

## Addendum

### Management Liability Insurance

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#### Privacy Statement

DUAL Australia Pty Ltd is bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendments (Private Sector) Act 2000 regarding the collection, use, disclosure and handling of personal information. We will protect the privacy of your personal information.

We will use the information you provide in this Proposal Form (including any supplementary documentation) to consider your application for insurance, to determine policy terms, to assess a claim, etc.

We may disclose your personal information to third parties who we believe are necessary to assist us. These third parties will only use your personal information for the purposes we provided it to them (or if required by law). We may also be required to disclose your personal information to others for the purposes of public safety and/or law enforcement.

If you provide us with personal information about other individuals you must ensure that you obtain consent from those individuals to disclose that information to us.

You are entitled to access your personal information and request any correction if required.

**DUAL Australia recommends that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this Addendum Form and correspondence).**

## SECTION 1: EMPLOYMENT PRACTICES LIABILITY

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1. Please advise total number of:

Employees: \_\_\_\_\_ Retrenchments occurred in the last twelve (12) months: \_\_\_\_\_

2. Does the Company have written employment procedures (e.g. Employee Handbook) that are available to each employee? Yes [ ] No [ ]

## SECTION 2: EMPLOYEE THEFT

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1. Does the company segregate duties so that no one individual can control any of the following activities from commencement to completion without referral to others (ie Financial Controllers, Directors)?

a) Signing cheques, preparing cheque requisitions, reconciling bank statements or issuing funds transfer instructions above \$5,000? Yes [ ] No [ ]

b) Refund of Monies or return of goods above \$5,000 Yes [ ] No [ ]

2. Is there an annual independent physical count of stock that is reconciled against inventory records? Yes [ ] No [ ]

## SECTION 3: FINANCIAL INFORMATION

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1. Please provide the Company's Gross Consolidated Turnover (average of last 2 years): \$AUD \_\_\_\_\_

2. In the past 3 years, has there been (or is there now proposed) any change in the financial position or capital structure that may materially affect the performance of the company? Yes [ ] No [ ]

3. Is any Director or Officer of the Company aware of any facts or circumstances which may affect the ability of the Company to meet its debts as and when they fall due? Yes [ ] No [ ]

If YES, to any of the above please provide full details separately.

**The policy contains an Insolvency Exclusion, on receipt and review of financial statements we may consider removing this exclusion.**

## SECTION 4: CLAIMS INFORMATION/CIRCUMSTANCES

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1. Within the last three years, has the Company discovered any employee dishonesty, burglary, robbery, disappearances, destruction or forgery losses? Yes [ ] No [ ]

If YES, please provide further details:

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## SECTION 5: FURTHER DECLARATION TO THE PROPOSAL

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### AFTER INQUIRY,

I declare that the statements and particulars are true and that I have not misstated or suppressed any material facts. I agree that this Addendum, together with the Proposal and any other information supplied by us shall form the basis of any contract of insurance effected thereon, and I undertake to inform the insurer of any material alteration to these facts whether occurring before or after completion of such contract of insurance. I acknowledge that I have read and understood the "Notice to Insured" on the first page of the Proposal. I agree that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. I am authorised to complete the above information on behalf of all Insured's named in the Proposal.

Insured's Name:.....

Signature Principal(s)/ Partner(s)/ Director(s):.....

Date (dd/mm/yyyy):.....