



EMPLOYMENT DISPUTES PROPOSAL

IMPORTANT NOTICE

MATERIAL FACTS

You (this means every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE's decision to accept this insurance and, if so, on what terms. You need to disclose both facts known to you AND facts which you could have been reasonably expected to know about. If you are in any doubt as to whether a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

NON DISCLOSURE/MISSTATEMENT

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

COMPLETION NOTES

- Please answer ALL questions fully. If you need extra space please attach additional pages on your company letterhead and mark their inclusion in the form.
- **PLEASE ENSURE YOU READ AND SIGN THE DECLARATION.**

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

A APPLICANT DETAILS

1. Name

2. Physical address

3. Website address

4. Description of business activity

B COVER REQUIRED

1. Limit of Indemnity

2. Excess

3. Period of Insurance

4. Broker:

Individual

Company

C EMPLOYEE DETAILS

1 Please provide a split of the number of people your business has employed/will employ

	Next financial year	This financial year	Last financial year	Previous financial year
Year	20____	20____	20____	20____
Full Time				
Part Time				
Temporary				
Contract				
Total				



2. Do you have, or will you have, any employees working and residing in Australia? Yes No

If Yes, detail how many in each of the following categories

	Next Financial Year	This Financial Year	Last Financial Year
Year	20____	20____	20____
Full Time			
Part Time			
Temporary			
Contract			
Total			

3. Please state the number of employees within each salary range

	Number of Employees	% of Total
NZ\$30,000 or less		%
NZ\$30,000 - \$100,000		%
Over NZ\$100,000		%
Total		100%

4. For each of the last three years, please state the business's annual employee turnover

20____	20____	20____
%	%	%

D HUMAN RESOURCES MANAGEMENT

- 1 Does the business review all employment terminations prior to termination? Yes No
- 2 Does the business conduct exit interviews? Yes No
- 3. Is there a complaints handling procedure in place to address workplace grievances? Yes No
- 4. Has all offensive, explicit or pornographic calendars, literature, posters or other such material been removed from the workplace? Yes No
- 5. Is there a publicised policy prohibiting inappropriate use of computer technology such as internet, email, screen savers etc? Yes No

E EMPLOYMENT APPLICATIONS

- 1. Have the business employment policies and procedures been reviewed and approved by outside counsel? Yes No
- 2. Does the business use an employment application form during the hiring process? Yes No
- 3. Does the business check references of incoming employees or contractors? Yes No
- 4. Does the business distribute an employment handbook to employees? Yes No
- 5. Does the business have a written equal opportunity statement and anti-sexual harassment policy with relevant complaint procedure? Yes No



F BUSINESS HISTORY

- 1. Has the business had any employer initiated termination(s) within the last three years or are any terminations anticipated in the next twelve months? Yes No

If Yes, please state the reason for the termination(s) and the number of employees terminated

- 2. Has the Corporation had any office closures, consolidations, mergers or acquisitions in the past three years resulting in lay-offs or early retirement (including those resulting from any type of corporate restructuring)? Yes No

- 3. Are any such closures, consolidations, mergers or acquisitions anticipated in the next twelve months? Yes No

If Yes, please provide full details

G CLAIMS DETAILS

- 1. Have there been any workplace incidents of the following type in the last five years that have resulted in a claim being made against the business or any Insured Person?

- (a) Unlawful discrimination, wrongful demotion, or failure or refusal to promote or offer an employment benefit to an eligible employee? Yes No
- (b) Actual or constructive termination of an employment relationship in breach of the law? Yes No
- (c) Misrepresentation or defamation of an employee? Yes No
- (d) Infliction of emotional distress upon an employee? Yes No
- (e) Harassment – sexual or otherwise? Yes No
- (f) Failure or refusal to hire a potential employee? Yes No
- (g) Invasion of an employee's right of privacy? Yes No
- (h) Victimization of an employee? Yes No

If Yes to any of the above, please attach full details on a separate sheet.

- 2. Are there any workplace incidents of the type described in section G above that may result in a claim being made against the business or any Insured Person? Yes No

If Yes, please attach full details

(Note: such claims will not be covered by the proposed insurance)

H PRIOR INSURANCE

- 1. Does the business presently carry or has the business ever carried Employment Practices Liability Insurance? Yes No

If Yes, please provide full details

Insurer	<input type="text"/>	Expiry Date	<input type="text" value="/ /"/>
Limit of Indemnity	\$ <input type="text"/>	Excess	\$ <input type="text"/>
Premium	\$ <input type="text"/>		



2. Has the business or any proposed Insured Person ever been refused this type of insurance, or had similar insurance cancelled, or had an application or renewal declined, or had special terms imposed?

Yes No

If Yes, please provide full details

Four empty rectangular boxes for providing details.

DECLARATION

I/We declare on behalf of all proposed insureds that:

- (a) 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 the proposal;
(b) if accepted by QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance;
(c) I/We understand that QBE requires this information (which will be retained by QBE) in order to decide whether to accept this proposal, and also that the Privacy Act 1993 entitles me/us to have access to and request the correction of this information;
(d) QBE is authorised to disclose information received from me/us to its advisors, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE's view, relevant to this proposal;
(e) I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

NOTE: Signing the proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the insurance.

Form fields for 'Signed', 'Date', 'Printed name', and 'Position'.



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