). 5Star Underwriting Agency Pty Ltd will be acting as agent of Vero and not of the Insured.

2. 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, 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 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 any 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 his 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 its liability under the contract in respect of a claim, refuse to pay the 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.

3. Claims Made and Notified Basis of Coverage

Some sections of the Motor Trades Occupational Liability Insurance Policy are issued on a 'claims made and notified' basis.

This means that these sections of the policy respond to:

- a) claims first made against you during the policy period and notified to the insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and
- b) written notification of facts pursuant to section 40(3) of the Insurance Contracts Act 1984. The facts that you may decide to notify are those which might give rise to a claim against you. Such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to the time at which the policy expires. If you give written notification of facts the policy will respond even though a claim arising from those facts is made against you after the policy has expired. For your information, s40(3) of the Insurance Contracts Act 1984 is set out below;

"S40(3) Where the insured gave notice in writing to the insurer of facts that might give rise to claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim when made by reason only that it was made after the expiration of the period of the insurance cover provided by the contract."

When the policy period expires, no new notification of claims or facts can be made on the expired policy even though the event giving rise to the claim against you may have occurred during the policy period. An exception to this is under the extended reporting period extension. If an extended reporting period is purchased as provided for in the extension, then some cover for new notification of claims or facts is available.

4. Retroactive Date

If a retroactive date applies to a section of this policy then it means that cover is excluded for any wrongful act occurring or committed prior to the Retroactive Date.

Our policy also contains provisions that exclude cover for any wrongful act occurring or committed by a subsidiary company and it's directors, officers or employees prior to it's acquisition or creation by the Insured.

5. Preservation of rights of recovery

Our policy contains a provision that has the effect of excluding or limiting our liability in respect of a loss, if the Insured releases, agrees not to sue on, waives or prejudices its rights of recovery, or enters into any arrangement or compromise or does any act whereby any rights or remedies to which the insurer would be subrogated are or may be prejudiced.

6. Subrogation Waiver

Our policy contains a provision that has the effect of excluding or limiting our liability in respect of a liability incurred solely by reason of the Insured entering into a deed or agreement excluding, limiting or delaying the legal rights or of recovery against another.

7. Privacy Statement

The Privacy Act 1988 requires us to inform you that:

Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of providing insurance services to you, including to evaluate your application to evaluate any request for a change to any insurance provided; to provide, administer and manage the insurance services following acceptance of an application; to investigate and, if covered, manage claims made in relation to any insurance you have with us or other companies within the same group.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to one of more of the purposes listed above.

Disclosure

When necessary and arising out of the purposes listed above, we may disclose your personal information to (and receive some personal information from), other companies within the same group, your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

Consequences if information is not provided

If you do not provide us with the information we need, we will be unable to consider your application for insurance cover.

Access

You can request access to the personal information about you that we hold by contacting Vero at the address below.

Privacy Statement issued: Vero Insurance Limited, 465 Victoria Avenue, Chatswood, NSW 2067.

8. General Insurance Code of Practice

Vero Insurance Limited (Vero) has adopted the General Insurance Code of Practice which has been developed by the Insurance Council of Australia. The Code is designed to promote good relations and good insurance practice between insurers, intermediaries and consumers.

The Code sets out what insurers must do when dealing with the Insured. Please contact Vero for more information about the Code, if required.

9. Our Complaints Handling Procedures

Resolving your complaints

If you think we have let you down in any way, or our service is not what you expect (even if through one of our agents or representatives), please tell us so we can help. You can tell us by phone, in writing or in person.

Should you tell us in writing it will help to send us the full details of your complaint together with any supporting documents and an explanation of what you want us to do. If you would like to come in to talk to us face to face, please call and we will arrange an appointment for a meeting.

What we will do to resolve your complaint

When you first let us know about your complaint or concern the person trying to resolve your complaint will listen to you, consider the facts and contact you to resolve your complaint as soon as possible, usually within 24 hours.

If you are not satisfied with this person's decision on your complaint, then it will be referred to the relevant Operational Manager, who will contact you within 5 working days.

Should you not be satisfied with the Operational Manager's decision, then it will be referred to the General Manager (or their delegate). We will send you our final decision within 15 working days from the date you first made your complaint.

What if you are not satisfied with our final decision?

We expect our procedures will deal fairly and promptly with your complaint. However if you are not satisfied with our final decision there are external dispute remedies such as mediation, arbitration or legal action.

Guidelines to help you complete this Proposal Form

1. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
2. Where the space provided is insufficient for your replies, please provide these separately and attach to this Application Form.
3. Reference to "Insured" and "you" in this Application Form means:
 - the Company and all subsidiary companies; and
 - the directors, officers and employees of the Company and all subsidiary companies.
4. Reference to "North America" in this Application Form means the USA and Canada and their respective territories and protectorates.

1. Details of the Company

a. Name of Company ABN Country of registration

b. Name of Subsidiary companies Country of registration

c. Principal address of the Company State Postcode

d. Location of all other offices State Postcode
 State Postcode

e. Website address

f. Date Company established / /

2. Business of the Company and its subsidiary companies

Please state the nature of the business of the Company and its subsidiary companies.

3. Type of organisation

What type of organisation is the Company? (tick as applicable)

ASX listed public company Proprietary company Company limited by guarantee
Not-for-profit Other (please specify):

4. Details of ultimate holding company

Is the Company a subsidiary company of another company? Yes No

If Yes, please advise name of ultimate holding company, country of registration and website address.

5. Details of employees, revenue and assets

Please state Company's and its subsidiary companies' employees, revenue and assets as follows:

	Number of employees	Total revenue	Total assets	Net assets
Australia	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Elsewhere	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Roadworthy certificates

Please state the number of authorised employees who issue roadworthy certificates:

7. Directors' and officers' details

- a. Has any former or current director or officer of the Company or its subsidiary companies (current or past) ever been declared bankrupt? Yes No

If Yes, please provide details of the name of director/ officer and the date declared bankrupt.

- b. Has any former or current director or officer of the Company or its subsidiary companies (current or past) ever been a director or officer of an organisation placed in receivership, liquidation or provisional liquidation? Yes No

If Yes, please provide details of: name of director/officer, name of organisation, date and details of receivership/ liquidation.

8. Outside directorships

Do any of the directors, officers or employees of the Company or its subsidiary companies hold or have they held (at the specific request of the Company or its subsidiary companies) any outside directorships or positions of equivalent status in any outside entities (whether for or not for profit)? Yes No

If Yes, please provide the following details for each outside entity for which Outside Directorship cover is required and attach the latest annual report for each outside entity.

If the latest annual report is not provided, please note that an insolvency exclusion will apply in respect of that outside entity.

Outside Entity	Country of registration	Details of any Directors & Officers Insurance provided by the Outside Entity		
		Limit	Insurer	Policy number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Mergers, acquisitions and capital raisings

- a. Has the Company or its subsidiary companies undergone any corporate restructuring in the last 3 years? Yes No
- b. Has the Company or its subsidiary companies had a reduction in personnel affecting 20% or more of the workforce in a single location within the past 3 years? Yes No
- c. Does the Insured anticipate any redundancies, staff reductions or facility closures in the next 18 months? Yes No
- d. Does the Insured have any plans to acquire, sell, dispose of or merge with any company or business in the next 12 months? Yes No
- e. Is the Insured aware of any proposals relating to the takeover of the Company or its subsidiary companies by another company in the next 12 months? Yes No

If Yes to any of the above, please provide details.

10. Insolvency Cover

The policy contains an insolvency exclusion. Do you want the insolvency exclusion removed? Yes No

If Yes, please attach a copy of the Company's last annual report and accounts to this Application Form and advise:

- a. Since the last annual report and accounts were issued, has there been any significant change in the financial position, capital structure or operation of the Company or its subsidiary companies which might materially affect the financial position in that annual report? Yes No
- b. Are any of the directors or officers aware of facts or circumstances that might affect the ability of the Company or its subsidiary companies to meet all its debts as and when they fall due? Yes No

If Yes to a or b, please provide details.

11. Claims history

For the purpose of answering this question, please note that reference to "Company" includes all of its past and current subsidiaries.

- a. Has any claim ever been made or civil, criminal or regulatory proceedings brought against the Company or any director, officer or employee (whether as directors, officers or employees of the Company or any other company), in respect of the risks of the kind to which this Application Form relates? Yes No
- b. Has any director, officer or employee ever received a notice to attend an official investigation, examination, inquiry or other proceedings ordered or commissioned by an official body or institution, in respect of the risks of the kind to which this Application Form relates? Yes No
- c. During the last 5 years, has the Company suffered any loss as a result of any dishonest or fraudulent act of any employee, in respect of the risks of the kind to which this Application Form relates? Yes No

If you answered Yes to any of the above questions, please provide full details using a separate sheet.

12. Known circumstances

For the purpose of answering this question, please note that reference to "Company" includes all of its past and current subsidiary companies.

After enquiry, are any of the directors or officers of the Company aware of any act, omission, conduct, fact, event, circumstance or matter which might reasonably be expected to:

- a. give rise to a claim or lead to civil or criminal proceedings against the Company or any director, officer or employee? Yes No
- b. result in the Company or any director, officer or employee being required to attend an official investigation, examination, inquiry or other proceedings? Yes No

If you answered Yes to any of the above questions, please provide full details using a separate sheet.

It is agreed that if such facts, circumstances or situations exist, whether or not disclosed, any claim arising from them is excluded from this proposed coverage.

13. Current insurance

- a. Does the Insured currently hold any Occupational Liability Insurance, Management Liability Insurance, Directors and Officers Liability Insurance, Employment Practice Liability Insurance, Superannuation Fund Trustee Liability Insurance or Fidelity Insurance? Yes No

If Yes, please provide details

Insurer Policy Period
Limit Excess

- b. Has any insurer, in respect of the risks to which this Application Form relates, ever (due to factors that related to the assessment of the particular risk):
- i. declined a proposal, refused renewal or terminated an insurance? Yes No
- ii. declined an insurance claim by the Insured or reduced its liability to pay an insurance claim in full (other than by application of an Excess)? Yes No

If Yes to i or ii, please provide details

14. Limits

- a. Please state Management Liability Limit of Liability required:
\$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000
- b. Please state Errors and Omissions Limit of Liability required:
\$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000
- c. Is Employment Practice Liability cover required (Sub-limit \$250,000 in the aggregate)? Yes No
- If Yes, does the Insured have a formal termination of employment policy? Yes No

15. Optional Extension to cover Company Pecuniary Penalties

Do you wish to purchase the Company Pecuniary Penalties (Sub-limit \$250,000 in the aggregate) Optional Extension?

Yes No

If Yes,

- a. in the past five years has the Company had any fine or penalty or infringement notice (other than for traffic offences) imposed by any Federal, State, Territory or local government or other regulatory authority? Yes No
- b. in the past five years have there been any incidents or circumstances which could give rise to a fine or penalty (other than for traffic offences) being imposed on the Company by a Federal, State, Territory or local government or other regulatory authority? Yes No

If Yes to a or b, please provide details

16. Stamp Duty Declaration

Please provide a breakdown of revenue by location as follows.

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	Overseas
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration

I the undersigned declare that:

- i. I am authorised by each of the Insured to sign this Application Form; and
- ii. the above statements are correct, true and complete; and
- iii. no information material to this Application Form has been withheld; and
- iv. I have read and understood the notices which you have put before me and I understand the advice given in relation to the duty of disclosure; and
- v. I have diligently made all necessary and detailed enquiries in order to comply with the duty of disclosure; and
- vi. I understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- vii. I undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- viii. I acknowledge that the Insurer relies on the information and representations in this Application Form and otherwise made by me in relation to this insurance; and
- ix. except where indicated to the contrary, I understand that any statement made in this Application Form will be treated by Vero as a statement made by all persons to be insured; and
- x. I have read Vero's Privacy Statement on this Application Form, and consent to the use, disclosure and obtaining of personal information about the Proponents for the purposes shown in the Privacy Statement.

Signed

Company

Title

Date

NB: To be signed by the Chief Executive Officer, Company Secretary or Managing Director

We recommend that you keep a record, including copies of letters and this Application Form, of all information supplied to us for the purpose of entering into this contract.

How to contact 5Star Underwriting Agency Pty Ltd

PO Box 6283 Upper Mt Gravatt QLD 4122
 Tel: 07 3349 9411
 Fax: 07 3349 7322
 Email: info@5starunderwriting.com.au
 ABN: 85 076 884 181
 AFS Licence: 247073