

APPLICATION FORM

Deed of Access and Indemnity

Please read the following before completing this application form.

Directors and officers are subject to numerous legal duties and obligations. Navigating these legal duties and obligations is often not a straightforward process for even the most diligent officers. Being a director or officer is not without some degree of personal risk.

Directors and officers are at risk of being held personally liable under many instances of Australia's and other countries' laws. There are essentially three ways of mitigating the risk:

1. exercising a high level care and attention to duties and obligations. This includes understanding the legislation (both at State, Federal and international levels) which impacts the company in which the officer operates;
2. deeds of access and indemnity from the Company (subject to legal constraints and capacity to pay); and
3. insurance.

It is important that directors and officers are aware of their rights and obligations if a claim is made against them. It is vital that officers maximise the protection afforded to them by a company deed of indemnity and have an understanding of the cover provided to them under the company directors and officers insurance policy.

Making an Application

By completing and submitting the Application you confirm as follows:

1. You have considered the information required, to be confirmed or to be provided; and
2. The information you have confirmed or provided is correct.

Whilst we encourage you to complete as much detail in the form as possible, do not feel compelled to complete those details that are unknown, uncertain or unclear to you. We will review the information you provide, and to the extent that we believe we do not have sufficient information to proceed to the next step, we will contact you to discuss.

The next step will be for us to review the information provided, to scope the work we believe will be required to enable us to proceed with the drafting of a Deed of Access and Indemnity Deed, and to provide our fee quote for this work. The fee estimate provided in this form are indicative only and may need to be revised based on the information provided when this form is completed as well as any subsequent information obtained through the scoping process above.

In all cases we will provide a fee estimate prior to the commencement of any work.

If you have any questions about completing the application form, please contact:

Christopher Davis
Principal

Phone: (07) 3014 6530

Email: cdavis@mcw.com.au

Anthea Faherty
Principal

Phone: (07) 3231 0645

Email: afaherty@mcw.com.au

ESTIMATE OF OUR FEES SUBJECT TO SCOPE AND QUOTE

Initial draft deed of access and indemnity and summary of clauses (for one or more directors) \$2000 plus GST

Letter of advice on the proposed deed and the appropriateness of the planned insurance policy that has been, or is to be, taken out. Based on an agreed scope and quote basis

Note: Payment by credit card will incur a fee of 1.07% (including GST) for VISA, MasterCard and 3% (including GST) for AMEX, on the GST inclusive price specified above.

Price is for delivery of documents by email only - if hard copies of documents are required express post

Courier - fee TBA

AGENT/PURCHASER'S DETAILS

Full name

Name of firm (if applicable)

Telephone

Fax

Email address

Street Address

Suburb/City

State

Postcode

Postal Address:
(if different from above)

Suburb/City:

State

Postcode

INFORMATION REQUIRED/TO BE CONFIRMED/TO BE PROVIDED DETAILS

1.	Any constitution or other establishing document or shareholders agreement which impacts indemnity or rights of directors.	Yes	No
2.	Is there D&O cover?	Yes	No
3.	Any policies of insurance, including product disclosure statements, terms and conditions and insurance certificates for each of the policies of insurance for the officer.	Yes	No
4.	Is the insurer or insurers located in Australia?	Yes	No
5.	Are there deeds of access and indemnity or agreements in place?	Yes	No
6.	Has there been any previous claims on the insurance policies?	Yes	No

ENTITY DETAILS AND STRUCTURE

Company Name	ACN	
Business Name (if different from the Company name)	Business No.	
Street Address		
	State	Postcode
Street Address		
	State	Postcode
Nature of the Business/ description of the business (industry, specialty, etc)		

OFFICER'S DETAILS

Officer 1

Full Name

Name of related entity (if applicable)

ACN/ABN/ARBN

Position held (please indicate)

	Director	Company secretary	Officer	Employee
Description of the role of the director/ officer				
Insurance Policy details	1.		2.	3.
Name if insurer	1.		2.	3.
Amount of coverage policy limits	\$		\$	\$
Is there tail or run off cover?	Yes		No	
If yes, amount of tail or run off cover?	\$		\$	\$
Name of insurer				
What is the length of time required to maintain the tail or run off cover?				years

Details of Entities the officer is a director, officer or senior employee (other than the Company):

- 1.
- 2.
- 3.
- 4.

Officer 2

Full Name

Name of related entity (if applicable)

ACN/ABN/ARBN

Position held (please indicate)

Director Company secretary Officer Employee

Description of the role of the director/ officer

Insurance Policy details	1.	2.	3.
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Name if insurer	1.	2.	3.
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Amount of coverage / policy limits	\$	\$	\$
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Is there tail or run off cover?	Yes	No
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If yes, amount of tail or run off cover?	\$	\$	\$
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Name of insurer

What is the length of time required to maintain the tail or run off cover? _____ years

Details of Entities the officer is a director, officer or senior employee (other than the Company):

- 1.
- 2.
- 3.
- 4.

Officer 3

Full Name

Name of related entity (if applicable)

ACN/ABN/ARBN

Position held (please indicate)

	Director	Company secretary	Officer	Employee
Description of the role of the director/ officer				
Insurance Policy details	1.		2.	3.
Name if insurer	1.		2.	3.
Amount of coverage policy limits	\$		\$	\$
Is there tail or run off cover?	Yes		No	
If yes, amount of tail or run off cover?	\$		\$	\$
Name of insurer				
What is the length of time required to maintain the tail or run off cover?				years

Details of Entities the officer is a director, officer or senior employee (other than the Company):

- 1.
- 2.
- 3.
- 4.

Officer 4

Full Name

Name of related entity (if applicable)

ACN/ABN/ARBN

Position held (please indicate)

Director Company secretary Officer Employee

Description of the role of the director/ officer

Insurance Policy details	1.	2.	3.
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Name if insurer	1.	2.	3.
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Amount of coverage / policy limits	\$	\$	\$
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Is there tail or run off cover?	Yes	No
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If yes, amount of tail or run off cover?	\$	\$	\$
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Name of insurer

What is the length of time required to maintain the tail or run off cover? _____ years

Details of Entities the officer is a director, officer or senior employee (other than the Company):

- 1.
- 2.
- 3.
- 4.

RETURNING THIS FORM

After completing this form please either:

- print, sign, and fax it to McInnes Wilson Lawyers at (07) 3221 2921; or
- print, sign, scan, and email it to McInnes Wilson Lawyers at mcwonline@mcw.com.au; or

To print this form for signing click here:

To email this form to McInnes Wilson Lawyers, after confirming instructions below, click here:

CREDIT CARD PAYMENTS

Please debit the following credit card for the supply of goods and services indicated on this application form.

Note: Payment by credit card will incur a fee of 1.07% (incl GST) for VISA and MasterCard, and 3% (incl GST) for AMEX, on the GST inclusive price.

Charge my credit card:

Visa Mastercard American Express

Total Remitted \$ _____ Expiry date _____
 plus credit card fee specified above

Cardholder's Name

Card Number

Cardholder's Signature _____ Date _____