THE PRORISK GROUP
1300 776 467
enquiries@prorisk.com.au
www.prorisk.com.au

Management Liability

Claim Form

EMAIL

Please send all completed claims forms to: **newclaims@prorisk.com.au**

IMPORTANT NOTICE:

- This form is to be completed and signed by a Director, Officer, Principal, Partner or Authorised Representative when notifying a Claim, Investigation, Inquiry or Circumstance that may give rise to a Claim.

A INSURED DETAILS

1. Insured Name:

2. Business Activities:

3. Contact Person

4. Position / Title:

5. Telephone:

6. Email:

7. Address:

Street Address:

Suburb/Town: State: Postcode:

8. Policy Number:

9. Period of Insurance:

10. Broker Name:

11. Brokerage:

12. ABN:

13. GST Registered? ☐ YES ☐ NO

14. Notification relates to: ☐ Company ☐ Director - Officer ☐ Employee ☐ Trustee

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B CLAIMANT, COMPLAINANT OR REGULATOR DETAILS

1. Please select who the notification was made by:

☐	Employee	☐	Creditor	☐	Fair Work Commission
☐	Former Employee	☐	Customer	☐	Fair Work Ombudsman
☐	Director	☐	Contractor	☐	ATO
☐	Shareholder	☐	ASIC	☐	WorkSafe
☐	EPA	☐	Other Regulator	☐	Other
If Other, please provide details:					

2. Name:

3. Telephone or Email:

4. Solicitor or Representative:

C CLAIM TYPE

1. Please select all that apply:

☐	**Insuring Clause 1.1 –** Insured Person Liability
☐	**Insuring Clause 1.2 –** Company Reimbursement Liability
☐	**Insuring Clause 1.3 –** Entity Liability
☐	**Insuring Clause 1.4 –** Employment Practices Liability (Unfair Dismissal / General Protections / Adverse Action / Bullying / Sexual Harassment / Discrimination / Other)
☐	**Insuring Clause 1.5 –** Superannuation Trustee Liability
☐	**Insuring Clause 1.6 –** Comprehensive Crime Cover (Employee Dishonesty / Theft / Fraud / Forgery / Cyber Fraud / Other)
☐	**Insuring Clause 1.7 –** Tax Audit Expenses
☐	**Insuring Clause 1.8 –** Statutory Liability
☐	**Insuring Clause 1.9 –** Investigation Costs Cover (ASIC / ATO / Fair Work / WorkSafe / EPA / Professional Body / Government Inquiry / Other)
☐	Other, please specify:

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D CLAIM, INVESTIGATION OR CIRCUMSTANCE

1. Describe the Claim, Investigation, Inquiry, Regulatory Action, Direct Financial Loss or Circumstance being notified

2. When did you first become aware of the matter?

3. When was the matter first made against you or first discovered?

4. Identify all Insured Persons involved

5. Has a written demand, Statement of Claim, Regulator Notice, Investigation notice or Audit notice been received?

6. Has the matter only been raised verbally?

7. Estimated value of the Claim, Investigation Costs, Direct Financial Loss or Potential Exposure

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8. Have allegations of Wrongdoing, Breach of Duty, Misconduct, Fraud or Statutory Breach been made? ☐ YES ☐ NO

E INSURED RESPONSE

1. What is your reponse to the allegations or issues raised?

2. Has liability been admitted?

3. Has any Settlement Offer, Undertaking, or Remedial Action been provided?

4. Have Lawyers, Accountants, Forensic Investigators or Consultants been engaged?
   *If **Yes,** provide details.*

5. What steps have been taken to mitigate or manage the matter?

F OTHER INFORMATION

1. Has this matter been notified under any other insurance policy? ☐ YES ☐ NO
2. Has the matter been reported to Police, ASIC, ATO, Fair Work, WorkSafe, EPA or another Regulator? ☐ YES ☐ NO
3. Are there any related Claims, Investigations or Circumstances? ☐ YES ☐ NO
4. Do you have any further information that may assist insurers? ☐ YES ☐ NO

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DECLARATION

After making appropriate enquiries, I declare that:

- I am authorised on behalf of the Insured(s) to make this Declaration.
- The information in this Form is true and correct and I have not withheld any relevant information.
- I also understand that any false or fraudulent statement or concealment of material facts may cause a benefit not to be paid or to be repaid if a benefit has been paid incorrectly under this policy.
- 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 Insurers, lawyers, claims adjusters and others appointed by ProRisk or by the Insurers.
- 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: _____

Position: _____

Date: _____