

PROPOSAL FORM

CRIME PROPOSAL FORM



Proposal Form

1. All questions must be answered giving full and complete answers.
2. Please ensure that this Proposal Form is Signed and Dated.
3. This document is designed to be completed electronically.

LAUW

LONDON AUSTRALIA UNDERWRITING





IMPORTANT NOTICES

THIS POLICY

This policy is an important document. The policy wording and schedule together set out the cover provided, the amount insured and the terms and conditions of your insurance. Please read it carefully and keep it in a safe place.

London Australia Underwriting Pty Ltd, ABN 40 114 962 435, is a coverholder for certain Underwriters at Lloyd's. London Australia Underwriting Pty Ltd has the authority to bind this Policy on their behalf.

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.

CLAIMS MADE POLICY

This Policy operates on a claims made and notified basis. This means that the Policy provides cover for **Claims** first made and **Notified** during the **Policy Period**, subject to the terms and conditions of the Policy.

The Policy does not provide cover in relation to Known Facts (as set out in the relevant exclusion) nor in relation to any actual or alleged act, error, omission or event before the Retroactive Date (if any) specified in the schedule (as set out in the relevant exclusion).

Where you give notice in writing to us of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the **Policy Period**, you may have rights under Section 40(3) of the Insurance Contracts Act 1984 to be indemnified in respect of any claim subsequently made against you arising from those facts notwithstanding that the claim is made after the expiry of the **Policy Period**. Those rights are in addition to any rights that you may have under the Policy.

CONTINUITY CLAUSE

Where the word "policy" appears herein, the word "certificate" shall be deemed to be substituted therefore where the context allows.

GOVERNING LAW AND SERVICE OF SUIT

Underwriters hereon agree that:

(a) in the event of a dispute arising under this Insurance, the **Underwriters** at the request of the **Insured** will submit to the jurisdiction of any competent Court in the Commonwealth of Australia. Such dispute shall be determined in accordance with the law and practice applicable in such Court.

(b) any summons notice or process to be served upon the **Underwriters** may be served upon the Lloyd's General Representative in Australia, Suite 1603, Level 16, 1 Macquarie Place, Sydney NSW 2000, who has authority to accept service and to enter an appearance on the **Underwriters'** behalf, and who is directed at the request of the Insured to give a written undertaking to the **Insured** that he will enter an appearance on the **Underwriters'** behalf.

(c) If a suit is instituted against any one of the **Underwriters**, all **Underwriters** hereon will abide by the final decision of any such Court or any competent Appellate Court.

GENERAL INSURANCE CODE OF PRACTICE

LAUW and **Underwriters**, through Lloyd's, proudly support and agree to comply with the Insurance Council of Australia's General Insurance Code of Practice, except in relation to any claims adjusted outside Australia. The terms of the Code require us to be open, fair and honest in our dealings with you.

Any enquiry or complaint relating to this Insurance should be referred to the **Underwriters** in the first instance. If this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should write to the Lloyd's **Underwriters'** General Representative in Australia, Suite 1603, Level 16, 1 Macquarie Place, Sydney NSW 2000, who will refer your dispute to the Policyholder and Market Assistance Department at Lloyd's of London. Complaints that cannot be resolved by the Policyholder and Market Assistance Department at Lloyd's of London may be referred to an appropriate external dispute resolution service. Further details will be provided at the appropriate stage of the complaints process.



PRIVACY NOTICE

LAUW and **Underwriters** are committed to compliance with the provisions of the Australian Privacy Principles and the Privacy Act 1988 (Commonwealth). In order for **Underwriters** to assess the risk of and provide you with insurance products and assess and manage any claims under those products, it is necessary to obtain personal information from you. If you do not provide us with this information, this may prevent **Underwriters** from providing you with the products or services sought.

If you provide us with information about someone else, you must obtain their consent to do so. LAUW and **Underwriters** may disclose your information to other insurers, their reinsurers, and insurance reference service or other advisers used by **Underwriters** or LAUW on behalf of **Underwriters** such as loss adjusters, lawyers or others who may be engaged to assist in claims handling, underwriting or for the purpose of fulfilling compliance and/or regulatory requirements. These third parties will all be contractually required to adhere to **Underwriters'** privacy obligations.

Our privacy policy contains information about how you can access the information we hold about you, ask us to correct and how you may make a privacy related complaint. You can obtain a copy of our privacy policy [here](#).

Should you require access to your personal information, **Underwriters** may be contacted on (02) 8912 6400.



SECTION 1: DETAILS OF THE PROPOSER

1. Name of the Company:

2. Address of Head Office:

3. Country of Registration:

4. How long has the company continually carried on business?

5. Describe the business activities of the Company:

6. Annual gross turnover/sales/revenue

7. Total number of employees – please split by country in which staff are located

8. Total number of locations

SECTION 2: UNDERWRITING INFORMATION

Please answer the following questions. If you answer "No" to any please provide details

1. Are your financial accounts independently audited?

Yes No

2. Are your latest financial accounts subject to an unqualified opinion?

Yes No

3. Did you make a net profit before tax at your last 3 (three) audits?

Yes No

4. Do you have an Internal audit Function?

Yes No

5. Are your stock and physical cash balances independently checked (at least annually) by an employee not responsible for daily stock handling or ordering?

Yes No

6. Can you confirm there is no precious metal stock (platinum, silver or gold) at any one location exceeding AUD 10,000?

Yes No

If NO, please confirm largest single exposure at any location in AUD equivalent

7. Please confirm that cheque requisition/payment instructions and payment authorisation are segregated functions undertaken by separate people?

Yes No

8. Is there independent verification of supporting documentation before cheque or payment Instructions are authorised?

Yes No

9. Do you require two signatures on all cheque and other payment instructions over AUD 1,000 in value?

Yes No

10. Do you perform monthly reconciliations on:

a) all bank accounts Yes No



b) debtors accounts Yes No

c) vendors Yes No

11. Is access to your computer system controlled by passwords and does the system regularly enforce password changes?

Yes No

12. Do you obtain and check written references for all new employees covering at least the last two years of continuous employment?

Yes No

13. Are all employees required to take at least 5 days consecutive days holiday away from their normal duties at least once per annum?

Yes No

14. In the last 12 months has any acquisition or merger involving the company taken place or is any transaction pending?

Yes No

If YES, please provide details

15. In the last 12 months has any subsidiary been sold or ceased trading?

Yes No

If YES, please provide details

16. Please confirm you do not trade in, accept nor store cryptocurrency of any description

Yes No

17. Please confirm:

a) Largest single wire transfer in past 12 months	AUD
b) Average total wire transfers in a month	AUD

Additional Info

SECTION 3: SOCIAL ENGINEERING

1. Are all changes to bank details confirmed by telephone by someone who knows the originator and using only the contact number previously provided by that originator?

Yes No

2. In addition to question 1, do you confirm the changes to bank details in writing to the originator?

Yes No

3. Do you only implement changes to bank details once the originator has had the opportunity to verify or challenge the changes recorded in writing and sent to them?

Yes No

4. Do the procedures detailed in Q1-3 above apply to what appear to be internally generated transfer/invoice payment requests?

Yes No

5. Are all bank statements independently reconciled by persons not authorised to deposit or withdraw funds, issue funds transfer instructions or dispatch funds?

Yes No



6. Are all fund transfers segregated so that no one individual can complete any transaction from commencement to completion without referral to others?

Yes No

7. Are supporting documents always validated before authorising payments?

Yes No

8. Does the applicant have a procedure in place to verify the recipient of any funds prior to initiating any transaction with them? If "yes", check all that apply:

Yes No

a) Bank Account verification (name, address, contact info) matching Recipient's file?

Yes No

b) Confirmation of Physical address?

Yes No

c) Other?

Yes No

9. Does the Applicant run exception reports, either automatic or manually created, showing all changes to the standing data of vendors/ Suppliers?

Yes No

10. Does the applicant have a training and awareness programme for all staff that is undertaken on an annual basis around the risks presented by fund transfers and fraudulent impersonation?

Yes No

SECTION 4: CLAIMS INFORMATION/CIRCUMSTANCES

1. Has there been or is there now pending any claims that would have been covered if this insurance had been in place for the past 5 (five) years?

Yes No

If the answer is YES, please provide details

2. Is the Proposer aware, after enquiry, of any circumstance or incident, which may give rise to a claim?

Yes No

If the answer is YES, please provide details

Date of Loss	Description



Date of Loss	Description

SECTION 5: CURRENT/DESIRED COVERAGE

1. Please confirm Limit of Indemnity desired
2. Please confirm if crime coverage currently purchased (if yes, please provide limit)
 Yes No
3. Please confirm desired retention/deductible level
4. Please confirm any retroactive date applicable to your current crime policy

Please complete the following Declaration

SECTION 6: DECLARATION

We declare that the above answers, statements, particulars and additional information are true to the very best of the knowledge and belief of the Proposer. After full enquiry, I/We also confirm that We have disclosed all information and material facts that may alter the Underwriters' view of the risk, or affect their assessment of the exposures they are covering under the policy. We understand that all answers, statements, particulars and additional information supplied with this proposal form will become part of and form the basis of the policy.

We acknowledge that we have read and understood the content of the Important Notice contained in this proposal.

This Proposal must be signed by a senior owner, Partner, Officer or Director of the Company and at least one other Officer authorised to sign on behalf of the company.

Signed:

SIGN

Date:

Position:

Name: