

IMPORTANT INFORMATION Please read this first

Directors and Officers Liability Insurance Proposal form

Important facts relating to this proposal form

You should read the following advice before proceeding to complete this proposal form.

1. 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.

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.

2. Claims made and notified basis of coverage

The Directors and Officers Liability Insurance Policy is issued on a 'Claims made and Notified' basis.

This means that the policy responds 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."

IMPORTANT INFORMATION Please read this first 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 Discovery Period Extension. If a Discovery Period is purchased as provided for in the extension, then some cover for new notification of Claims or facts is available.

3. Retroactive date

You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.

4. 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.

5. 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.

6. Privacy statement

AAI Limited trading as Vero Insurance is the insurer and issuer of your commercial insurance product, and is a member of the Suncorp Group, which we'll refer to simply as "the Group".

Why do we collect personal information?

Personal information is information or an opinion about an identified individual or an individual who is reasonably identifiable. We collect personal information so that we can:

- identify you and conduct appropriate checks;
- understand your requirements and provide you with a product or service;
- set up, administer and manage our products and services and systems, including the management and administration of underwriting and claims;
- ▼ assess and investigate any claims you make under one or more of our products;
- manage, train and develop our employees and representatives;
- manage complaints and disputes, and report to dispute resolution bodies; and
- get a better understanding of you, your needs, your behaviours and how you interact with us, so we can engage in product and service research, development and business strategy including managing the delivery of our services and products via the ways we communicate with you.

What happens if you don't give us your personal information?

If we ask for your personal information and you don't give it to us, we may not be able to provide you with any, some, or all of the features of our products or services.

How we handle your personal information

We collect your personal information directly from you and, in some cases, from other people or organisations. We also provide your personal information to other related companies in the Group, and they may disclose or use your personal information for the purposes described in 'Why do we collect personal information?' in relation to products and services they may provide to you. They may also use your personal information to help them provide products and services to other customers, but they'll never disclose your personal information to another customer without your consent.

Under various laws we will be (or may be) authorised or required to collect your personal information. These laws include the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, Personal Property Securities Act 2009, Corporations Act 2001, Autonomous Sanctions Act 2011, Income Tax Assessment Act 1997, Income Tax Assessment Act 1936, Income Tax Regulations 1936, Tax Administration Act 1953, Tax Administration Regulations 1976, A New Tax System (Goods and Services Tax) Act 1999 and the Australian Securities and Investments Commission Act 2001, as those laws are amended and includes any associated regulations.

We will use and disclose your personal information for the purposes we collected it as well as purposes that are related, where you would reasonably expect us to. We may disclose your personal information to and/or collect your personal information from:

- other companies within the Group and other trading divisions or departments within the same company (please see our Group Privacy Policy for a list of brands/companies);
- any of our Group joint ventures where authorised or required;
- customer, product, business or strategic research and development organisations;
- V data warehouse, strategic learning organisations, data partners, analytic consultants;
- social media and other virtual communities and networks where people create, share or exchange information;

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- publicly available sources of information;
- clubs, associations, member loyalty or rewards programs and other industry relevant organisations;
- a third party that we've contracted to provide financial services, financial products or administrative services – for example:
 - ▼ information technology providers,
 - administration or business management services, consultancy firms, auditors and business management consultants,
 - marketing agencies and other marketing service providers,
 - ▼ claims management service providers
 - print/mail/digital service providers, and
 - ▼ imaging and document management services;
- any intermediaries, including your agent, adviser, a broker, representative or person acting on your behalf, other Australian Financial Services Licensee or our authorised representatives, advisers and our agents;
- ▼ a third party claimant or witnesses in a claim;
- accounting or finance professionals and advisers;
- ▼ government, statutory or regulatory bodies and enforcement bodies;
- policy or product holders or others who are authorised or noted on the policy as having a legal interest, including where you are an insured person but not the policy or product holder;
- in the case of a relationship with a corporate partner such as a bank or a credit union, the corporate partner and any new incoming insurer;
- ▼ the Australian Financial Complaints Authority or any other external dispute resolution body;
- credit reporting agencies;
- other insurers, reinsurers, insurance investigators and claims or insurance reference services, loss assessors, financiers;
- ▼ legal and any other professional advisers or consultants;
- hospitals and, medical, health or wellbeing professionals;
- debt collection agencies;
- any other organisation or person, where you've asked them to provide your personal information to us or asked us to obtain personal information from them, eg your mother.

We'll use a variety of methods to collect your personal information from, and disclose your personal information to, these persons or organisations, including written forms, telephone calls and via electronic delivery. We may collect and disclose your personal information to these persons and organisations during the information life cycle, regularly, or on an ad hoc basis, depending on the purpose of collection.

Overseas disclosure

Sometimes, we need to provide your personal information to – or get personal information about you from – persons or organisations located overseas, for the same purposes as in 'Why do we collect personal information?'

The complete list of countries is contained in our Group Privacy Policy, which can be accessed at www.vero.com.au/privacy, or you can call us for a copy.

From time to time, we may need to disclose your personal information to, and collect your personal information from, other countries not on this list. Nevertheless, we will always disclose and collect your personal information in accordance with privacy laws.

How to access and correct your personal information or make a complaint

You have the right to access and correct your personal information held by us and you can find information about how to do this in the Suncorp Group Privacy Policy.

The Policy also includes information about how you can complain about a breach of the Australian Privacy Principles and how we'll deal with such a complaint. You can get a copy of the Suncorp Group Privacy Policy. Please use the contact details in **Contact Us**.

Contact us

For more information about our privacy practices including accessing or correcting your personal information, making a complaint, or obtaining a list of overseas countries you can:

- Visit www.vero.com.au/privacy.
- ▼ Speak to us directly by phoning one of our Sales & Service Consultants on: 1300 888 073 or by
- ▼ Email us at claims@vero.com.au

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7. General Insurance Code of Practice

Vero Insurance 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 Insurance for more information about the Code, if required.

8. 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 Proposal Form.
- 3. Reference to Insured in this Proposal Form means:
 - ▼ the Company and all subsidiary companies; and
 - ▼ the directors and officers of the Company and all subsidiary companies.
- 4. Reference to "the USA" in this Proposal Form means the USA and its territories and protectorates.

(a) Name and ABN of Company	
	Country of registration
(b) Name of Subsidiaries	Country of registration
(c) Principal address (d) Location of all	
other offices	
(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 subsidiaries.	
3. Type of organisation	
What type of organisation is the Company? (tick as applicable)	
Public company Proprietary company Company limited by guarantee	
Not-for-profit Other (please specify):	
4. Details of ultimate holding company	
4. Details of ultimate holding company Is the Company a subsidiary company of another company?	
Is the Company a subsidiary company of another company?	Website address
Is the Company a subsidiary company of another company? No Yes If Yes, please advise:	Website address
Is the Company a subsidiary company of another company? No Yes If Yes, please advise:	Website address
Is the Company a subsidiary company of another company? No Yes If Yes, please advise: Name of ultimate holding company Country of registration	Website address
Is the Company a subsidiary company of another company? No Yes If Yes, please advise: Name of ultimate holding company Country of registration S, Details of previous name	Website address
Is the Company a subsidiary company of another company? No Yes If Yes, please advise: Name of ultimate holding company Country of registration 5. Details of previous name Has the Company previously carried on business under any other name(s)?	Website address
Is the Company a subsidiary company of another company? No Yes If Yes, please advise: Name of ultimate holding company Country of registration S, Details of previous name	Website address
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Is the Company a subsidiary company of another company? No Ves If Yes, please advise: Name of ultimate holding company Country of registration S. Details of previous name Has the Company previously carried on business under any other name(s)? No Ves If Yes, please provide details G. Details of Stock Exchange listing	Website address

7. Details of employees, locations, revenue and assets

Please state Company's and its subsidiaries' employees, locations, revenue and assets as follows:

	Number of employees	Number of locations	Total revenue	Total assets	
Australia					
Elsewhere excluding the USA					
In the USA					
Total					
8. Details of North American operations or representation					

Does the Company or its subsidiaries:

- (a) conduct business, have representation, own assets in or derive revenue from the USA? (representation includes subsidiary companies, local offices or local representation by any person or concern holding a power of attorney on behalf of the Company or its subsidiaries) No Yes If Yes,
 - (i) Please give details below:

Type of representation business(es)	Name of company(ies)/ (branch/ subsidiary/ joint venture/ associated company)	Location	Nature of business
 (ii) Does the Company or its subsidiaries in the USA w No. Does the Company or its subsidiaries in the USA w 	which are not wholly owned?	lities in the USA?	No Yes
No Yes If Yes, state:	Percentage owned		entity of minority shareholders
c) have any stock, shares, American E No Yes If Yes, please	Depository Receipts, debentures or e provide details.	any other debt or equity in	n the USA?
(d) have any employee stock ownershi	ip plans in the USA? e provide details.		
(e) have any plans to conduct business No Yes If Yes, please	s, have representation, acquire asse e provide details.	ets in or derive revenue fro	om the USA?

- (a) Please state the total number of shareholders of the Company
- (b) Please provide details of any shareholder that owns directly or beneficially 10% or more of the voting or convertible shares of the Company or any subsidiary.

Name of shareholder	Company in which shares are held	Percentage held

(c) Please provide details of voting shares of the Company or any subsidiary held directly or beneficially by the directors and executive officers.

Name of director/ executive officer	Company in which shares are held	Percentage held

10. Directors' and officers' details

(a) Please provide details of the composition of the board of directors of the Company.

If this information is fully contained in the most recent annual report and accounts of the Company then indicate here accordingly. Refer annual report

Name	Position held (Chairperson, director, Executiv CEO, MD CFO) non-exe		Qualifications Age
(b) Has any former or current director been declared bankrupt?		subsidiaries (current or past) ever	
No 🗌 Yes 🕩 If Yes, plea	ase provide details.		
Name of director/ officer		Date declared bankrupt	
organisation placed in receiversh	or or officer of the Company or its s ip, liquidation or provisional liquidat ase provide details.	subsidiaries (current or past) ever bee ion?	n a director or officer of an
Name of director/ officer	Name of organisation	Details of receivership/ liquida	ation Date
11. Corporate governance			
Do any former auditors of the Comp	pany have positions on its board?		
No 🗌 Yes 🕩 If Yes, please	provide details		

12. Outside directorships						
			ld or have they held (at the at status in any outside entities			
No Ves If Y	íes, please provide details for e	each outside entity for which C	Outside Directorship cover is requ	ired.		
			Details of any Directors & Offic by the Outside Entity	ers Insurance	provided	
Name of appointee	Outside Entity	Country of registration	Policy held? If Yes,	, Policy numb	er	
			No Yes			
13. Mergers, acquisitions, a	and capital raisings					
(a) Has the Company or i business during the la	ts subsidiaries acquired, sold, lst 3 years?	disposed of or merged with a	any company, subsidiary or	No 🗌	Yes	
(b) Has the Company or i	ts subsidiaries been the subje	ect of any takeover bid during	the last 3 years?	No 🗌	Yes 🗌	
(c) Has the Company or in the last 3 years?	ts subsidiaries undergone any	corporate restructuring, lay-c	ffs or reductions in workforce	No 🗌	Yes	
(d) Has the Company or in prospectus in the last	ts subsidiaries made any offer three years?	for the raising of capital by d	lebt or equity or issued any	No 🗌	Yes	
(e) Does the Insured have the next 12 months?	e any plans to acquire, sell, dis	spose of or merge with any c	ompany or business in	No 🗌	Yes	
(f) Is the Insured aware of any proposals relating to the takeover of the Company or its subsidiaries by another company in the next 12 months?					Yes	
(g) Does the Insured anticipate a new public offering of its securities in the next 12 months?					Yes 🗌	
If Yes to any of the above, please provide details.						
14. Financial position						
 (a) Since the last annual r position, capital struct financial position in the 	report and accounts was issue rure or operation of the Compa at appual report?	ed, has there been any signific any or its subsidiaries which r	cant change in the financial night materially affect the	No	Yes	
·		r circumstances that might af	fect the ability of the Company			
	neet all its debts as and when		lect the ability of the company	No 🗌	Yes 🗌	
If Yes to a or b, please	provide details.					
15. Environmental protection						
	e an environmental manageme			No 🗌	Yes 🗌	
(b) Does the Insured have	e an EPA licence and/or a Trade	e Waste Agreement?		No 🗌	Yes 🗌	
If Yes to a or b, please	provide details.					

16. Claims history

(a)	Has any claim ever been made or civil, criminal or regulatory proceedings brought against any director or officer in their capacity as such (whether in relation to the activities of the Company, its past or current subsidiaries or any other company in which the directors or officers hold or have held office)?	No 🗌	Yes
(b)	Has any director or officer ever received a notice to attend an official investigation, examination, inquiry or other proceedings ordered or commissioned by an official body or institution in connection with the affairs of the Company, its current and past subsidiaries or any other company in which the directors or officers hold or have held office?	No 🗌	Yes
(c)	Has the Company or its current or past subsidiaries ever been liable to pay costs and expenses incurred by a shareholder in pursuing a claim against a director or officer pursuant to an order of a court?	No 🗌	Yes
(d)	Has there been or is there now pending any prosecution of the Company or its current or past subsidiaries under any Commonwealth, State or foreign legislation, regulation or by-law including but not limited to the Corporations Law or the Trade Practices Act?	No 🗌	Yes
	If Yas to a h, a or d, plagas provide details		

If Yes to a, b, c or d, please provide details.

	Details of each claim, proceedings or investigation including name of claimant, nature of allegation, details of determinations	Cost (if any) incurre	ed (whether insured or not)	
Date of claim or proceeding	or judgments and any monetary damages, defence costs, settlements, fines or penalties	Amount Paid	Estimated amount outstanding	
/ /				
/ /				
/ /				
/ /				

What action has been taken to prevent a recurrence of the situation that gave rise to each claim, proceeding or investigation?

17. Known circumstances

After enquiry, are any of the directors or officers of the Company or its subsidiaries aware of any act, omission, conduct, fact, event, circumstance or matter:

(a)	which might reasonably be expected to give rise to a claim or lead to civil or criminal proceedings against any director or officer?	No 🗌	Yes (
(b)	which might reasonably be expected to result in an official investigation, examination, inquiry or other proceeding ordered or commissioned by an official body or institution in connection with the affairs of the Company, its curre or past subsidiaries		Yes (

(C)	which has been or should have been the subject of any written notice given under any policy or coverage part of
	which this proposed Directors and Officers insurance is to be a direct or indirect renewal or replacement?

If Yes to a, b or c, please provide details.

Fact, circumstance or situation	Current status	Date first became aware	Insurer to whom notified	Date of notification to Insurer
It is agreed that if such facts, circumstance from this proposed coverage. 18. Details of Directors and Officers Liability Insura			sed, any claim arising	from them is excluded
io, becaus of birectors and officers clabing mode	ince coverage request			
Limit of Liability	\$		\$	
Excess				
19. Current insurance				
(a) Does the Insured currently hold any Director	s and Officers Liabilit	y Insurance?		
No 🗌 Yes 🕩 If Yes, please provide (details			
]

Insurer	Policy Period	
Limit	Excess	

No 🗌

Yes

19.	Curre	ent insurance (co	ntinued)							
	(i) c (ii) r (iii) c (i	leclined a propose equired an increa leclined an insura other than by ap	espect of the risk sal, refused rene ased premium or ance claim by the plication of an Ex please provide de	wal or terminate r imposed specia e Insured or redu (cess)?	d an insurance al conditions?	?	ance claim in full		No Yes No Yes No Yes	
20.	Stan	np duty								
			own in the numb	per of employees	s by location as	follows.				
	W	VIC	QLD	SA	WA	TAS	ACT	NT	Overseas	
Sup	oport	ing information								
• • • •	and The Busi A co The soug The	accounts for eac Company's lates ness plan or "bu py of any prospe latest full consol ght. (If consolidat latest full annual		ent (if applicable ation if the Com ment or informat port and account not available, en) pany was form tion memorand s for each Outs iclose annual re	ed in the last 3 v um issued by th side Entity in res port and accour	years e Company in th spect of which O nts for each com	ne last 12 mor Putside Directo pany.)		
	clarat									
		-	uly authorised pe							
(i)		I am/we are authorised by each of the Insured to sign this Proposal Form; and								
		the above statements are correct, true and complete; and								
		no information material to this Proposal Form has been withheld; and								
(IV)		have read the in losure; and	nportant facts w	nich you have pu	t before me/us	and I/we unders	tand the advice g	liven in relatior	n to the duty of	
(v)	l/we	have diligently m	nade all necessar	y and detailed en	quiries in order	to comply with t	he duty of discl	osure; and		
(vi)	l/we	understand that	no insurance is ir	n force until such	time as the ins	urer has confirm	ed acceptance of	f the proposec	l insurance; and	
(vii)	I/We	e undertake to inf	form the insurer c	of any material alt	eration to these	facts occurring	before completio	n of the contra	act of insurance; and	
(∨iii)		acknowledge that ion to this insurated		es on the informa	ation and repres	entations in this	Proposal Form a	nd otherwise I	made by me/us in	
(ix)					d that any state	ment made in th	is Proposal Form	will be treate	d by the insurer as a	
(x)	l/we	statement made by all persons to be insured; and I/we have read Vero Insurance's Privacy Statement on this Proposal Form, and consent to the use, disclosure and obtaining of personal information about the Insured for the purposes shown in the Privacy Statement.								
Sigr	ned				;	Signed				
Cor	npan	у			(Company				
Title	Э					Fitle				
Dat	е	/	/		[Date	/ /			
		• ·	e Chairman and			n Proposal Form	of all informatio	n auguliad to	us for the purpose of	

entering into this contract.

How to contact Vero Insurance

New South Wales/ACT GPO Box 115

Sydney NSW 2001

Tel (02) 8121 1935 Fax (02) 8121 0700

South Australia/Northern Territory

GPO Box 1619 Adelaide SA 5001

Tel (08) 8205 5207 Fax (08) 8205 5199

Queensland

GPO Box 1453 Brisbane QLD 4001 Tel (07) 3135 2418

Fax (07) 3031 2049

Western Australia

GPO Box B78 Perth WA 6838 Tel (08) 9320 3955 Fax (08) 9320 3992

Victoria/Tasmania

GPO Box 1509 Melbourne VIC 3001

Tel (03) 9245 8218 Fax (03) 9245 8112