



ace insurance limited

Elite Private Company Protector **PROPOSAL FORM**

INSTRUCTIONS TO PROPOSER

No cover is provided for Insolvency. If you would like ACE to consider providing this extension to the policy please enclose with this Proposal Form:

1. The last Annual Report for the Company
2. The last Interim Statement (if applicable)

BEFORE COMPLETING THIS PROPOSAL FORM PLEASE READ THE IMPORTANT NOTICES ON PAGE 4.

THIS PROPOSAL SHOULD ONLY BE COMPLETED AFTER DETAILED ENQUIRY OF ALL THE PERSONS TO BE COVERED.

PRODUCT OUTLINE

Insuring Clauses:

- 1.1 Directors & Officers and Company Reimbursement
- 1.2 Employment Practices Liability
- 1.3 Superannuation/Trustees Liability
- 1.4 Entity Liability
- 1.5 Fidelity
- 1.6 Statutory Liability
- 1.7 Employer's Liability



PRIVATE COMPANY PROTECTOR

PROPOSER DETAILS

1. Name of Company:
2. Address:
3. On what date was the Company first established?
4. Are you a private company? YES NO
5. Provide details of the nature of the business of the Company and all subsidiaries.
6. (a) What is your current balance of Total Assets \$
(b) How many locations do you occupy/own?

Occupy:	Own:
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7. What was your Total Revenue/Turnover for the last financial year?

Domestic:	Exports:
\$	\$

HUMAN RESOURCES

8. Please provide the following detail:

(a) Number of employees:	Full-time:	Part-time:	Casual:
(b) In the last 2 years how many employees have been:	Dismissed:	Redundant:	Resigned:
9. Do you obtain and use external legal advice for hiring and terminating employees? YES NO
10. When recruiting or promoting employees to positions of trust involving handling of stock, money, financial or treasury functions, do you:

(a) undertake independent checks into their employment history?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(b) undergo a process to ensure their suitability for the position?	<input type="checkbox"/> YES <input type="checkbox"/> NO

STATUTORY COMPLIANCE

11. Do you need/or have you ever applied for a Resource Consent and/or Certificate of Compliance under the Resource Management Act 1991? YES NO
If YES, please provide details.
12. Have you ever been involved in proceedings in connection with, received compliance notices or been fined for breaches of any of the following:

(a) Building Act 1991 and Amendments	<input type="checkbox"/> YES <input type="checkbox"/> NO
(b) Consumer Guarantees Act 1993 and Amendments	<input type="checkbox"/> YES <input type="checkbox"/> NO
(c) Fair Trading Act 1986 and Amendments	<input type="checkbox"/> YES <input type="checkbox"/> NO
(d) Health and Safety in Employment Act 1992 and Amendments	<input type="checkbox"/> YES <input type="checkbox"/> NO
(e) Privacy Act 1993 and Amendments	<input type="checkbox"/> YES <input type="checkbox"/> NO
(f) Resource Management Act 1991 and Amendments	<input type="checkbox"/> YES <input type="checkbox"/> NO
(g) Any other Acts of Parliament and Amendments	<input type="checkbox"/> YES <input type="checkbox"/> NO

If YES, please provide details.

INSURANCE DETAILS

13. Has the Company ever had any Insurer decline a proposal or cancel or refuse to renew a Policy subject to indemnity under this proposed insurance? YES NO
If YES, please provide details.



OUTSIDE DIRECTORSHIPS

14. Is cover required for any current or past Outside Directorships held in any Outside Organisation with the knowledge and consent or at the request of the Company? YES NO
If YES, please complete the table below in full.

Name of Outside Organisation	Name of Individual	Current D&O Cover?	Country of Incorporation
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

FUNDS

15. Is cover required for your own Occupational Pension Scheme or Employment Benefit Programme for which you have an appointed Trustee? YES NO
If YES, please complete the table below in full.

Name of Fund	Name of Trustee/Administrator	Purpose of Fund

CLAIMS/CIRCUMSTANCES

16. Has any past or present director, officer, company secretary or employee of the Company ever been declared bankrupt, had any fine or penalty imposed or been subject to any inquiry in their capacity as a director, officer, company secretary or employee of the Company? YES NO
If YES, please provide details.
17. Have any claims ever been made against any past or present director, officer, company secretary or employee of the Company or of its subsidiaries? YES NO
If YES, please provide details.
18. Have any claims or complaints ever been made against the Company that could have been subject to indemnity under this proposed insurance? (including General/Products Liability if required) YES NO
If YES, please provide details
19. Have you sustained any fidelity losses in the past (5) years before application of deductible, whether insured or not? YES NO
If YES, please provide details.
20. Is the Proposer aware, after inquiry, of any fact, circumstance, act or omission, which may give rise to a claim? (including General/Products Liability if required) YES NO
If YES, please provide details.

(NOTE: Any circumstance disclosed in answer to this question is not covered by this proposed insurance).

