



BUSINESS PRACTICES PROTECTION PROPOSAL COMPANIES UNDER 30 EMPLOYEES

Who is to be identified in the Schedule as the **Named Organisation**, including all subsidiary and controlled entities :

What is the **Occupation** of the Named Organisation

Please provide the **number of employees** and other workers of the Named Organisation:

Employment Category	Split by Location								
	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	NZ
Full time employees incl Board members, Directors, Partners & Exec Officers)									
Part-time & Casual Employees									

Please advise the following for the **preceding 12 months**:

Turnover/Revenue	Payments made to Third Party Contractors
\$	\$

“Contractor payments” means any payments made to third party contractors and/or sub-contractors

For the preceding 12 months, please advise the **Number of Employees**:

- Dismissed by employer _____
- Receiving remuneration over \$100,000 _____

Does the Named Organisation have any Employment Procedures in place? Yes No

Does the Named Organisation have a Manual or Written Procedures concerning **Workplace Health & Safety**? Yes No

Does the Named Organisation have a Manual or Written Procedures concerning **Protection of the Environment**? Yes No

Is the Named Organisation **trading profitably** and able to meet its debts as and when they fall due? Yes No

Does the Named Organisation have fully audited (to AASB standards) financials? Yes No

If YES, is the Auditor’s Statement unqualified? **If no, please attach a copy of the Auditor’s statement.** Yes No

After specific enquiry of management and staff, is the Named Organisation aware or have knowledge of any circumstance in the **last five years**:

- Of any **fine or penalty** imposed against them by Federal, State, Local Government or Regulatory Authority? Yes No
- Of any **Workplace or Environmental incident** that warranted investigation of the Applicant by any Regulatory Authority? Yes No
- Of any **Employment Practice Breach**, including allegations of Wrongful Dismissal, Harassment and/or Bullying? Yes No
- Of any Director or Responsible Officer investigated or prosecuted for breaches of their duties as Directors or Officers? Yes No

If yes to any of the above, please provide details:

DECLARATION

It is important that the Named Organisation and all Subsidiaries/Controlled Entities thereof, and the Authorised Director/Executive Officer signing this Declaration on their behalf, are fully aware of the scope of this insurance so that these questions can be answered correctly. If in doubt, please contact your broker as non-disclosure may affect an Insured’s and/or the Named Organisation’s right of recovery under the insurance or lead to avoidance.

I, the undersigned, being a Director/Executive and/or Responsible Officer of the Named Organisation, hereby declare that:

- I am authorised to complete this Proposal on behalf of the Named Organisation as noted on the Proposal and acknowledge that all answers to the questions contained in this Proposal are, after enquiry, true to the best of my knowledge & belief; and
- I understand that submission of this Proposal does not bind either the Insurer or the Named Organisation or any subsidiary companies/controlled entities thereof, to enter into a binding contract of insurance.

Signed: _____

Dated _____

Capacity/Title: _____