



BUSINESS PRACTICES PROTECTION RENEWAL AND CLAIMS DECLARATION

Named Organisation:

In the last 12 months, has there been:

- Any change to the Occupation described in the expiring Policy Schedule? *If yes, please provide details* Yes No

- Any change to the Staff numbers greater than 10%? *If yes, please provide details* Yes No

- Any change to Turnover/Revenue greater than 10%? *If yes, please provide details* Yes No

After specific enquiry of management and staff, is any Insured aware or have knowledge or information of any circumstance in the **last three years**:

- That may have given rise to a **claim** under this proposed insurance? Yes No
- That some time in the future, might give rise to a **claim** under this proposed insurance? Yes No
- That resulted in a **fine or penalty** imposed by Federal, State, Local Government or Regulatory Authority? Yes No
- Of any **Workplace or Environmental incidents** that warranted investigation by any Regulatory Authority? Yes No
- That resulted in the compulsory attendance at any **hearing, inquiry, prosecution or other commission**? Yes No
- Of any allegation of an **Employment Practice** Breach that would be covered by this proposed insurance? Yes No
- Of any claim made against any Director or Responsible Person relating to a breach of their duties as a Director or Responsible Person? Yes No

If any of the above have been answered YES, please attach comprehensive details of the circumstances

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 Declaration on behalf of the Named Organisation as noted on the Proposal
- All answers to the questions contained in this Declaration are, after enquiry, true to the best of my knowledge & belief; and
- I understand that submission of this Declaration 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: _____