



JLT
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DIRECTORS & OFFICERS INSURANCE DECLARATION POLICY DUE – 15/07/2010

NAME (CLUB/BRANCH)

QUESTIONS

(Please answer all questions)

1. Number of Employees (Paid) :
Number of Volunteers (Committee Members Only) :

2. CLAIMS: (PLEASE TICK APPROPRIATE BOX)

- (a) Is there any claim pending against any proposed Insured Person in their capacity as a director or officer of the Organisation? Yes No
- (b) Do any circumstances exist that might give rise to a claim against any proposed insured? Yes No
- (c) Is there any claim pending against the Organisation? Yes No
- (d) Do any circumstances exist that might give rise to a claim against the Organisation? Yes No
- (e) Has there been or is there now pending any investigation, examination, enquiry or other proceedings in relation to the affairs of the Organisation? Yes No

NOTE: (If you have answered Yes to a, b, c, d or e, please provide full details.)

- 3. If at the request of State Centre, Club or Branch an employee or committee member participates or is involved with another Organisation at the specific request of Surf Life Saving and requires cover for his/her involvement in that other Organisation, please provide details of that Organisation for consideration by Insurers. ***(Please attach a list)***
- 4. Employment Practices – Do any circumstances exist that might give rise to a claim against the Organisation. ***(If you have answered Yes please attach details.)*** Yes No

Signed: Date:/...../.....

Position:

(I declare that the above statement is true and that should any of the information given alter between the date of this declaration and the expiry date of the policy (shown above), I will give immediate notice thereof.)

N.B. Please return to JLT prior to the 30th June 2010 to guarantee continuation of cover.