

SWISS RE INTERNATIONAL SE, AUSTRALIA BRANCH

CRIME INSURANCE PROPOSAL FORM

Important Notices

Understanding the Policy

You should read the entire Policy carefully; including the definitions and the exclusions to ensure that it meets your requirements. We recommend that you consult an insurance adviser to ensure a clear understanding of your rights and obligations under this insurance contract.

Your duty of disclosure

When you are completing the Proposal it is important that you understand you are answering questions for yourself and anyone else that you want to be covered by the Policy.

Before you enter into the Policy, you have a duty to tell us anything that you know, or could reasonably be expected to know, which 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 the Policy.

You do not need to tell us anything that:

- reduces the risk we insure you for;
- is common knowledge;
- 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 shall 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.

Notification of Facts that might give rise to a claim

Section 40(3) of the *Insurance Contracts Act 1984 (Cth)* provides that 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 the Policy expires, then we are not relieved of liability under the 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 the Policy

Privacy Statement – Privacy Information

We are bound by the Australian Privacy Principles set out under the *Privacy Act 1988 (Cth)* when we collect and handle your personal and or sensitive information. We shall only collect personal and or sensitive information that is necessary in order for us to process and administer the Policy and any claims made under the Policy. Where possible, we shall collect personal information directly from you or, where that is not reasonably practical, from other sources. We may also use your personal and or sensitive information for the purpose of designing or underwriting new insurance products, for research and analytical purposes, to perform administrative functions, and to comply with our legal obligations.

We may disclose your personal and or sensitive information to third parties for the purposes described above, including insurers, reinsurers, reinsurance brokers, loss adjusters, external claims data collectors, investigators and others involved in the claims handling process, agents and service providers and related entities some of whom may be located in overseas countries, including Hong Kong, India, Singapore, Switzerland, the United States of America and the Slovak Republic.

In providing personal and or sensitive information, you consent to the collection, use and disclosure, including overseas disclosure of your personal and or sensitive information for the purposes described above. Where you provide us with personal and or sensitive information about others, you represent to us that you have made them aware of that disclosure and of our privacy policy and that you have obtained their consent.

If you do not consent to provide us with the personal and or sensitive information that we request, or withdraw your consent to the use and disclosure of your personal and or sensitive information at any stage, we may not be able to offer or continue to offer you the products or provide the services that you seek including claims assessment and handling.

We realise that this information is often very sensitive in nature and shall treat it with the utmost care and security. Information on how we handle your personal and or sensitive information is explained in our privacy policy, including:

- What information we collect and how we use it;
- When do we disclose your information overseas;
- How do we hold and protect your information;
- How we disclose the information;
- How you can check, update or change the information we are holding;
- What happens if you wish to complain.

A copy of our privacy policy is available by contacting your broker or available on our website:

corporatesolutions.swissre.com/australia-newzealand

Contact Details

You may seek access to, and correction of, your personal information we hold about you by contacting our Privacy Compliance Officer on (02) 8295 9500 or by writing to:

Privacy Compliance Officer
Swiss Re International SE Australia Branch
Level 36, Tower Two, International Towers Sydney
200 Barangaroo Avenue, Sydney NSW 2000
Email: complaints_anz@swissre.com

We shall respond to your request within a reasonable time after we receive it.



SECTION 1: PROPOSED POLICYHOLDER DETAILS

1.1. Name of proposed Policyholder:

(Full legal entity name required)

1.2. Company Registration Number:

(ABN/ACN)

1.3. Address of Head Office:

1.4. Website URL:

1.5. Is the proposed Policyholder registered for GST:

Yes / No

(If yes, please advise registration number)

SECTION 2: DETAILS OF BUSINESS OF PROPOSED POLICYHOLDER

2.1. Establishment date of business:

2.2. Has the proposed Policyholder ever conducted business under any other name(s):

Yes / No

(If yes, please advise name(s))



2.3. Please advise the proposed Policyholder total staff numbers (Employee and/or others) and business locations by state, territory and country:

(Please complete the below table)

	Staff numbers	Number of business locations
NSW		
VIC		
QLD		
WA		
SA		
TAS		
ACT		
NT		
O/S (Please attached detailed addendum confirming specific locations)		

2.4. **Total number of Employees handling Money and Securities:** _____

2.5. Please advise the maximum value of the following items held at any business location at any one time:

Items	Maximum amount on Premises during business hours	Maximum amount on Premises outside of business hours
Money	\$	\$
Securities	\$	\$
Precious Metals	\$	\$
Jewellery	\$	\$
Stock	\$	\$

SECTION 3: BUSINESS ACTIVITIES AND OPERATIONS

3.1. **Does the proposed Policyholder (or any Subsidiary thereof) provide internal training and awareness to all Employees on business operational procedures and physical and Electronic Data security?** Yes / No
(If yes, please advise details below or attach addendum)

3.2. **Does the proposed Policyholder (including Subsidiaries thereof) undertake detailed reference checks for all potential and existing Employee's?** Yes / No
(If yes, please advise details below or attach addendum)

3.3. **Does the proposed Policyholder (including Subsidiaries thereof) require formal police and background checks to be completed for all potential new Employee's in finance?** Yes / No
(If yes, please advise details below or attach addendum)

3.4. **Does the proposed Policyholder (including Subsidiaries thereof) require all Employees to take mandatory two (2) weeks uninterrupted annual leave per calendar year?** Yes / No

3.5. **Please advise if the proposed Policyholder (including Subsidiaries thereof) independently check Employee's salaries and wages against personnel records?** Yes / No

3.6. **Does the proposed Policyholder (including Subsidiaries thereof) require separation as to the Employees involved in the adding of new employees to the payroll list and for those reconciling salary payments made?** Yes / No



3.7. Does the proposed Policyholder (including Subsidiaries thereof) ensure the duties of every Employee are arranged so that no one employee can control any transaction from start to finish? Yes / No

(If no, please answer the below question(s))

(i) Please advise which duties are segregated so that no one employee can control any of the following transactions from start to finish:

- (a) Signing cheques Yes / No
- (b) Issuing funds transfer instructions Yes / No
- (c) Issuing amendments to funds transfer procedures Yes / No
- (d) Authorising capital expenditure Yes / No
- (e) Investments Yes / No

3.8. Please advise if any other premises of the proposed Policyholder (including Subsidiaries thereof) are allowed to maintain different business operational procedures than that of the proposed Policyholder? Yes / No

(If yes, please advise details below or attach addendum)

3.9. Does the proposed Policyholder (or any Subsidiary thereof) issue statement of accounts to clients/vendors independently of employees receiving payments? Yes / No

3.10. Does the proposed Policyholder (or any Subsidiary thereof) issue monthly statement of accounts to clients/vendors? Yes / No

(If no, please answer the below question(s))

(i) Please advise how often _____ statement of accounts are issued

3.11. Please advise if the Employees responsible for reconciling bank statements and client/vendor accounts authorised to deposit and/or withdraw funds, issue fund transfer instructions or dispatch accounts to clients/vendors? Yes / No



3.12. Does the proposed Policyholder's (including Subsidiaries thereof) require authorisation for electronic fund transfers made on their behalf? Yes / No

(Please answer the below question(s))

(i) How are the proposed Policyholder's (including Subsidiaries thereof) instructions for electronic funds transfers are distributed:

(a) email link Yes / No

(b) formal letter Yes / No

(c) verbally Yes / No

(d) Other (please specify):

(ii) Please advise the total value of instructions for electronic funds transfer to financial institutions annually: _____

3.13. Does the proposed Policyholder (including Subsidiaries thereof) issue corporate credit cards to Employees? Yes / No

(If yes, please answer the below question(s))

(i) What is the maximum credit card limit: _____

(ii) Who is responsible for the settling monthly credit card statements?

(If yes, please advise details below)

(iii) Does the proposed Policyholder (including Subsidiaries thereof) cancel corporate credit cards upon receiving a resignation from an Employee? Yes / No

3.14. Does the proposed Policyholder (including Subsidiaries thereof) have an internal audit department/team? Yes / No

(If yes, please answer the below question(s))

(i) Total number of Employees in the audit department/team: _____

- (ii) Does the proposed Policyholder (including Subsidiaries thereof) have an audit and control policy in place? Yes / No
- (iii) What is the proposed Policyholder's (including Subsidiaries thereof) procedure for arranging audits?

- (iv) What procedures does the proposed Policyholder's (including Subsidiaries thereof) have in place for monitoring of audit recommendations, ensuring full implementation?

- (v) Are audits actioned on a surprise basis? Yes / No
- (vi) Please advise the total number of audits undertaken each year at every business location: _____
- 3.15. Does the proposed Policyholder's (including Subsidiaries thereof) ensure all business locations are fitted with security alarms?** Yes / No
 (If yes, please answer the below question(s))
- (i) Please advise if the security alarms are connected to notify the following;
- (a) Police Station Yes / No
- (b) Base monitoring services Yes / No
- 3.16. In addition to internal audits, does the proposed Policyholder (or any Subsidiary thereof) require a complete inventory made with physical checks to stock and equipment?** Yes / No
 (If yes, please answer the below question(s))
- (i) Were any recommendations not taken up by the proposed Policyholder (including Subsidiaries thereof) Yes / No
 (If yes, please attach detailed addendum)
- 3.17. Does the proposed Policyholder's (including Subsidiaries thereof) computer system offer a remote access capability?** Yes / No
 (If no, please answer the below question(s))
- (i) Please advise if the remote access is restricted solely to providing information or to providing an electronic mail function? Yes / No



3.18. Does the proposed Policyholder's (including Subsidiaries thereof) have computer passwords in place to afford varying levels of entry to the system depending on the need and the user? Yes / No

(If yes, please answer the below question(s))

(i) Please advise how often _____
passwords are changed?

(ii) Does the system force regular changes to user passwords? Yes / No

(iii) How often are users made to _____
change their passwords?

3.19. Does the proposed Policyholder (including Subsidiaries thereof) engage in the use of third party service providers? Yes / No

(If yes, please answer the below question(s))

(i) Does the proposed Policyholder (or any Subsidiary thereof) maintain the right to audit the services provided by third party companies? Yes / No

3.20. Are all of the proposed Policyholder's (including Subsidiaries thereof) electronic documents secured, thus preventing the unauthorised modifications or use of data by a third party? Yes / No

(If yes, please advise details below or attach addendum)

3.21. Does the proposed Policyholder (or any Subsidiary thereof) intend to undertake any staff reductions or structural changes in the next twelve-eighteen (12-18) months? Yes / No

(If yes, please attach detailed addendum)

SECTION 4: INSURANCE HISTORY

4.1. Has the proposed Policyholder (or any Subsidiary thereof) had a policy of insurance refused or cancelled in the last ten (10) years? Yes / No

(If yes, please attach detailed addendum)

4.2. Has the proposed Policyholder (or any Subsidiary thereof) had a policy of insurance voided or rescinded in the last 10 years? Yes / No

(If yes, please attach detailed addendum)

SECTION 5: PRIOR KNOWLEDGE AND CLAIMS EXPERIENCE

- 5.1. **Is the proposed Policyholder (or any Subsidiary thereof) aware of any fraud or Theft committed from the proposed Policyholder (or any Subsidiary thereof)?** Yes / No
- (If yes, please attach detailed addendum)

SECTION 6: DOCUMENTATION

- 6.1. **Upon returning the signed copy of the Proposal form, please enclose accompanying copies of:**

(Please place a tick in the boxes below to confirm documents have been attached)

- the proposed Policyholder's most recent annual report;
- the proposed Policyholder's detailed claims history for the past five (5) years;
- the last Report to Management on Control Weaknesses and Management's response;
- the proposed Policyholder's expiring policy wording.



SECTION 7: DECLARATION

After reasonable inquiry, we, the proposed Policyholder(s) declare and affirm that the information and particulars contained in the Proposal Form and in any addendums attaching is/are complete, correct and true and that no material facts have been misstated, suppressed or withheld.

We undertake to inform the Insurer (Swiss Re International SE, Australia Branch) of any changes to any information or particulars provided by or on behalf of the proposed Policyholder before the relevant contract of insurance is entered into.

We acknowledge;

1. Our Duty of Disclosure to the Insurer;
2. Receipt of and understanding of the **Important Notices** enclosed in the Proposal Form;
3. The Insurer has relied on all information and particulars provided in support of the Proposal Form in forming its decision to offer any contract of insurance including the terms; and
4. The insurance applied for shall only take effect once an offer of insurance has been provided by the Insurer.

By signing the Proposal Form, we consent to the Insurer collecting, using, storing and disclosing personal information in accordance with the **Privacy Statement – Privacy Information** notice enclosed in the Proposal Form.

I/We hereby confirm that I/we _____ (print name) and _____ (print name) are authorised by the proposed Policyholder to complete, sign and submit this proposal on behalf of the proposed Policyholder.

Signed: _____
Job Title:

Date:

Signed: _____
Job Title:

Date: