



Proposal Form
CorporateGuard
Employment Practices Liability Insurance

Details of Proposer

1. Name of Company:
2. Address of Head Office:
3. Country of Registration:
4. (a) How long has the Company continually carried on business?

(b) State the business activities of the Company and all of its Subsidiaries
5. (a) State the number of locations operated by the Company and all of its Subsidiaries.

(b) Does the Company or any of its Subsidiaries have operations located in the USA or Canada?
Yes ☐ No ☐
If "Yes", we require a Supplementary Questionnaire to be completed by each Subsidiary domiciled in the USA or Canada.
(c) Other than those listed under (b) above, does the Company or any of its Subsidiaries have any other operations located outside of New Zealand?
Yes ☐ No ☐
If "Yes," in which countries?

Note: we may require a Supplementary Questionnaire to be completed for some of these operations.
(d) By separate attachment, provide a complete list of all Subsidiaries (including country of registration and percentage owned by the parent Company) other than those shown in the latest Annual Report.

Please attach a copy of the Company's latest Annual Report and latest Interim Financial Statements if available.



6. (a) In the last 24 months, has the Company or any of its Subsidiaries acquired or merged with any other entity?
Yes ☐ No ☐
- (b) Does the Company or any of its Subsidiaries have any acquisition, tender offer or merger with another entity pending or under consideration?
Yes ☐ No ☐
- (c) Is the Company or any of its Subsidiaries aware of any proposal relating to its acquisition by another entity?
Yes ☐ No ☐

If the answer to (a), (b) or (c) is "Yes" please advise full details by attachment.

7. Is the Company or any of its Subsidiaries currently implementing, or contemplating implementing during the next 12 months, any outsourcing of any functions currently being performed by its Employees?

Yes ☐ No ☐

If "Yes", please advise full details by attachment.

8. Is the Company or any of its Subsidiaries currently undergoing, or contemplate undergoing during the next 12 months, any Employee redundancies, layoffs or early retirement (including those resulting from any type of company restructuring, office, plant or store closure)?

Yes ☐ No ☐

If "Yes", please advise full details by attachment.

9. Does the Company or any of its Subsidiaries have Employment Practice Liability Insurance currently in force?

Yes ☐ No ☐

If "Yes", please advise the following details:

- (a) Insurer:
(b) Indemnity Limit:
(c) Expiry Date:

10. Does the Company or any of its Subsidiaries have Directors' & Officers' Liability Insurance currently in force?

Yes ☐ No ☐

If "Yes", please advise the following details:

- (a) Insurer:
(b) Indemnity Limit:
(c) Expiry Date:

11. Has the Company or any of its Subsidiaries ever had an insurer decline a proposal, or cancel or refuse to renew an Employment Practice Liability or Directors' & Officers Liability Insurance policy?

Yes ☐ No ☐

If "Yes", please advise full details:



Staff Information

12. Please provide the following details regarding the Employees (including all directors and officers) of the Company and all of its Subsidiaries:

Location	Full-Time Employees	Part-Time / Casual Employees
New Zealand		
USA/Canada		
Australia		
Other		
Total		

13. If the Company or any of its Subsidiaries has Employees located in the USA or Canada, please provide the following details:

State (e.g. California)	Full-Time Employees	Part-Time / Casual Employees
Total		

14. List the percentage of Employees with base salaries greater than:
- (a) NZ\$75,000 per annum %
 - (b) NZ\$150,000 per annum %
 - (c) NZ\$250,000 per annum %
15. How many of the directors, officers and Employees of the Company and all of its Subsidiaries have resigned, had their employment terminated, been made redundant or have taken early retirement within the last 24 months?
- (a) Directors
 - (b) Officers
 - (c) Employees
16. How many of the following service providers does the Company and all of its Subsidiaries use on average?
- (a) Temporary Employees
 - (b) Secondees
 - (c) Independent Contractors



Human Resources Procedures

17. (a) Does the Company have a central Human Resources Department performing a function for the Company and all its Subsidiaries?

Yes ☐ No ☐

- (b) If "Yes", how many Employees are there in this Department?

- (c) If "No", how is the function handled and by how many Employees?

18. Does the Company and all of its Subsidiaries employ Employees under a written contract of employment?

Yes ☐ No ☐

If "Yes", what percentage of Employees are employed under a written contract of employment? %

Please attach a copy of the Company's standard contract of employment.

19. (a) Does the Company and all of its Subsidiaries have a written Human Resources Manual or equivalent written management guidelines?

Yes ☐ No ☐

If "Yes", are all management and supervisory Employees:

- (b) provided with a copy of the Manual? Yes ☐ No ☐

- (c) provided with training in the proper implementation of the policies and procedures in the Manual/Guidelines?

Yes ☐ No ☐

- (d) Does the Manual specify a policy or procedure with respect to the following events?

Termination of Employment Yes ☐ No ☐

Redundancy and Early Retirement Yes ☐ No ☐

Advertising in respect of Employment Yes ☐ No ☐

Making Offers of Employment Yes ☐ No ☐

Entering into Contracts of Employment Yes ☐ No ☐

Confidential treatment of Applicant and Employee Information Yes ☐ No ☐

Discrimination Yes ☐ No ☐

Sexual Harassment Yes ☐ No ☐

Workplace Harassment Yes ☐ No ☐

Employee Appraisals and Reviews Yes ☐ No ☐

Employee Disciplinary Actions Yes ☐ No ☐

Employee Out-placement Services Yes ☐ No ☐

Industrial Action and Responses to Industrial Action Yes ☐ No ☐

Please attach a copy of the Human Resources Manual/Guidelines.



20. Please tick the box if decisions regarding the above events are always subject to prior review by the Company's Human Resources Department, Internal Legal Department or External Legal Adviser.

Individual decisions regarding these events are always reviewed by:

	<i>Human Resources</i>	<i>Internal Legal</i>	<i>External Legal</i>
Termination of Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redundancy and Early Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising in respect of Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making Offers of Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entering into Contracts of Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidential treatment of Applicant and Employee Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace Harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Appraisals and Reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Disciplinary Actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Out-placement Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Action and Responses to Industrial Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Does the Company and all of its Subsidiaries have an Employee Handbook which is distributed to all Employees?
Yes ☐ No ☐

If "Yes":

(a) Does it specify a complaints procedure available to all Employees? Yes ☐ No ☐

(b) Does the procedure enable Employees to bypass their immediate supervisor/manager to pursue a complaint?
Yes ☐ No ☐

Please attach a copy of the Employee Handbook.

22. Has the Company and all of its Subsidiaries formally implemented and adopted written policies for the following:
- (a) anti-sexual harassment Yes ☐ No ☐
 - (b) anti-discrimination Yes ☐ No ☐
 - (c) equal opportunity employment Yes ☐ No ☐
 - (d) privacy Yes ☐ No ☐



Claims Information

23. In the last 5 years, have any Employment Practice Claims (including but not limited to wrongful dismissal, discrimination or sexual harassment) been made against the Company or any of its Subsidiaries or any of their directors, officers or Employees?

Yes ☐ No ☐

If "Yes", provide details by attachment including amounts for any judgments, settlements or defences costs incurred.

24. Has there been or is there now pending any official investigation, examination or inquiry before any regulatory authority or government agency with jurisdiction over employment relations, involving the Company or any of its Subsidiaries or any of their directors, officers or Employees?

Yes ☐ No ☐

If "Yes", provide full details by attachment including representation costs incurred.

25. Having made appropriate enquiries, is the Company aware of any facts that might give rise to a Claim being made against the Company or any of its Subsidiaries or any of their directors, officers or Employees which may be covered under this policy?

Yes ☐ No ☐

If "Yes", provide full details by attachment.

Limit of Liability

26. Indicate the Limit of Liability required

☐ \$1,000,000 ☐ \$5,000,000 ☐ \$10,000,000 ☐ Other - please state



Optional Extensions

27. Incoming Continuity

This Extension provides cover for Claims which would normally be excluded from cover as they arise from facts which were known to the insured prior to the commencement of the Policy Period and should have been notified under a prior policy.

- (a). If AIG is not currently your insurer for Employment Practice Liability Insurance, would you like the policy to provide a Continuity Date which pre-dates the inception of this policy?

Yes ☐ No ☐

- (b) If "Yes", from what date has the Company continuously purchased Employment Practices Liability Insurance?

Please attach a copy of the proposal form for the Employment Practices Liability Insurance which incepted on that date.

28. Temporary Employees and Secondees

This Extension provides cover for Claims made against the Insured by Temporary Employees and Secondees for sexual harassment or unlawful discrimination.

- (a) Would you like a non-binding quotation for this cover? Yes ☐ No ☐

If "Yes", please answer the following questions:

- (b) Are Temporary Employees and Secondees provided with copies of the Employee Handbook?

Yes ☐ No ☐

- (c) In the last 5 years has the Company, its Subsidiaries or any of their directors, officers or Employees had any claims made against them by Temporary Employees or Secondees for sexual harassment or unlawful discrimination?

Yes ☐ No ☐

If "Yes", please provide details by attachment including amounts for any judgements, settlements or defences costs incurred.

Please attach copies of the standard contracts used to engage Temporary Employees and Secondees.

29. Independent Contractors

This Extension provides cover for Claims made against the Insured by Independent Contractors for sexual harassment or unlawful discrimination.

- (a) Would you like a non-binding quotation for this cover? Yes ☐ No ☐

If "Yes", please answer the following question:

- (b) In the last 5 years has the Company, its Subsidiaries or any of their directors, officers or Employees had any claims made against them by Independent Contractors for sexual harassment or unlawful discrimination?

Yes ☐ No ☐

If "Yes", provide details by attachment including amounts for any judgments, settlements or defence costs incurred.



30. Customers and Clients

This Extension provides cover for Claims made against the Insured by its customers or clients alleging sexual harassment or discrimination.

- (a) Would you like a non-binding quotation for this cover? Yes ☐ No ☐

If "Yes", please answer the following question:

- (b) In the last 5 years, have any Claims for sexual harassment or discrimination been made by any customer or client against the Company or any of its Subsidiaries or any of their directors, officers or Employees?

Yes ☐ No ☐

If "Yes", please provide full details by attachment including amounts for any judgments, settlements or defence costs incurred.

31. Not-for-Profit Outside Directorship Cover

This Extension provides cover for Claims made against the Insured alleging an Employment Practice Breach in their capacity as a director of a not-for-profit entity which is unrelated to the Company and provided the Insured holds the directorship at the specific request of the Company.

- (a) Would you like a non-binding quotation for this cover? Yes ☐ No ☐

If "Yes", please answer the following questions:

- (b) List by attachment all not-for-profit organisations for which this cover is required and the names of the Employees holding the directorships.

- (c) In the last 5 years, have any Claims alleging an Employment Practice Breach been made against an Insured in their capacity as a director of a not-for-profit organisation?

Yes ☐ No ☐

If "Yes", please provide full details by attachment including amounts for any judgments, settlements or defences costs incurred.

Proposal Attachments

Please ensure the following documents are attached to this proposal:

- (a) the Company's latest Annual Report
- (b) Interim Financial Statements (if available)
- (c) Human Resources Manual
- (d) Employee Handbook
- (e) Standard Contract of Employment
- (f) Standard Contract for Temporary Employees (if the Extension is sought)
- (g) Standard Contract for Seconded employees (if the Extension is sought)

Once you have completed the questions above please sign and date the proposal at the declaration on the next page.



Signing this proposal does not bind the proposer or the insurer to complete this insurance.

Declaration

We hereby declare after due enquiry of all Directors and Officers that the information and answers given in this proposal are in every respect true and correct and that all information that may be material in considering this proposal has been fully and accurately disclosed to AIG Insurance New Zealand Limited in writing in a manner which would not mislead a prudent insurer.

We agree that this proposal and declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided if (amongst other things) any statement in this proposal is "substantially incorrect" and "material" as both those terms are defined in the Insurance Law Reform Act 1977.

We undertake to inform AIG Insurance New Zealand Limited of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

We authorise the disclosure of personal information held by any party regarding my previous insurances for the purposes of arranging this insurance.

We authorise AIG Insurance New Zealand Limited to give to or obtain from any other insurer or any Insurance Broker or any other party information relating to this insurance or any other insurance held by us or any claim made by us in connection with this insurance proposal.

We understand that:

We are obliged to advise AIG Insurance New Zealand Limited of any information which may be material to its consideration of this application. This information includes all information we know (or could reasonably be expected to know) which could influence the judgment of AIG Insurance New Zealand Limited whether or not to accept this application and (if it is accepted) on what terms, including cost and otherwise.

Failure to provide any of this information may result in AIG Insurance New Zealand Limited refusing to provide the insurance.

We have certain rights of access to and correction of this information, without prejudice to AIG Insurance New Zealand Limited's rights if information is inaccurate.

Signed _____

Title _____

(to be signed by Partner/Director or Principal or equivalent)

Company _____

Date _____



Bring on tomorrow

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