



Directors and Officers
Professional Indemnity Proposal Form

Once completed, please sign and return together with any additional sheets and attachments to:-

Prime Underwriting Agency Pty Ltd
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MELBOURNE VIC. AUSTRALIA 3000

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Fax: +61 3 9670 0852
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IMPORTANT NOTICE TO THE PROPOSER ON COMPLETION OF THIS PROPOSAL FORM

1. Disclosure

Any 'material change' must be disclosed to Insurers.

A 'material change' is any information which may alter the judgement of an Insurer or their perception of risk and exposure that has not previously been disclosed as a material fact.

Failure to provide all 'material facts' and/or notify all "material changes" may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.

2. Presentation

This Proposal Form must be completed and signed in ink by an authorised individual, a partner, principal or director of the Proposer.

All questions must be answered. If not applicable, state N/A.

If there is insufficient space to provide answers, additional information should be provided on the Proposer's letter headed paper.

Where available, brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability or willingness of Insurers to offer terms.

3. Guidance

If in doubt as to the meaning of any question contained within this proposal form or the issues raised in Disclosure and/or Presentation, advice should be sought from your contact at Prime Underwriting or another insurance advisor in the first instance.



UNDERWRITING AGENCY PTY. LTD.
A.F.S.L. No. 317217 ABN 65 112 486 361

GENERAL DETAILS

1. Insured/ Proposer name:

2. Address of the principal office:

 Postcode:

Telephone No:	Fax No:
Email:	Website:

3. How long has the Parent Organisation continuously carried on business?

4. Business activities of Parent Organisation and its subsidiaries:

5. Limit(s) of Liability being requested:

6. During the last 5 years has;

a) The name of the Parent Organisation been changed?	YES	NO
b) Any acquisition or merger taken place?	YES	NO
c) The capital structure of the Parent Organisation changed?	YES	NO
d) Any divestiture taken place?	YES	NO
e) Any tender offer made?	YES	NO

If 'Yes' has been answered to any of the above, please provide details on separate attachment.

7.

- | | | |
|--|-----|----|
| a) Has the Parent Organisation publicly revealed that it has under consideration at the present time any acquisitions, tender offers or mergers? | YES | NO |
| b) Are there at the present time any proposals of which the Parent Organisation is aware relating to its acquisition by any other company? | YES | NO |
| c) Has the Parent Organisation publicly announced any new public offering of securities within the next year? | YES | NO |

If 'Yes' has been answered to any of the above, please provide details on separate attachment.

8. Is the Parent Organisation:

- | | | |
|--|-----|----|
| (a) Private? | YES | NO |
| (b) Public? | YES | NO |
| (c) Listed on any stock exchange? | YES | NO |
| (d) Listed on the Alternative Investment Market? | YES | NO |

9. Share Ownership

Please advise:

- | | |
|--|--|
| (a) Number of ordinary shares issues | |
| (b) Number of ordinary shareholders | |
| (c) Number of ordinary shares owned (directly or beneficially) by directors or officers | |
| (d) Name and percentage of holdings of any shareholder owning 5% or more of the ordinary shares (directly or beneficially) | |

Questions 10, 11, 12 and 13 are to be completed only if coverage is required in respect of claims made in the United States of America or Canada or claims made elsewhere arising out of the Company's operation in the United States of America or Canada

10. Please give the total gross assets of the subsidiaries domiciled in the United States of America and/or Canada.

11. (a) Please list those subsidiaries in the United States of America and Canada that are not wholly owned together with Parent Organisation's percentage interest in each.

(b) For each subsidiary – who owns the minority stock?

12. Does the Parent Organisation or any of its subsidiaries:

(a) Have any shares, bonds or any other debt or equity instruments in the United States of America or Canada?	YES	NO
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If 'Yes', on what date was the latest offering made? _____

(b) Was the offer subject to The United States Securities Act of 1933 and/ or the Securities Exchange Act of 1934 and/or any amendments thereto?	YES	NO
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If 'Yes' has been answered to any of (a) or (b) above, please give full details including percentage of shares traded.

13. Please enclose a copy of the latest 20-F filing made to the U.S.A regulatory authorities.
If not applicable please confirm.

14. Has the Parent Organisation and/or any of its subsidiaries, its directors, officers and/or other Insured Persons been involved in any of the following:

- | | | |
|--|-----|----|
| (a) Any anti-trust, copyright or patent litigation? | YES | NO |
| (b) Any civil or criminal action or administrative proceeding charging or violation of any security law or regulation? | YES | NO |
| (c) Any class actions or derivative suits? | YES | NO |

If 'Yes', has been answered to any of the above, please attach a statement of full details.

15. (a) Does the Parent Organisation and/or any subsidiary or any director or officer have Directors and Officers Liability Insurance currently in force? YES NO

If so, state Insurer _____

Limit of Liability _____

- | | | |
|--|-----|----|
| (b) Has any loss payment been made under any prior or current Director and Officers Liability policy or similar insurance? | YES | NO |
| (c) Has any Insurer declined, cancelled or non-renewed any prior policy or application for Directors & Officers Liability or similar insurance? | YES | NO |
| (d) Has the Organisation or any Insured Person(s) given written notice under the provisions of any prior or current Directors and Officers Liability Insurance, or specific facts or circumstances which might subsequently give rise to a claim being made against any Insured Person(s)? | YES | NO |

16. After enquiry, is any person proposed for coverage aware of any facts or circumstances which might afford valid grounds for any future claim(s) that would fall within the scope of the proposed coverage or indicate the probability of any further claim(s)? YES NO

It is agreed that if known facts or circumstances exist any claim or action arising from them is excluded from this proposed coverage

17. Additional Material

As part of this application, please match the following (where applicable):

- Latest two audited Annual Reports and Accounts
- Latest interim financial statement
- A complete list of proposed Insurance Persons by name and position
- A copy of the Directors and Officers Indemnity Clause extracted from the Parent Organisation's Articles or Association
- Completed Millennium Questionnaire

18. Please provide a percentage breakdown of the fee income disclosed in Question 1 by State or Territory. (Australia only)

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

By signing this proposal form you consent to Prime Underwriting Agency Pty Ltd using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, insurers, (which includes their re-insurers, legal advisers, loss adjusters or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence.

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or miss-stated any material facts which may be relevant to Insurers' consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed. I/We understand that the information I/We provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I understand that if my Practice acquires, merges with or absorbs another Practice during the period of insurance, insurers will require similar information in relation to that Practice and may charge an additional premium.

Print name:	
Signature (Partner):	
On behalf of:	
Date:	

Signing this form does not bind the Proposer to complete the insurance. We recommend that you should keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.