

Management Liability Insurance Policy Schedule



PLEASE READ THE ENTIRE POLICY CAREFULLY

Policy Number:

Policyholder:

Broker Name and Address:

Policy Period: From 4 pm (Local Standard Time)
To 4 pm (Local Standard Time)

Premium:

GST:

Stamp Duty:

Total:

% of Premium, GST and Stamp Duty paid by the **Insured Persons**

% of Premium, GST and Stamp Duty paid by the **Policyholder**

Limit of Liability:

Fidelity Sub-limit:

Business Crisis Consultant Fees Sub-limit:

Fraud Investigator Expenses Sub-limit:

Company OH&S Expenses Sub-limit:

Pecuniary Penalties Sub-limit:

Pollution Expenses Sub-limit:

Company Pecuniary Penalties Extension: Included/Not included

Company Pecuniary Penalties Sub-limit:

Outside Directorships:

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Excess:

the cover provided to the **Insured Persons** is subject to an **Excess** of:

the cover provided to the **Company** is subject to an **Excess** of:

Legal Consultation named Firm

Continuity Date:

**Claims Notification address
and facsimile**

Claims Department
Vero Profin
Locked Bag 25
Australia Square Post Office 1215
Sydney NSW
02 9295 4445

**Insurer's address and
facsimile number**

Facsimile number in State of Policy issuance

Policy reference:

Vero Profin Management Liability Insurance Policy V6507 02-07

Endorsements:

Per:

Signed for and on behalf of Vero Insurance Ltd ABN 48 005 297 807

Issued in _____ **on** _____