

SWISS RE INTERNATIONAL SE, AUSTRALIA BRANCH

EMPLOYMENT PRACTICES LIABILITY 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 THE 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 provide names)



2.3. Proposed Policyholder staff numbers (Employees and/or others):

(Please complete the below table)

NSW	VIC	QLD	WA	SA	TAS	ACT	NT	O/S

Permanent FTE headcount: _____
 Part time / casual headcount: _____
 Temporary headcount: _____
 Contractors headcount: _____
 Other headcount (Please specify): _____

2.4. Please advise the percentage (%) totals of all Employee salaries (including bonuses):

Less than \$40,000	\$40,000 - \$100,000	\$100,000 - \$250,000	Greater than \$250,000
%	%	%	%

2.5. What percentage (%) of the proposed Policyholder Employees is unionised: _____

(i) What percentage (%) of unionised Employees are on minimum wage: _____

SECTION 3: CHANGES IN BUSINESS

3.1. Does the proposed Policyholder (including Subsidiaries thereof) have a separate human resources team? Yes / No

(If no, please provide details as to how the human resources function is actioned)

(i) If yes, please advise how many are in the human resources team: _____

3.2. **Does the proposed Policyholder (including any Subsidiary thereof) utilise an employment application form for all job applicants?** Yes / No

(If yes, please advise when it was last reviewed)

3.3. **Does the proposed Policyholder (including any Subsidiary thereof) confirm all offers of employment in writing?** Yes / No

3.4. **Does the proposed Policyholder (including any Subsidiary thereof) have a formal induction program for all new Employees?** Yes / No

(If yes, please attach detailed addendum and answer the below question(s))

(i) Please advise if the induction program uniform across all business locations and subsidiaries? Yes / No

3.5. **Does the proposed Policyholder (including Subsidiaries thereof) provide employment handbooks to all Employees?** Yes / No

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

(i) Is the employment handbook uniform across all business locations and subsidiaries? Yes / No

(ii) Date the employment handbook was last reviewed/revised: _____

(iii) Was legal counsel involved in the drafting of the employee handbooks? Yes / No

3.6. **Please confirm the policies and/or procedures the proposed Policyholder (including Subsidiaries thereof) have in place and if they are in the employment handbook:**

(Please complete the below table)

Policies / Procedures	In place (Yes / No)
Code of Conduct	
Equal opportunity policy	
Anti-sexual harassment policy	



Discrimination / harassment policy	
Leave entitlement policy (annual, personal & parental)	
Dispute resolution policy	
Workplace Health & Safety policy	
Internal technology policy (work emails, computer data, voicemail)	
Confidential information policy	
Recruitment procedure	
Termination procedure	
Disciplinary procedure	
Performance evaluation procedure	

3.7. **Does the proposed Policyholder (including Subsidiaries thereof) provide annual internal training to all Employees on human resources issues?** Yes / No
(If yes, please answer the below question(s))

(i) Is it mandatory for senior management to attend? Yes / No

3.8. **Does the proposed Policyholder (including Subsidiaries thereof) conduct Employee performance reviews on an annually basis?** Yes / No
(If no, please advise how the performance of Employee's is monitored and reviewed)

3.9. **Does the proposed Policyholder (including Subsidiaries thereof) conduct exit interviews with terminated Employees?** Yes / No

3.10. **Does the proposed Policyholder (including Subsidiaries thereof) have an established severance practice in place?** Yes / No
(If yes, please answer the below question(s))

(i) Are releases obtained from Employees when conducting severance? Yes / No

3.11. **Does the proposed Policyholder (including Subsidiaries thereof) provide an out-placement program to assist terminated Employees?** Yes / No

(If yes, please confirm if releases are obtained from Employees when concluding severance)

(i) Are releases obtained from Employees when conducting severance? Yes / No

3.12. **Please advise the proposed Policyholders (including Subsidiaries thereof) employee turnover percentage (%) per year for the past three (3) years:**

Year	Percentage (%)
	%
	%
	%

3.13. **Please advise the proposed Policyholders (including any Subsidiary thereof) number of involuntary terminations over the past twelve (12) months:** _____

3.14. **Does the proposed Policyholder (including Subsidiaries 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)

3.15. **Does the proposed Policyholder (including Subsidiaries thereof) have any activities in the U.S.A or Canada?** Yes / No

(If yes, please complete Annexure A – U.S.A/Canada Supplementary Proposal Form)

SECTION 4: INSURANCE HISTORY

4.1. **Has the proposed Policyholder (or any Subsidiary thereof) had an insurance Claim declined or reduced the liability to pay on any employment practices Claim 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 refused or cancelled in the last ten (10) years?** Yes / No

(If yes, please attach detailed addendum)

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

(If yes, please attach detailed addendum)

SECTION 5: PRIOR KNOWLEDGE AND CLAIMS EXPERIENCE

5.1. **Has any director or officer of the proposed Policyholder (or any Subsidiary thereof) in their capacity as a director or officer of the proposed Policyholder ever been subject to any of the following in relation to a Wrongful Act:**

(If yes, please attach detailed addendum)

(i) Unfair dismissal Yes / No

(ii) Discrimination Yes / No

(iii) Harassment Yes / No

(iv) Defamation Yes / No

5.2. **Is the proposed Policyholder (or any Subsidiary thereof) aware of any prior or known facts or circumstances which a reasonable person might think would give rise to a claim being made against the proposed Policyholder (or any Subsidiary thereof)?** Yes / No

(If yes, please attach detailed addendum)

5.3. **Is the proposed Policyholder (or any Subsidiary thereof) aware of any claim made or threatened against 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 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 and attachments 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:

ANNEXURE A: U.S.A/CANADA SUPPLEMENTARY PROPOSAL FORM

1. **Please provide the following details regarding the Employees (including all directors and officers) of the proposed Policyholder and all of its Subsidiaries in the U.S.A and Canada:**

(Please complete the below table)

State, Province or Territory	Number of Full Time Employees	Number of Part Time Employees	Number of Independent Contractors

2. **Is “at will” employment wording included in employment applications, employment contracts, and employee handbooks of all Employees of the proposed Policyholder (or any Subsidiaries thereof) in the U.S.A and Canada?** Yes / No

(If yes, please attach detailed addendum)

3. **In the last ten (10) years, has the proposed Policyholder (or any Subsidiaries thereof) been involved in or become aware of any hearings by the Equal Employment Opportunity Commission or the National Labor Relations Board, Department of Labor, or any similar federal, state, or other local government agency?** Yes / No

(If yes, please attach detailed addendum)

4. **Please provide hard copies of the following documents:**

a copy of the most recent EEO-1 report for the proposed Policyholder (or any Subsidiaries thereof) with 100 or more employees in the U.S.A.