

This notice must be read before you complete the application form.

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

This Policy operates on a 'claims made and notified' basis. This means that the Policy covers you for claims made against you and notified to us during the period of insurance.

The Policy does not provide cover in relation to:

1. acts, errors or omissions actually or allegedly committed prior to the retroactive date of the Policy (if such a date is specified);
2. claims made after the expiry of the period of insurance even though the event giving rise to the claim may have occurred during the period of insurance;
3. claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
4. claims made, threatened or intimated against you prior to the commencement of the period of insurance;
5. facts or circumstances of which you first became aware prior to the period of insurance, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this Policy; and
6. claims arising out of circumstances noted on the proposal form for the current period of insurance or on any previous proposal form.

Where you give notice in writing to us of any facts that might give rise to a claim against you as soon as reasonably practical after you become aware of those facts but before the expiry of the period of insurance, you may have rights under section 40(3) of the *Insurance Contracts Act 1984 (Cth)* 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 period of insurance. Any such rights arise under the legislation only. The terms of the Policy and the effect of the Policy is that you are not covered for claims made against you after the expiry of the period of insurance.

Privacy

We'll collect personal information when you deal with us, our agents, other companies in the QBE group or suppliers acting on our behalf. We use your personal information so we can do business with you, which includes issuing and administering our products and services and processing claims. Sometimes we might send your personal information overseas. The locations we send it to can vary but include the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.

Our Privacy Policy describes in detail where and from whom we collect personal information, as well as where we store it and the full list of ways we could use it. To get a free copy of it please visit qbe.com.au/privacy or contact QBE Customer Care.

It's up to you to decide whether to give us your personal information, but without it we might not be able to do business with you, including not paying your claim.

Trustees Liability Insurance Proposal



QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

IMPORTANT: Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead. Where provided, tick (✓) appropriate box to indicate answer.

A. Your details

Full name of the Trust or Fund (hereafter referred to as 'Fund').

Address of head office or principal office.

	Website	
	State	Postcode

Date on which the practice was established (dd/mm/yyyy)

Does the Fund have a corporate trustee?

Yes No

If "Yes", please provide the name of the corporate trustee and its ACN.

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Unless disclosed in the Annual Report, please provide the names and qualifications of all individual trustees or directors of the corporate trustee:

Name of Trustee or Director	Qualifications	Date Appointed (dd/mm/yyyy)

B. Fund details

What is the nature of the Fund?

- Superannuation Fund Yes No
- Redundancy Trust Yes No
- Long Service Leave Fund Yes No
- Charitable Trust Yes No
- Other (please specify): Yes No

If a superannuation fund, is the Fund:

- An employer sponsored or corporate fund? Yes No
- If "Yes", please advise the names of all participating employers.

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B. Fund details

- An industry fund? Yes No

If "Yes", what industry sector does your Fund cover?

- A master trust? Yes No
- A public sector fund? Yes No

If "Yes", please provide details of any statute (Act) regulating the Fund.

- An DIY fund? Yes No
- Other (please specify): Yes No

If a superannuation fund, what types of Benefit Design are offered? Yes No

- Accumulation (defined contribution) Yes No
- Defined Benefit Yes No

If "Yes", please advise the date of the last Actuarial Valuation (and include a copy of that Report with this Proposal Form). (dd/mm/yyyy)

- Hybrid Accumulation / Defined Benefit Yes No

If "Yes", please advise the date of the last Actuarial Valuation (and include a copy of that Report with this Proposal Form). (dd/mm/yyyy)

- Benefit Promise Yes No
- Other (please specify): Yes No

Is the Fund a Public Offer Fund?

If "Yes", is the Fund "for profit" or "not-for profit" ?

Please indicate which of the following (if any) the Fund offers members: Yes No

- Death cover? Yes No
- Death/Total and Permanent Disablement cover? Yes No
- Salary continuance? Yes No
- Individual life cover? Yes No
- Other e.g. terminal illness, funeral benefits (please specify) Yes No

Does the Fund self-insure any of the covers in the questions above? Yes No

If "Yes" please specify which cover(s) are self insured

- has the Fund taken out any catastrophe or stop loss insurance cover with an external insurer? Yes No

If "Yes", please provide details.

Have any categories of benefit design been closed to new members? Yes No

If "Yes", please specify which category, and the date that new membership closed (dd/mm/yyyy).

Has the Fund been audited in the past 12 months? Yes No

If "Yes", please provide a copy of the latest audit report.

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Active Members				
Deferred Members				
Members Receiving Pension				
Total Member Numbers				
Total Assets at Last Audit Date (\$)				
Contributions since that Date (\$)				
Estimated Total Fund Assets as at the date of this Proposal (\$)				

B. Fund details

Has any other fund merged into the Fund since the date of the last audit?

Yes No

If "Yes", please provide details, including name of the fund, asset size, member numbers and the date of the merger.

C. Risk management and licensing

Please provide the following information for the various functions of the Fund:

Function	Done internally		External Service Provider?		Name of External Service Provider?*	
Administrator	Yes	No	Yes	No		
Asset Consultant	Yes	No	Yes	No		
Investment Managers	**	Yes	No	Yes	No	
Custodian	N/A		Yes	No		
General Consultant	Yes	No	Yes	No		
Auditor	N/A		Yes	No		
Solicitors	Yes	No	Yes	No		
Debt Collector	Yes	No	Yes	No		
Other eg. communications	Yes	No	Yes	No		

* Please only list those service providers who have altered or are newly appointed to the fund since the last Annual Report. If the identity of the service provider is as appears in the Annual Report, insert "as per Annual Report".

** If this question is being answered "Yes" please state which assets are involved, the value of those assets, and if they are invested in the principal or an associated employer.

Has the Fund or the Trustees ever waived any legal rights or entitlements against any external service provider (either listed above or otherwise) or allowed them to limit their liability in relation to the services they provide to the Fund?

If "Yes", and an action of an external service provider causes a loss to the Fund or some other person, please note that this Policy will not indemnify the Fund or Trustees for any shortfall between the total amount lost by the Fund and the amount that is able to be recouped from the external service provider.

Yes No

Does the Fund have an Australian Financial Services Licence?

Yes No

If "Yes", please advise details.

- Type of licence e.g. general advice, personal advice, dealing, other.
- Licence Number:
- Who the Responsible Officers are and attach a copy of their CV's.

Does the Fund have an APRA Licence and is the Fund a Registrable Superannuation Entity (RSE)?

Yes No

Does the Fund have a current investment strategy which complies with s.52(2)(f) of the SIS Act?

Yes No

When did APRA last review your fund? (dd/mm/yyyy)

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Has the Fund notified APRA and ASIC of all breaches that are required to be notified under their respective licensing requirements?

Yes No

Has either APRA or ASIC responded to any breach notifications OTHER THAN advising that no action will be taken?

Yes No

If "Yes", please advise details.

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D. Claims history

Has any claim ever been made or civil or criminal proceedings brought or threatened against the Trustees of the Fund?

Yes No

Has the Fund or the Trustee received, in the past 2 years, any letter of non-compliance from APRA or ASIC?

Yes No

Has the Fund or the Trustee ever been subject to any formal or official investigation, examination or other proceeding (including enforceable undertakings) in relation to superannuation or trust regulation, including any such proceedings initiated by the Superannuation Complaints Tribunal, APRA, ASIC or any other officially recognised regulator, or any criminal investigations?

Yes No

If "Yes" to any of the above, please provide full details, including dates, details of the claim or proceeding, and any cost incurred.

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D. Claims history

After enquiry, are the Trustees aware of any act, omission, conduct, fact, event, circumstance or other matter which:

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|---|-----|----|
| • Might reasonably be expected to give rise to a claim or lead to civil or criminal proceedings against the Fund or Trustees? | Yes | No |
| • Might reasonably be expected to give rise to any formal or official investigation, examination or other proceedings (including enforceable undertakings) in relation to superannuation or trust regulation, including any such proceedings initiated by the Superannuation Complaints Tribunal, APRA, ASIC or any other officially recognised regulator, or any criminal investigations against the Fund or Trustees? | Yes | No |
| • Has been or should have been the subject of any written notice under any previous Policy of insurance? | Yes | No |

If "Yes" to any of the above, please provide full details, including dates and details of the circumstance or other matter.

E. Insurance cover details

Does the Fund currently hold any Trustees' Liability (or similar) Insurance? Yes No

If 'Yes', please provide details:

Insurer	<input style="width: 100%;" type="text"/>				
Expiry date (dd/mm/yyyy)	<input style="width: 150px;" type="text"/>	Limit of indemnity (\$)	<input style="width: 150px;" type="text"/>	Premium (\$)	<input style="width: 150px;" type="text"/>

Has the Fund or any Trustees ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed? Yes No

If 'Yes', please provide details:

F. Stamp Duty declaration

Please provide the approximate percentage of your activities (based on fee income) applicable to each State, Territory and Overseas

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S
%	%	%	%	%	%	%	%	%

G. Application for cover

Limit of indemnity required (\$)	<input style="width: 150px;" type="text"/>	Deductible/excess requested (each and every claim) (\$)	<input style="width: 150px;" type="text"/>
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If the Fund is seeking Fidelity cover, it is necessary to complete a separate Fidelity Addendum.

H. Declaration and authorisation

I/We the undersigned, after enquiry declare as follows:

- I/We have read and understood the Notice to the Proposed Insured on the front of this Proposal.
I/We have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
- I/We understand that, up until a contract of insurance is entered into, I am/We are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this Proposal or in the accompanying documents.

Although the signing of this Proposal does not bind the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in this Proposal and in the accompanying documents shall be the basis of the contract should a Policy be issued; and further, the Applicants acknowledge that the Proposal and the accompanying documents will be incorporated in the Policy.

Name of Fund

Sign: Partner, principal or director

Date (dd/mm/yyyy)

Please return the completed form to your financial services provider.

This policy is underwritten by QBE Insurance (Australia) Limited ABN 78003191035.

Please enclose the following documents with this Proposal:

- Latest APRA annual report for each Fund.
- Latest audited financial statements for each Fund.
- Latest Annual Report to Members.
- Latest Actuarial Report (if applicable).
- CV's for the Responsible Officers (if applicable).