

Chubb Investment Managers Insurance

Proposal Form

Completing the Proposal Form

- Please read the “Statutory Notice” before completing this Proposal Form.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.

1. General Information

a) Name of Applicant:		
b) Applicant's address:		
c) Is the Applicant listed on the Australian stock exchange?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Are any entities proposed for coverage registered with the U.S.A Securities and Exchange Commission? If Yes, please provide details:		<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Cover Requested

		Limit of Liability
Directors and Officers Liability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Professional Liability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Crime Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Dedicated Additional Limit for Executives (D&O)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Dedicated Additional Limit for Executives (PI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Aggregate Limit of Liability each Policy Period		\$
Deductible Requested		\$

3. Directors and Officers Liability / Professional Liability

Complete this section only if Directors and Officers Liability coverage and/or Professional Liability coverage are requested for the named Applicant and its subsidiaries.

- a) Complete Schedule A - Proposed Funds and Mandates Supplementary Proposal Form.
- b) Provide the name and ownership percentage of any shareholder owning more than ten percent (10%) of any issued shares of the Applicant:

- c) Provide the following documents and information:
- Latest prospectus / product disclosure statement / offer memorandum provided to customers in respect of each Fund in respect of which cover is requested.
 - Contractual agreements with customers for Mandates in respect of which cover is requested.
 - Latest investment performance report for each Fund and Mandate.
 - Latest financial report of the Applicant.
 - Independent analysts' reports in respect of any Fund in respect of which cover is requested.

d) Provide the names of the providers of the following services to the Applicant (where they differ by Fund, please specify for each):	
i. Custody:	
ii. Registry:	
iii. Administration:	
iv. Stock Broking / Dealing:	
v. Fund Management:	
vi. Trustee:	

e) Advise how the Applicant's Fund products are distributed:

f) How many staff does the Applicant have?

g) Does the Applicant have a complaints register? If Yes: Yes No

i. How many complaints were received in the past three (3) years?

ii. How many complaints remained unresolved after ninety (90) days?

4. Crime Insurance

Complete this section only if Crime coverage is requested for the named Applicant and its subsidiaries.

a) Does the Applicant conduct pre-employment screening prior to hiring new staff? Yes No

b) Does the Applicant have controls in place to ensure segregation of duties when transferring funds or property to another organisation? Yes No

c) Is there segregation of duties with respect to the following activities:

i. Opening an account? Yes No

ii. Disbursing assets? Yes No

iii. Signing cheques and authorising payments in excess of ten thousand dollars (\$10,000)? Yes No

iv. The handling of securities? Yes No

d) How often are external audits completed?

e) Do external audits include all locations? Yes No

Use this space to comment on any questions where the response is No.

5. Outside Directorship Cover

If the Applicant requires cover for any Outside Directorship, complete **Schedule B - Outside Directorship Liability Supplementary Proposal Form**.

(An Outside Directorship is the position of director, officer, trustee, governor or councillor held by the Applicant's directors, officers or employees on the board of an entity which is **not** a subsidiary of the Applicant, which position is assumed and maintained with the KNOWLEDGE and CONSENT or at the REQUEST of the Applicant).

6. Prior Knowledge / Warranty

This section need not be completed if this Proposal Form is with respect to a renewal of a current Chubb Investment Management Insurance Policy

a) Has the Applicant or any person proposed for coverage given notice under the provisions of any prior or current Professional Liability, Fidelity Bond or Directors and Officers Liability insurance policy or similar insurance of facts or circumstances which might give rise to a claim being made against any such person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Have any loss payments been made on behalf of any Applicant or any person proposed for coverage under any Professional Liability, Fidelity Bond or Directors and Officers Liability insurance policy or similar insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Has there been, or is there now pending any suits, claims or proceedings against any Applicant or any person proposed for coverage? It is agreed that any such claim is excluded from the proposed coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Is any person proposed for coverage cognisant of any facts or circumstances which:	
i. he or she has reason to suppose might afford valid grounds for any future claim(s) such as would fall within the scope of the proposed coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. indicate the probability of any such claim(s)? It is agreed that if such facts or circumstances exist, any claim, action or proceeding arising therefrom is excluded from the proposed coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to any of the questions above is Yes, please provide details:	

7. Stamp Duty

Please state the total number of employees located in the following states and overseas:

NSW	VIC	QLD	SA	WA	ACT	NT	TAS	O/S

8. GST

1. What is the Applicant's Australian Business Number?	
2. Does the Applicant intend to claim an Input Tax Credit for the premium of the proposed policy if provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, to what extent is an Input Tax Credit being claimed by any and which Applicants? (e.g. answer - full claim or %)?	

Note: It is Chubb's intention to apply GST in accordance with the Input Tax Credit claimed by the Applicant.

9. Declaration and Signature

The undersigned authorised officers of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant, to effect insurance, the undersigned agree that this proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the policy should one be issued.

The undersigned, on behalf of the Applicant, acknowledge that the Statutory Notice contained herein has been read and understood.

This proposal must be signed by the Applicant's Chairman of the Board, Managing Director or Chief Executive Director.

Signature	
Title	
Date	

Schedule A - Proposed Funds and Mandates Supplementary Proposal Form

Fund / Client Name	Nature of Fund/ Mandate Investments	Date Established	Current FUM	Current Gearing Level	Minimum Investment Required	Average Investment Received	New Fund Flows in Last Year
			\$	%	\$	\$	\$
			\$	%	\$	\$	\$
			\$	%	\$	\$	\$
			\$	%	\$	\$	\$
			\$	%	\$	\$	\$
			\$	%	\$	\$	\$
			\$	%	\$	\$	\$
			\$	%	\$	\$	\$
			\$	%	\$	\$	\$
			\$	%	\$	\$	\$
			\$	%	\$	\$	\$
			\$	%	\$	\$	\$

This information attaches to and forms part of the Proposal Form.

Schedule B - Outside Directorship Liability Supplementary Proposal Form

Please attach the latest Annual Report including Financial Statements and complete Section 1 below for each Outside Entity that is:

1. Located, incorporated, domiciled or operated in the U.S.A.
2. Registered or approved for direct or indirect trading on a national securities exchange or over the counter trading system anywhere in the world.
3. Carrying on a financial services business anywhere in the world, including the provision of banking or investment services, or general, life and health insurance and reinsurance.
4. Not prevented by its governing documents from distributing profits or assets for the benefit of members.

The Outside Entities listed in Section 1 below will be underwritten and we will advise our coverage position at the time of quoting.

For all other entities we only require Section 2 below to be completed. These Outside Entities will be added automatically.

Note: Cover will not be provided to any entity that is not listed or any subsequent Schedules provided during the Policy Period.

Section 1

Name of Outside Entity	Does the Outside Entity provide an indemnity for the outside directors and officers?	Who is the D&O insurer of the Outside Entity?	What is the D&O insurance policy number?	What D&O limit of liability is purchased?	Has the Outside Entity or its directors and officers been involved in any D&O litigation related to the Outside Entity? If Yes, please attach details.
	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2 - Those entities that do not fall within any of the four categories listed above.

Name of Outside Entity	Who is the D&O insurer of the Outside Entity?	What is the D&O insurance policy number?	Has the Outside Entity or its directors and officers been involved in any D&O litigation related to the Outside Entity? If Yes, please attach details.
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

This information attaches to and forms part of the Proposal Form.

Statutory Notice

For the purposes of this statutory notice, Chubb Insurance Australia Limited ABN: 23 001 642 020 AFSL: 239687 means “we”, “us” and “our”.

Duty of Disclosure

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

What you do not need to tell us

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Where your policy is claims made and notified the following will apply

Claims Made And Claims Made And Notified Coverages

These coverages apply only to claims that are either first made against you during the period of insurance or both first made against you and notified to us in writing before the expiration of the period of the insurance cover provided by your policy.

Notification Of Facts That Might Give Rise To A Claim

Section 40(3) of the ICA only applies to the claims made and the claims made and notified coverages available under your policy. Pursuant to Section 40(3) of the ICA, and only pursuant to that section, if you give notice in writing to us of facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of such facts but before the insurance cover provided by your policy expires, then we are not relieved of liability under your policy 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 your policy.

Other Important Information

Subrogation

You may prejudice your rights with regard to a claim if, without prior agreement from us, you make agreement with a third party that will prevent us from recovering the loss from that, or another party.

Your policy contains provisions that either exclude us from liability, or reduce our liability, if you have entered into any agreements that exclude your rights to recover damages from another party in relation to any loss, damage or destruction which would allow you to sustain a claim under your policy.

Utmost Good Faith

Every insurance contract is subject to the doctrine of utmost good faith which requires that parties to the contract, including third parties, should act toward each other with the utmost good faith. Failure to do so on your part may prejudice any claim or the continuation of cover provided by us.

Not a Renewable Contract

Cover under your policy will terminate at expiry of the period of insurance specified in your policy document. If you wish to effect similar insurance for a subsequent period, it will be necessary for you to complete a new proposal form prior to the termination of your current policy so that terms of insurance and quotation/s can be agreed.

Change of Risk or Circumstances

It is vital that you advise us of any departure from your “normal” form of business (i.e. that which has already been conveyed to us). For example, acquisitions, changes in location or new overseas activities. Please refer to the territory clause of your policy and the sanctions limitations contained therein.

Privacy Statement

Chubb Insurance Australia Limited (Chubb) is committed to protecting your privacy. This document provides you with an overview of how we handle your personal information. Our Privacy Policy can be accessed on our website at www.chubb.com/au.

Personal Information Handling Practices

Collection, Use and Disclosure

We collect your personal information (which may include sensitive information) when you are applying for, changing or renewing an insurance policy with us or when we are processing a claim in order to help us properly administrate your insurance proposal, policy or claim.

Personal information may be obtained by us directly from you or via a third party such as your insurance intermediary or employer (e.g. in the case of a group insurance policy).

When information is provided to us via a third party we use that information on the basis that you have consented or would reasonably expect us to collect your personal information in this way and we take reasonable steps to ensure that you have been made aware of how we handle your personal information.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you. Sometimes, we may use your personal information for our marketing campaigns, in relation to new products, services or information that may be of interest to you.

We may disclose the information we collect to third parties, including service providers engaged by us to carry out certain business activities on our behalf (such as assessors and call centres in Australia). In some circumstances, in order to provide our services to you, we may need to transfer personal information to other entities within the Chubb Group of companies (such as the regional head offices of Chubb located in Singapore, UK or USA), or third parties with whom we or those other Chubb Group entities have sub-contracted to provide a specific service for us, which may be located outside of Australia (such as in the Philippines or USA). Please note that no personal information is disclosed by us to any overseas entity for marketing purposes.

In all instances where personal information may be disclosed overseas, in addition to any local data privacy laws, we have measures in place to ensure that those parties hold and use that information in accordance with the consent you have provided and in accordance with our obligations to you under the Privacy Act 1988 (Cth).

Your Choices

In dealing with us, you agree to us using and disclosing your personal information as set out in this statement and our Privacy Policy. This consent remains valid unless you alter or revoke it by giving written notice to our Privacy Officer. However, should you choose to withdraw your consent it is important for you to understand that this may mean we may not be able to provide you or your organisation with insurance or to respond to any claim.

How to Contact Us

If you would like a copy of your personal information, or to correct or update it, please contact our customer relations team on 1800 815 675 or email CustomerService.AUNZ@chubb.com.

If you have a complaint or would like more information about how we manage your personal information, please review our Privacy Policy for more details or contact the Privacy Officer, Chubb Insurance Australia Limited, GPO Box 4907, Sydney NSW 2001, Tel: +61 2 9335 3200 or email Privacy.AU@chubb.com.

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 31,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in Australia for over 50 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base. Chubb is a major insurer of many of the country's largest companies. With five branches and over 500 staff in Australia, it has a wealth of local expertise backed by its global reach and breadth of resources.

More information can be found at www.chubb.com/au

Contact Us

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