



ZURICH®

Directors & Officers Liability

Claim form

Zurich does not admit liability by the issue of this form. It is issued to enable the insured to notify a claim under a directors' and officers' liability policy.

Claim number

(Zurich use only)

Important information

- Do not admit liability.
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.
- In the event of a claim, Zurich Australian Insurance Ltd will:
 - Acknowledge receipt and assign a dedicated claims specialist who will contact you within 2 business days.
 - Advise whether further information is required to consider coverage within 10 business days following receipt of a new claim.
 - Following receipt of all requested information, we will advise you of our decision concerning indemnity.
 - If the claim is covered, we will keep in close contact with you to assist with the management of your defence.

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive Information ('Information'), you should know that:

We collect, use, process and store Personal Information and, in some cases, Sensitive Information about you such as health information, in order to comply with our legal obligations, assess your application and, if your application is successful, to administer the products or services provided to you, to enhance customer service and product options and manage a claim ('purposes').

If you do not agree to provide us with the Information, we may not be able to process your application, administer your policy or assess your claims.

By providing us or your intermediary with your Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your Personal Information, including your Sensitive Information, to your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies, your employer, Workcover authorities and as required by law within Australia or overseas.

Zurich may obtain Information from government offices, the parties listed above and third parties to administer policies and assess a claim in the event of loss or damage.

In most cases, on request, we will give you access to personal information held about you. In some circumstances, we may charge a fee for giving this access, which will vary but will be based on the costs to locate the information and the form of access required.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – www.zurich.com.au, contact us by telephone on 132 687 or email us at PrivacyOfficer@zurich.com.au

1 Policy details

Policy holder (the company who purchased the policy and in whose name the policy is held)

.....
The policy number

.....
The policy year/period

Is there any other insurance that may be applicable to the notification?

Yes ☐ No ☐

If you answered 'Yes' to the above question, please provide details

Insurer

.....
Policy holder

.....
Type of insurance

.....
Period of insurance

Has this matter been notified to that insurer?

Yes ☐ No ☐

2 Insured details

Please list all individuals against whom allegations have been made. You should include the full name of the individual, the position they occupied with the insured entity, the registered name of the insured entity and the period during which the individuals held their position with the insured entity. If the individual is not a director of the insured entity, you will need to provide further details of the position held by the individual to confirm their insured status (you should attach a position description and/or a copy of the individual's contract of employment).

Name of individual	Insured entity	Position held with insured entity	Period during which position held	Has the insured entity indemnified the individual? (Y/N)

If the entity for which the individual worked is a subsidiary of the insured entity, please describe the corporate relationship between the entities (eg: Company B is a wholly owned subsidiary of Company A):

.....

.....

3 Claim details

It is important that you tell us as much as possible about the claim that has been made, including:

1. A chronology of events and/or brief summary of the background to the claim. This should include: the date allegations were first made against the insured, the nature of the allegations, the identity and insured's relationship to the third party making the allegations and any response made by the insured to the allegations;
2. If a letter of demand has been received, please attach a copy.
3. If proceedings have been commenced, please provide us with a copy of the letter of service and the originating process.
4. If you have any other court documents, please provide copies.
5. If a formal investigation has been commenced, please provide any documents received.
6. If you are aware of the value of the claim or can estimate it, please advise us of this.
7. Copies of any investigative reports, internal memorandum or correspondence that will help us understand the origin of the claim.

Summary of claim

List of documents attached

1.
2.
3.
4.
5.
6.
7.
8.

4 Retainer of Defence Counsel

At Zurich, we leverage off the size and strength of our global brand. We have negotiated agreed rates with top tier national firms, within the key competencies where it matters. Our D&O panel firms operate under our Litigation Management Guidelines and adhere to best practices. This ensures service standards are high and rates are market competitive. You have a choice of firm under your policy. However, if you would like to take advantage of Zurich's D&O panel, please let us know and we will provide a recommendation.

Otherwise, please provide details of the firm engaged by you

Firm	Name of primary contact at the firm	Charge rates

Once received, please provide a copy of the retainer agreement you receive from your solicitor.

5 Insured person contact details

1. Name

Phone

Email

Address

Postcode

2. Name

Phone

Email

Address

Postcode

3. Name

Phone

Email

Address

Postcode

6 Declaration

By sending this form to Zurich, I/we declare that all the particulars stated above and statements made in support thereof are true and correct, that no information relevant to this claim has been withheld and that all conditions and stipulations of the policy have been complied with.

Name	Signature	Date
	X	/ /

Contact details

Zurich has a dedicated claims team for your Directors' & Officers' Liability claim. To lodge your claim, you can use email, mail or fax.

Email address

fl.claims@zurich.com.au

Mail address

**The Claims Manager
Financial Lines Claims
PO Box 677
North Sydney NSW 2059**

Fax number

+61 (0)2 9995 2059

Please attention your fax to The Claims Manager Financial Lines

If you wish to call us to discuss a potential claim, please feel free to call us on our National Inquiry Line

Phone 132 687

You can find additional information on our website

www.zurich.com.au