



# DIRECTOR'S AND OFFICER'S LIABILITY CLAIM FORM

Level 1, 2 Wellington Parade, East Melbourne. 3002.  
ph: 03 9235 5255 fax: 1800 633 073  
email: [enquiries@prorisk.com.au](mailto:enquiries@prorisk.com.au)  
web: [www.prorisk.com.au](http://www.prorisk.com.au)



# DIRECTORS' AND OFFICERS' LIABILITY CLAIM FORM

THIS FORM SHOULD BE USED TO NOTIFY CIRCUMSTANCES THAT MAY GIVE RISE TO A CLAIM.

## Duty of Disclosure.

Prior to entering into a contract of insurance with an insurer, you must by virtue of the Insurance Contracts Act 1984, disclose to that insurer every matter which you know or could reasonably be expected to know, is relevant to the insurers decision as to whether to accept the risk of the insurance and if so, on what terms. You must disclose all such matters to us before you renew, extend, vary or reinstate a contract of insurance.

## Non-Disclosure.

If you fail to comply with your duty of disclosure to us, we may be entitled to reduce our liability under the policy in respect of any claim or we may cancel the contract of insurance. If your non-disclosure is fraudulent we may also have the option of avoiding the contract of insurance from the inception of the Policy.

## ProRisk Privacy Statement

ProRisk is bound by the obligations of the *Privacy Act 1988* (as amended) regarding the collection, use, disclosure and handling of personal information. We will protect the privacy of your personal information.

We collect personal information about you to enable us to provide you with relevant products and services, to assess your application for insurance and, if a contract is entered, to enable us to provide, administer, and manage your policy, and to investigate and handle any claims under your policy. We may disclose your information to third parties (who may be located overseas), such as Underwriters, lawyers, claims adjusters, and others appointed by ProRisk or by certain Underwriters to assist us and them in providing relevant products and services. We may also disclose your information to people listed as co-insured on your policy and to your agents. By providing your personal information to us, you consent to us making these disclosures.

If you do not provide all or part of the information required, we may not be able to provide you with our products and services, consider your application for insurance, administer your policy, assess or handle claims under your policy, or you may breach your Duty of Disclosure.

When you provide us with personal information about other individuals, we rely upon you to have made them aware of that disclosure, and of the terms of the ProRisk Privacy Statement, and to obtain their consent.

For a copy of the ProRisk Privacy Statement or to request access to or update the personal information, contact the Privacy Officer at ProRisk by email: [enquiries@prorisk.com.au](mailto:enquiries@prorisk.com.au) or by mail at the address shown on this policy.

## IMPORTANT NOTICE

- This Claim Form is to be completed as fully as possible by a Director of the Company when notifying a claim or a fact or circumstance that has the potential to give rise to a Claim.
- All questions must be answered in full. If there is insufficient space, please provide further details on the Insured's letterhead.
- Please attach all relevant correspondence and documentation.

## INSURED'S DETAILS

Full Name of Insured:

---

---

Address of Insured:

---

---

Full Name of the Director / Officer giving notification:

---

---

Address of the Director / Officer giving notification:

---

---

Policy Number / Certificate:

---

Period of Insurance: From: \_\_\_\_\_ To: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

Are you registered for GST Purposes: Yes  No

If so what is your ABN: \_\_\_\_\_

What percentage (if any) of GST on premium has been applied as an Input Tax Credit? \_\_\_\_\_ %

**CLAIM DETAILS**

Full Name of the Claimant / possible Claimant:  
\_\_\_\_\_

Address of the Claimant:  
\_\_\_\_\_  
\_\_\_\_\_

Describe the insured's activities leading to the claim or potential claim:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What allegations have been made against you and / or the Director or Officer concerned?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On what date did you first become aware of the matter complained of? \_\_\_\_\_

On what date did the Director or Officer concerned first become aware of the complained of? \_\_\_\_\_

On what date did the Insured first become aware of the matter complained of? \_\_\_\_\_

On what date was the claim, or intimation of a claim, first made?

---

---

---

If the first intimation of a claim was in writing then please attach a copy.

If the first intimation of a claim was verbal then please give an account of the conversation:

---

---

---

---

---

---

---

---

What is the value of the claim being made against you? \_\_\_\_\_

**DETAILS OF THE INSURED'S RESPONSE**

What are your comments in response to the claim, allegations or circumstances that might give rise to a claim?

---

---

---

---

---

---

Please comment on the allegations being made. If there are any additional details which you wish to advise, or which may be of interest to Underwriters, please provide details along with supporting documentation where available.

---

---

---

---

---

---

**DECLARATION:**

I declare that:

- I am a Director of the Company.
- The information in this Form is true and correct and I have not withheld any relevant information.
- I acknowledge that Underwriters may make their decision on indemnity having regard to the information in this Form.
- I have read and understood the ProRisk Privacy Statement and I consent to ProRisk using the personal information in this Form for the purposes of investigating and handling any Claim or potential Claim against the Insured. I consent to ProRisk disclosing the personal information to third parties involved in the claims process, such as the Underwriters, lawyers, claims adjusters and others appointed by ProRisk or by the Underwriters.
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.

Signature:

---

Name:

---

Title:

---

Date:

---

**NB. YOU ARE REMINDED THAT IN NO CIRCUMSTANCES SHOULD YOU ADMIT LIABILITY OR MAKE ANY OFFER OR ENTER INTO ANY CORRESPONDENCE IN CONNECTION WITH ANY INCIDENT WHICH MAY RESULT IN A CLAIM UNDER YOUR POLICY.**