

Chubb Elite Directors and Officers Insurance

Proposal Form

Instructions to Proposer

Please enclose with this Proposal Form:

1. The latest Annual Reports and Audited Accounts for the Company;
2. The last two Interim Statements (if applicable);
3. Any Public Offer Document and/or Listing Particulars published in the last 12 months;

Before completing this declaration form please read the **Important Notices** on pages 1 - 2.

This proposal should only be completed after detailed enquiry has been made of all persons to be covered.

Important Notices**Your Duty of Disclosure**

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

What you do not need to tell us

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Claims Made Contract

Subject to its terms and conditions, the resulting contract of insurance will cover liabilities arising from claims first made against you during the policy period or discovery period, if applicable.

Section 40(3) of the Insurance Contracts Act 1984, however, provides that an insurer cannot refuse to pay a claim by reason only that the claim was made after the expiry date of the policy in circumstances where you gave notice in writing to the insurer of facts that might give rise to the claim as soon as was reasonably practicable after you became aware of those facts but before the end of the policy period.

Waiver of Contribution or Indemnity Rights

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the contract of insurance that you will not seek to recover such loss or damage from that person, Chubb will not cover you, to the extent permitted by law, for such loss or damage.

Change of Risk or Circumstances

You should advise Chubb as soon as practicable of any material change to your normal business as disclosed in the proposal, including but not limited to changes in location, acquisitions and new overseas activities.

Privacy Statement

Chubb Insurance Australia Limited (Chubb) is committed to protecting your privacy. This document provides you with an overview of how we handle your personal information. Our Privacy Policy can be accessed on our website at www.chubb.com/au.

Personal Information Handling Practices

Collection, Use and Disclosure

We collect your personal information (which may include sensitive information) when you are applying for, changing or renewing an insurance policy with us or when we are processing a claim in order to help us properly administrate your insurance proposal, policy or claim.

Personal information may be obtained by us directly from you or via a third party such as your insurance intermediary or employer (e.g. in the case of a group insurance policy).

When information is provided to us via a third party we use that information on the basis that you have consented or would reasonably expect us to collect your personal information in this way and we take reasonable steps to ensure that you have been made aware of how we handle your personal information.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you. Sometimes, we may use your personal information for our marketing campaigns, in relation to new products, services or information that may be of interest to you.

We may disclose the information we collect to third parties, including service providers engaged by us to carry out certain business activities on our behalf (such as assessors and call centres in Australia). In some circumstances, in order to provide our services to you, we may need to transfer personal information to other entities within the Chubb Group of companies (such as the regional head offices of Chubb located in Singapore, UK or USA), or third parties with whom we or those other Chubb Group entities have sub-contracted to provide a specific service for us, which may be located outside of Australia (such as in the Philippines or USA). Please note that no personal information is disclosed by us to any overseas entity for marketing purposes.

In all instances where personal information may be disclosed overseas, in addition to any local data privacy laws, we have measures in place to ensure that those parties hold and use that information in accordance with the consent you have provided and in accordance with our obligations to you under the *Privacy Act 1988* (Cth).

Your Choices

In dealing with us, you agree to us using and disclosing your personal information as set out in this statement and our Privacy Policy. This consent remains valid unless you alter or revoke it by giving written notice to our Privacy Officer. However, should you choose to withdraw your consent it is important for you to understand that this may mean we may not be able to provide you or your organisation with insurance or to respond to any claim.

How to Contact Us

If you would like a copy of your personal information, or to correct or update it, please contact our customer relations team on 1800 815 675 or email CustomerService.AUNZ@chubb.com.

If you have a complaint or would like more information about how we manage your personal information, please review our Privacy Policy for more details or contact the Privacy Officer, Chubb Insurance Australia Limited, GPO Box 4907, Sydney NSW 2001, Tel: +61 2 9335 3200 or email Privacy.AU@chubb.com.

Section 1 - Proposer Details

| | |
|--|---|
| a) Name of Company | Farm Pride Foods Ltd |
| b) Principal address | 551 Chandler Road, Keysborough VIC 3173 |
| c) Country and state of registration | Vic, Australia |
| d) Web address: | www.farmpride.com.au |
| e) Date established: | 13/10/1997 |
| f) Nature of the business of the Company and all subsidiaries: | Egg producer, wholesaler |

Section 2 - Material Change

a) Is the Company or any individual proposed for coverage aware of any actual (last 24 months) or future:

- | | |
|---|---|
| i. acquisition, merger or creation of a new subsidiary involving the Company or any subsidiary: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| ii. sale or cessation of any subsidiary of the Company: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| iii. change to the capital structure of the Company: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| iv. new public offering of securities (including equities, debt, shares, notes, bonds or debentures): | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

b) Have any directors or officers of the Company resigned or been replaced in the past 12 months:

Yes No

Please specify reasons

c) Is the Company:

- | | |
|-----------------------|---|
| i. Public: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Private: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| iii. Other (specify): | |

Section 3 - Ownership

a) Is the Company:

- | | |
|--|---|
| i. Listed on any stock exchange? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Listed on any unlisted securities market or exempt exchange? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| iii. Traded in any other way? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If YES, please provide full details: stock code; what exchange they are listed on; and type of security traded on that exchange:

FRM

b) Please detail:

- | | |
|------------------------------------|---------------------|
| i. Total number of shareholders: | 2,072 as at 30/4/20 |
| ii. Total number of shares issued: | 55.18m |

iii. Any shareholder or associated group of shareholders who own or control, directly or indirectly, more than 5% of the ordinary share capital of the Company:

West Coast Eggs Pty Ltd

iv. Full description of any other securities, bonds or other instruments that are convertible to voting shares and their respective rights:

NIL

Section 4 - Financial

| | |
|--|---|
| a) Has the Company's external auditor expressed any concerns to the Audit Committee or any of its directors and/or officers regarding disclosures and accounting practices or policies (including revenue recognition practices) of the Company or any subsidiary in the last seven years? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b) Has the Company or any subsidiary changed, or considering changes to, its revenue recognition or other accounting practices? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c) Has the Company or any subsidiary restated its financial results in the last seven years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Since the date of the latest Annual Report & Audited Accounts, have there been any developments which have adversely impacted the financial position of the Company or any subsidiary? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e) Is there any fact or circumstance that might affect the ability of the Company or any subsidiary to meet all its debts as and when they fall due? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f) Are there any outstanding loans to any director or officer of the Company or any subsidiary, corporations or partnerships in which a director or officer of the Company or any subsidiary owns or controls more than 10%? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If YES, please provide full details separately.

Section 5 - North America

At anytime, has the Company or any subsidiary at any time:

| | |
|---|---|
| a) Conducted any business in North America? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If YES, i. Does the Company have greater than 5% of total gross assets located in North America? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Does the Company have greater than 5% of total turnover derived from operations in North America? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Had any shares traded on a stock exchange in North America? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Held a controlling interest in any company in North America? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If YES to any of the above questions, please complete the North America Addendum (Appendix B).

Section 6 - Outside Directorship

| | |
|--|---|
| a) Are there any directors, officers or employees that hold an Outside Directorship position in an Outside Entity? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|

If YES, please complete the following for each Outside Directorship:

| | |
|--|--|
| i. Does the Outside Entity indemnify its directors and officers to the full extent possible at law? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Is the Outside Entity or its directors and officers aware of any claim or circumstances that could give rise to a claim related to the Outside Entity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If YES, please provide full details separately.

| | |
|---|--|
| b) Does the Outside Entity purchase Directors & Officers Liability Insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

If YES, please provide the following information:

| | |
|-------------------------|--|
| iv. Name of Insurer: | |
| v. Policy Number: | |
| vi. Limit of Liability: | |
| vii. Deductible: | |
| viii. Expiry Date: | |

NOTE: Outside Entity is defined under Section 3.36 Outside Entity in Chubb Australia Elite - Director and Officers Insurance Policy (09.14)

Section 7 - Trade or Economic Sanctions

- a) If work is performed overseas, does the Applicant have any operations or dealings which could give rise to a risk or obligation in a jurisdiction which is subject to any sanction, prohibition or restriction under United Nations resolutions or any trade or economic sanctions of the USA or Commonwealth of Australia? Yes No

If YES, please provide details

- b) Are there any officers or employees that hold an Outside Directorship position in an Outside Organisation which could give rise to a risk or obligation in a jurisdiction which is subject to any sanction, prohibition or restriction under United Nations resolutions or any trade or economic sanctions of the USA or Commonwealth of Australia? Yes No

If YES, please provide details

Section 8 - Continuous Disclosure

- a) Does the Company and any relevant subsidiaries have written procedures and protocols in place to ensure the Company and any relevant subsidiary complies with any continuous disclosure obligations arising pursuant to any legislation, listing rules or other law? Yes No

If YES, have all directors, officers and relevant employees:

- i. Been provided with a copy of the manual and/or guidelines? Yes No
- ii. Received training in relation to their continuous disclosure obligations during the past 2 years? Yes No

- b) Who is responsible for ensuring compliance with continuous disclosure obligations?

Company Secretary & CFO

Section 9 - Claim Details

- a) Have any claims ever been made against the Company or its subsidiaries, any past or present director, officer or employee of the Company or of its subsidiaries? *Chubb claim 34059686 - 2013* Yes No

- b) Is the Company, or any director, officer or employee aware, after enquiry, of any fact, circumstance, act or omission which may give rise to a claim that may be covered under a Directors & Officers Liability Insurance policy? Yes No

- c) Has the Company or its subsidiaries, any past or present director or officer of the Company or of its subsidiaries ever been declared bankrupt, had any fine or penalty imposed or been subject to any official investigation, inquiry or examination in such capacity? *Re above claim* Yes No

- d) Has there ever been, or is there currently pending, any prosecution of the Company, any subsidiary, or any director, officer or employee in such capacity of the Company or any subsidiary? *Re above claim* Yes No

- e) Has the Company, any of its subsidiaries or any director, officer or employee ever had an insurer decline a proposal for, or cancel or refuse to renew, a Directors & Officers Liability Insurance policy, or had any special terms or conditions imposed? Yes No

NOTE: if you answer YES to any of the above questions, please provide full details separately. *No changes/updates*

Section 10 - Insurance Details

- a) Does the Company or any subsidiary currently purchase Directors & Officers Liability Insurance with Chubb: Yes No

If NO, please provide the following information for each such policy:

- i. Insurer: _____
- ii. Limit of Liability: _____
- iii. Deductible: _____
- iv. Expiry Date: _____

- b) What Limit of Liability is now required? _____

- c) **Securities Entity Cover**
Coverage is afforded under this policy to the company for claims made against the entity arising out of the sale or purchase of the Company's securities.

Would you like Chubb to provide a quotation that includes Securities Entity Cover? Yes No

d) **Employment Practices Liability**

Coverage afforded under this extension provides Employment Practices Liability cover against the Company for employment related claims.

Would you like Chubb to provide a quotation for this optional extension to the policy?

Yes No

If YES, please complete the supplementary Employment Practices Liability Supplementary Proposal (Appendix A).

Section 11 - GST and Stamp Duty

a) What is the Company's Australian Business Number? **42 050 590 030**

b) Does the Company intend to claim an Input Tax Credit for the premium of the proposed policy if provided?

Yes No

If YES, to what extent is an Input Tax Credit being claimed? (e.g. answer - full claim or %) **100**

c) For the purpose of calculating the stamp duty and GST charges, please provide a breakdown of the number of employees of the Company based in each of the following locations:

| NSW | VIC | QLD | SA | WA | VIC | TAS | NT | ACT | Overseas | Total |
|-----|-----|-----|----|----|-----|-----|----|-----|----------|-------|
| 53 | 175 | 2 | | | | | | | | 230 |

Acknowledgement

We (the undersigned):

- a) acknowledge that we have read and understand the Important Notices and Privacy Statement contained in this proposal;
- b) agree that this proposal, together with any other information or documents supplied, shall form the basis of any resulting contract of insurance;
- c) acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by Chubb;
- d) declare after enquiry that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted; and
- e) undertake to inform Chubb of any material alteration to those facts before completion of the contract of insurance.

Signed:

| | | | |
|---|---|------|---------|
| Chairperson | | | |
| Name | | Date | |
| Managing Director/ Chief Executive Officer |  | | |
| Name | DARYL BIRD | Date | 26.5.20 |

Appendix A - Employment Practices Liability Supplementary Proposal

| | |
|--|---|
| a) What Limit of Liability is requested for this Extension? | \$5m |
| b) Please provide details of the total number of employees (including directors & officers) of the Company and its subsidiaries: | |
| i. Full time employees: | 112 |
| ii. Part time employees: | 125 |
| iii. Employees domiciled in North America: | |
| c) List number of employees with salaries greater than: <i>and super</i> | |
| i. AU\$50,000: | 85 |
| ii. AU\$100,000: | 15 |
| iii. AU\$150,000: | 2 |
| iv. AU\$200,000: | 1 |
| d) How many directors, officers or employees of the Company or of its subsidiaries have resigned, or had their employment terminated, or been made redundant or have taken early retirement within the last 24 months? | |
| i. Directors: | — |
| ii. Officers: | — |
| iii. Employees: | 51 (<i>excluding casuals</i>) |
| e) Is the Company or any of its subsidiaries currently undergoing, or is contemplating undergoing, during the next 12 months, any employee redundancies, outsourcing, lay offs, or early retirement (including those resulting from any type of company restructure, acquisition, divestment, office, plant or stock closure)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If YES, please provide details below: | |
| <hr/> <hr/> <hr/> | |
| f) Does the Company have a central Human Resources or Personnel Department performing a function for the Company and its subsidiaries? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, how many employees are there in this Department: | |
| If NO, how is the function handled: | |
| g) Does the Company and its subsidiaries have a written Human Resources manual, employee handbook or equivalent written management guidelines? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, are all management and employees: | |
| i. Provided with a copy of the manual? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Provided with training in the proper implementation of the policies and procedures in the Manual or Guideline? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| iii. Does it specify a complaints procedure available to all employees? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| iv. Does the procedure enable employees to bypass their immediate supervisor or manager to pursue a complaint? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| v. Does the manual or handbook or guidelines contain a policy and/or procedure with respect to the following events: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Employment application: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| • Discrimination of any kind: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| • Intimidation of any kind: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| • Harassments of any kind: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| • Compliance with statutes: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| • Employee disciplinary/dismissal procedures: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| • Redundancies: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|---|
| • Early retirement: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| • Occupational health and safety: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| • Disability: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| • Equal Opportunity: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| • Advertising in respect of employment: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| • Employee appraisals & reviews: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

h) Are decisions regarding the above events always subject to prior review by the:

| | |
|---|---|
| i. Company's Human Resources or Personnel Department? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Internal Legal Department? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| iii. External Lawyer? | <i>Not always</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Claim Details

NOTE: if you answer YES to any of the following questions, please provide full details separately.

| | |
|--|---|
| a) Have any claims ever been made against the Company or its subsidiaries, any of its directors, officers or employees for any employment related wrongful act? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b) Has there ever been any enquiry, investigation or other administrative hearing, whether current or completed, before any agency or tribunal governing the responsibility of employers to their employees? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If YES, please provide details:

Appendix B - North America Addendum

a) Please state for the Company and all of its subsidiaries:

- i. Total gross assets located in North America;
- ii. Total turnover derived from operations in North America;
- iii. Total employees domiciled in North America;

b) Please detail all subsidiaries registered, incorporated or domiciled in North America and the nature of their business:

c) Please detail those subsidiaries in North America that are not wholly owned, together with the Company's percentage interest in each subsidiary and, in addition, please also specify who owns the additional stock:

d) Does the Company or any of its subsidiaries have any stock, shares or debentures in North America:

Yes No

If YES: i. On what date was the last offer/tender/issue made:

ii. Was the offer subject to the United States Securities Act of 1933 and/or the Securities Exchange Act 1934 or any amendments thereto?

Yes No

e) Are any shares, stocks or debentures listed on any exchange in North America?

Yes No

If YES, please provide the following information:

i. On what date was the last offer/tender/issue made

ii. On what exchange are they traded

iii. Are they sponsored or unsponsored

If sponsored, name of depository/sponsor

iv. Tick what level are they traded:

- Rule 144A
- OTC
- Level 1
- Level 2
- Level 3
- Full Listing

v. The percentage traded as a total of issued share capital:

vi. The number of ADR shareholders:

vii. Number of ADR's:

viii. Details of all shareholdings of more than 5% of the issued ADR share capital:

f) Does the Company or any of its subsidiaries have or intend offering any debt instruments or commercial paper programmes in North America?

Yes No

If YES, please provide details:

g) Has the Company or its Subsidiaries been required to provide a 20F or similar filing to the USA Securities Exchange Commission?

Yes No

If YES, please provide a copy of the 20-F or similar filing documents.

| | |
|--|--|
| h) Does the Company or its subsidiaries issue Stock Options or restricted shares? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, please advise: | |
| i. Does the Company and its subsidiaries have a written procedure or policy in place for the issuance of stock options or restricted shares? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Does the Company issue options at approximately the same time every year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iii. Does the Company issue stock options or restricted shares on dates when it has not held a board Meeting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iv. Are all SEC Form 3, Form 4 and Form 5 filings made in a timely fashion by general counsel's office? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| v. Has the Company or any of its subsidiaries ever backdated stock options or restricted shares? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If YES, please provide full details separately including:

- How the grant dates were chosen;
- Whether the grant dates were chosen in accordance with the Company policies and procedures;
- Whether the backdating of the stock options was disclosed to shareholders, and the method and form of such disclosures; and
- If expenses related to the issuance of the backdating options were recognised in the reporting periods, the options that were issued.

| | |
|--|--|
| i) Has the Company or any of its subsidiaries received any subpoenas, document requests, formal or informal investigative orders or any other requests of any kind for information from the Securities Exchange Commission, any United States Attorney, or any other federal or state administrative, regulatory or law enforcement agency related to the granting of stock options or any other enforcement action? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

If YES, please provide full details separately.

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurer. Chubb, via acquisitions by its predecessor companies, has been present in Australia for over 50 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages include Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities as well as Accident & Health, for a broad client base, including many of the country's largest companies.

More information can be found at www.chubb.com/au

Contact Us

Chubb Insurance Australia Limited
ABN: 23 001 642 020 AFSL: 239687

Grosvenor Place
Level 38, 225 George Street
Sydney NSW 2000
O +61 2 9335 3200
F +61 2 9335 3411
www.chubb.com/au

Chubb. Insured.SM

Employment Practices Liability

Proposal Form

Completing the Proposal Form

- Please read the "Statutory Notice" before completing this Proposal Form.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.

1. Details of Applicant

| | | | |
|---|--|--|---|
| a) Name of Applicant: | <i>Farm Pride Foods Ltd.</i> | | |
| b) Applicant's Address: | | | |
| c) How long has the Applicant continuously carried on business? | | | |
| d) Nature of business: | | | |
| e) Is the Applicant a: | <input type="checkbox"/> Private Company | <input checked="" type="checkbox"/> Public Company | <input type="checkbox"/> Other - specify: |
| f) Total number of employees: | | | |

| | Currently | One (1) Year Ago | Two (2) Years Ago |
|--------------------------------|------------|------------------|-------------------|
| Full time - Executive Officers | <i>2</i> | <i>2</i> | <i>1</i> |
| Full time - Employees | <i>230</i> | <i>230</i> | <i>230</i> |
| Independent Contractors | | | |

2. Employment Practices Information

Does the Applicant:

| | |
|--|---|
| a) Use outside employment counsel for employment advice? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Have a full time human resources manager or department? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

If No, how is this function handled?

| | |
|---|---|
| c) Conducted any retrenchments, staff reductions or facility closing during the last six (6) years? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|

If Yes, please provide details:

| | |
|--|---|
| d) Anticipate any retrenchments or staff reductions? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|

If Yes, how many?

| | |
|---|---|
| e) Have a formal employment contract with any employee? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

If Yes, how many?

All

| | |
|--|---|
| f) Distribute an employee handbook to all employees? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

If No, please explain why:

| | |
|--|---|
| g) Have a manual of its human resource procedures? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

If Yes, what date was it last revised?

August 2019

| | |
|---|---|
| h) Provide formal training for its supervisors in administering these procedures? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|

| | |
|---|---|
| i) Have a written policy against discrimination, including sexual harassment? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

If Yes, how is it communicated to employees?

Training at induction and refresher.

Displayed on notice boards

| | |
|---|---|
| j) Have a grievance procedure for dealing with discrimination claims? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

| | |
|---|---|
| k) Use any tests (e.g. psychological, drug, polygraph etc.) for screening applicants or for continued employment? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

If Yes, please provide details: Drug + alcohol random tests.

| | |
|---|---|
| l) Have a written progressive disciplinary program? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

| | |
|---|---|
| m) Provide outplacement for terminated employees? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

If Yes, please provide details: At discretion

| | |
|---|---|
| n) Have an established termination procedure? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

If Yes, please provide details:

| | |
|--|---|
| o) Have an established severance policy? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|

If Yes, please provide details:

| | |
|---|---|
| p) Obtain advice from a human resource manager prior to terminating an employee? If No, who has the authority to: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

i. Hire employees?

HR

ii. Fire employees?

Department manager in conjunction with HR

3. Loss History

| | |
|---|--|
| a) Please provide a listing of all employment legal actions as well as administrative proceedings commenced during the past three (3) years. Describe the type of allegation, the court or government agency involved and any determination, judgment, defence cost or settlement for each. | |
|---|--|

| | |
|---|---|
| b) Is the Applicant presently subject to any judicial or administrative order, decree, judgment or conciliation agreement relating to employment? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|

If Yes, please provide details:

4. Prior Insurance

a) Does the Applicant currently have an Employment Practices Liability insurance policy or similar insurance?

Yes No

If Yes, please provide details:

Chubb

| Insurer | Limit | Deductible | Policy Period |
|---------|-------|------------|---------------|
| | \$ | \$ | |

b) Has the Applicant or any person proposed for coverage given written notice under the provisions of any prior or current Directors and Officers Liability insurance policy of specific facts or circumstances which might give rise to a claim being made against any Insured?

Yes No

If Yes, please provide details:

5. Continuity with Prior Coverage

Complete this section only if the Applicant currently has coverage and requires continuity of coverage.

a) Continuity date requested:

Per expiring

b) Please provide a copy of the prior proposal with which continuity of coverage is to be maintained.

Note: The Company will be relying upon the declarations and statements contained in such prior proposal and those declarations and statements shall be considered to be incorporated in and form a part of the policy of the Company.

6. Prior Knowledge/Warranty

This section applies if the Applicant has requested continuity of coverage and the request has not been accepted or granted, or if there is no prior coverage. This question need not be answered if this proposal forms part of a renewal of a current Chubb Insurance Australia Limited Employment Practices Liability insurance policy.

Is any person proposed for coverage cognisant of any facts or circumstances: (a) which he or she has reason to suppose might afford valid grounds for any future claim(s) such as would fall within the scope of the proposed coverage; or (b) which indicate the probability of any such claim(s)?

Yes No

If Yes, please provide details:

It is agreed that if such facts or circumstances exist, any claim or action arising therefrom is excluded from the proposed coverage.

7. False Information

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

8. Requested Limit

\$ 1m

9. Stamp Duty

Please state the total number of employees located in the following states and overseas:

| NSW | VIC | QLD | SA | WA | ACT | NT | TAS | O/S |
|-----|-----|-----|----|----|-----|----|-----|-----|
| 53 | 175 | 2 | — | — | — | — | — | — |

10. GST

| | |
|--|---|
| a) What is the Applicant's Australian Business Number? <i>42 080 590 030</i> | |
| b) Does the Applicant intend to claim an Input Tax Credit for the premium of the proposed policy if provided? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, to what extent is an Input Tax Credit being claimed by any and which Applicants? (e.g. answer - full claim or %)? <i>100</i> | |

Note: It is Chubb's intention to apply GST in accordance with the Input Tax Credit claimed by the Applicant.

11. Additional Information

Please provide with this Proposal Form:

- a) Latest Audited Annual Report.
- b) Most recent employee handbook.
- c) Functional organisation chart depicting Human Resource department position.

12. Declaration and Signature

The undersigned authorised officers of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant, to effect insurance, the undersigned agree that this proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the policy should one be issued.

The undersigned, on behalf of the Applicant, acknowledge that the Statutory Notice contained herein has been read and understood.

This proposal must be signed by the Applicant's Chairman of the Board, Managing Director or Chief Executive Director.

| | |
|-----------|--|
| Signature |  |
| Title | <i>CEO</i> |
| Date | <i>26.5.20</i> |

Statutory Notice

For the purposes of this statutory notice, Chubb Insurance Australia Limited ABN: 23 001 642 020 AFSL: 239687 means "we", "us" and "our".

Duty of Disclosure

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

What you do not need to tell us

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.