



# Gold Complete Proposal Form

## General Information

### Details of Proposed Policyholder

1a. Name of Policyholder:									
1b. Company Address:									
1c. Country or State of Registration:									
2. Year Policyholder business was established:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

3. Please complete the table below:

Country	Business Activities (e.g. locally registered subsidiary, branch office, sales / distribution centre etc)	Number of Employees	Number of Locations	Revenue
				\$
				\$
				\$
				\$
				\$

If the Policyholder has employee's located in the USA or Canada, please complete the [North America Supplementary Questionnaire](#) at the end of this proposal form.

4. Complete the following:	<b>Current Assets</b>	<b>Current Liabilities</b>	<b>Total Assets</b>	<b>Total Liabilities</b>	<b>Profit / Loss</b>
	\$	\$	\$	\$	\$

**Details of Proposed Policyholder cont.**

5. Is the Policyholder or any of its Subsidiaries:	
(i) Listed on the New Zealand Stock Exchange?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) Listed on any foreign stock exchanges?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(iii) Listed on any unlisted securities market or exempt stock exchange?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(iv) Traded in any other way?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered "Yes" to any part of question 5 (i), (ii), (iii), (iv) then please give full details (include symbol/ticker, and exchange or platform):

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6. Is the Policyholder a Subsidiary of another entity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "Yes", please provide name and location of the parent company:

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7a. Do you have a Directors' and Officers' Liability policy or any Management Liability insurance in place currently?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "Yes", please provide your Previous Policy details:	7b. Limit of Liability:	\$	7c. Policy Number:										
	7d. Insurer:												
	7e. Date management liability insurance continuously held from:		<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>			D	D	M	M	Y	Y	Y	Y
	D	D	M	M	Y	Y	Y	Y					
7f. Premium:	\$												

**If the following information is not publicly available, please enclose with this Proposal Form:**

- (a) the last Annual Report and audited Financial Statements for the Policyholder and its Subsidiaries; and
- (b) a complete corporate structure diagram; and
- (c) any prospectus or disclosure documents issued in the last 24 months.

# Directors' & Officers', Company Securities, Side A Protection and Lifetime Prospectus Liability

## Company Information

1. Since the date of the latest Financial Statements attached to this proposal: (i) Have there been any developments which adversely impact the financial position of the Policyholder? (ii) Does the Policyholder anticipate incurring a significant one time change to earnings, or having to re-state earnings, in the next 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
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If you answered "Yes" to any part of question 1 (i), (ii), please provide further information on a separate sheet.

2. Has the Policyholder or its Subsidiaries changed External Auditor in last 24 months? Are there any plans to rotate or change External Auditor in the next 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "Yes", please provide further information:

3. Since the date of the latest Financial Statements attached to this proposal: (i) Has an external review of the company's continuous disclosure regime been undertaken? (ii) Have all recommendations been complied with?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "No", please provide comments on a separate sheet.

4. Do any Managers serve, at the specific request or direction of the Policyholder or its Subsidiaries, as a director or officer, trustee, governor or equivalent of any entities which are not Subsidiaries?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "Yes", please complete the [Schedule of Outside Entities](#) attached to this proposal.

## Employment Practices Liability

### Employee Information

List the percentage of Employees (including independent contractors) with base salaries:

1a. Between NZ\$100,000 – NZ\$250,000 per annum	%
1b. Greater than NZ\$250,000 per annum	%

How many of the directors, officers and employees of the Policyholder and all of its Subsidiaries resigned, had their employment terminated, were made redundant, or took early retirement:

2a. Last 12 months:	
2b. Previous 12 months:	

### Human Resources Procedures

3. How many dedicated Human Resources staff do you have?	
4. Does the Policyholder and all of its Subsidiaries have a written Human Resources Manual or equivalent written guidelines for Managers? If "Yes", has external legal counsel reviewed these guidelines?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Does the Policyholder and all of its Subsidiaries have an Employee Handbook which is distributed to all Employees? If "Yes": (i) does it specify a complaints procedure available to all employees? (ii) does it contain formal written policies for anti-harassment, anti-discrimination, equal opportunity employment and privacy?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
6. (i) Is there mandatory ongoing training to all employees on policies for anti-harassment and anti-discrimination? (ii) Does this also form part of an induction program for new employees?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Does the Policyholder have written policies outlining employee conduct when dealing with the general public, customers, clients, vendors, and other third parties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Does the Policyholder have written policies or procedures for dealing with complaints from third parties for issues involving discrimination or harassment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Do you engage internal or external counsel when contemplating redundancies, disciplinary action or terminations?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Crime Protection

### Audit Function

1. Do external auditors audit all operations at least annually?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have all recommendations by external auditors regarding internal controls been complied with, following your last audit?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If "No", please provide details:

3. (i) Do you have an internal audit department?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) Do they have an established audit cycle for all operations?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Recruitment Procedures

4. When recruiting or promoting employees to positions of trust do you undertake independent checks into their employment history?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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### Internal Controls

5. Are wages/salaries independently checked against personnel records for unusual or excessive payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are duties segregated so that no individual can control any payment or payment process from commencement to completion without referral to others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Is all supporting documentation validated before authorising payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Are bank statements independently reconciled with customer accounts by persons not authorised to deposit/withdraw funds, issue funds transfer instructions or dispatch accounts to customers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Is an independent physical count of stock, raw materials, work-in-progress, and finished goods undertaken at least half yearly, and is this count reconciled against stock records?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Crime Protection cont.

### Suppliers/Service Providers/Outsourcing

10. Are suppliers, service providers and outsourcing companies vetted for competency, financial stability and honesty?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Do you outsource any finance related or administrative activities to third party service providers?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If "Yes", please give details of services provided:

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12. If the service provider or outsourcing company operates on your premises are their employees under your daily management control?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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### Computer Systems

13. Is access to internal systems restricted to those that require access to those systems to perform their job function?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Are programmes protected to detect unauthorised changes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Is your computer system protected by virus detection and repair software?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Funds Transfers

"Fund Transfers" means any instruction (other than cheques) given to a Financial Institution to pay or deliver funds.

16. What is the approximate value of annual fund transfer?	\$
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17. Please specify the method of instruction (e.g. written, electronic, computer, telephone etc.):

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18. Can payment instructions be made to any account which has not been pre-agreed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Is the financial institution required to authenticate (e.g. call back procedure) the instruction before payment is released?	Yes <input type="checkbox"/> No <input type="checkbox"/>

20. Please provide a brief description of the methods used to secure fund transfers (e.g. passwords, encryption, code words, call back):

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## Claims Information

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Having made appropriate enquiries:

1a. In the last 5 years have there been any claims made against, investigations into, or loss suffered by the Policyholder or its Subsidiaries, or its Managers (including Employees) which may have been covered under this policy if it were in force?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1b. In the last 5 years has the Policyholder or its Subsidiaries suffered any direct financial loss exceeding \$10,000 as a result of fraud or dishonesty?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1c. Has any Manager (including Employees) of the Policyholder or its Subsidiaries ever had proceedings (civil or criminal) instigated against them alleging misconduct or breaches of the law in their capacity as a Manager of the Policyholder or its Subsidiaries?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1d. (i) Any facts which might give rise to a claim being made against, investigations into, or loss suffered by the Policyholder or its Subsidiaries or its Managers which may be covered under this policy if it commences?  (ii) Any facts which would cause a reasonable person to think that the Policyholder or its Subsidiaries might suffer a direct financial loss as a result of fraud or dishonesty?	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered "Yes" to any of the above questions, please attach full details. Include the allegations, loss incurred (including defence costs, representation costs, settlements, judgments and any insurer reserves), and details of any remedial action taken.

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## Attention: Incomplete proposal form will not be processed

### Declaration

Note: Signing the proposal/declaration and any supplementary questionnaires does not bind either the applicant or AIG to complete the insurance.

We declare on behalf of the proposed Policyholder and any Subsidiaries that:

- We have made inquiries of all appropriate persons to complete this proposal form.
- All answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of this proposal.
- If accepted by AIG Insurance New Zealand Limited ("AIG") this proposal and declaration, and any other material which I/we have provided to AIG will form the basis and shall be incorporated into the contract of insurance. I/We undertake to inform AIG of any material changes to the business or the information provided at all times.
- We understand that AIG required the information (which will be retained by AIG) in order to decide whether or not to accept this proposal, and that under the Privacy Act 2020, we may request access to and correction of personal information.
- AIG is authorised to disclose information received to its advisors, reinsurers and to other insurers. We authorise AIG to obtain, from any party, information that is, in AIG's view, relevant to this proposal.
- We understand that the insurance will not be in force until and unless this proposal has been accepted and the terms of any cover have been confirmed by AIG.
- We are authorised to complete, sign and submit this proposal.

**To be signed by two directors of the proposed Policyholder.**

Signature:											
Name:		Date:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Position:											

Signature:											
Name:		Date:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Position:											

Note: AIG consents to receiving an electronic signature on this proposal form. All capitalised terms throughout this document are defined in accordance with the meaning contained in the Policy Wording. The coverage available from AIG is subject to terms, conditions and restrictions contained in the Policy Wording. In the event of any conflict between the description of coverage in this document and the Policy Wording, the provisions in the Policy Wording will prevail. You should obtain and read a copy of the Policy Wording from your insurance intermediary.





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NZFLGCPFBR202206



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**For inquiries, please contact:  
Phone: +64 9 355 3100  
Email: [nz.contactus@aig.com](mailto:nz.contactus@aig.com)**

## Schedule of Outside Entities

Outside Entity	Insurer	Policy Number	Limit of Liability	Expiry Date	Stock Exchange (and ticker/symbol)	Activity

## Employment Practices Liability: North American Supplementary Questionnaire

This Supplementary Questionnaire forms part of the main proposal. It is to be completed for all Employees domiciled in the USA or Canada.

### Employee Details

1. Please provide the following details regarding the Employees (including all directors and officers) of the Policyholder and all of its Subsidiaries in North America:

State, Province or Territory	Employees	Independent Contractors

2. Does the Policyholder and all of its Subsidiaries in North America include “at will” employment wording in their employment applications, employment contracts, and employee handbooks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does the Policyholder and all of its Subsidiaries in North America have a Family and Medical Leave Act (FMLA) policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. (i) Does the Policyholder and all of its Subsidiaries in North America provide severance packages to terminated, redundant, or laid off employees?  (ii) If “Yes”, does the severance agreement include a waiver of release of an employee’s rights to bring a claim against the Policyholder or its Subsidiaries?	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>
5. In the last 5 years, has the Policyholder or its Subsidiaries been involved in or become aware of any actions, charges, inquiries, investigations, grievance filings, or other administrative hearings by the Equal Employment Opportunity Commission, National Labor Relations Board, Department of Labor, or any similar federal, state, or local government agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If “Yes”, please provide full details by attachment.

6. Please attach the most recent EEO-1 report for the Policyholder and any Subsidiary with 100 or more employees in the United States.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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