

General & Products Liability

Proposal

Intermediary _____ Interim Cover No. _____

The Proposer

Name(s) in full _____

Trading as _____

Are You registered for GST purposes? Yes No What is Your ABN? _____

Postal Address _____

Postcode _____

Contact No. Phone _____ Fax _____ Mobile _____

Email Address _____ Website _____

Are you the Property Owner of the Venue? Yes No

If No, is cover required for the Property Owner under this Policy? Yes No

If Yes, what is the name(s) of Property Owner? _____

Are there any other Interested Parties? Yes No

If Yes, please list _____

1. Period of Insurance From ____ / ____ / ____ To ____ / ____ / ____

2. Description of Trade or Business (Please attach brochures if available)

3. Location of Premises (attach a list if more than one location)

Postcode _____

4. Limit of Indemnity Required

General Liability - Limit any one occurrence \$ _____

Products Liability - Aggregate Limit in each period of insurance \$ _____

5. Products (Give details of all products to be covered by this insurance - attach brochures and technical information)

| Product | Dated First Sold | Brand Name | Description & Use | Annual Turnover |
|---------|------------------|------------|-------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

Please provide a split of turnover as follows:

| State | Last 12 Months (Actual) | Next 12 months (Estimate) |
|--------------|-------------------------|---------------------------|
| NSW | | |
| QLD | | |
| VIC | | |
| SA | | |
| WA | | |
| NT | | |
| TAS | | |
| Overseas | | |
| TOTAL | | |

Can you identify with certainty the source of components used in products you manufacture? Yes No

Give details of your quality control and testing procedures

Are any products designed or manufactured for use in aircraft, aerial devices or watercraft? Yes No

6. Overseas Activity (Give details of any operation outside Australia and New Zealand)

| Product | Country Sold To | Annual Turnover | Representation | |
|---------|-----------------|-----------------|---|-------------------------|
| | | | (a) Power of Attorney (c) Representative | (b) Branch (d) Other |
| | | | | |
| | | | | |
| | | | | |

In respect of exports to the USA and Canada, please advise;

(a) What are the conditions of sale?

(b) Give full details of all contractual agreements covering sale of products in the USA and Canada.

(c) Is the product altered in any way after arrival?

(d) Do you have any assets permanently located in the USA or Canada? Yes No

(e) Is the importer, distributor, agent, or purchaser insured for Products Liability and is the proposer included in the policy?

7. Wageroll / Payroll

What is your estimated annual payroll including earnings of principals, directors and partners?

Annual Wageroll \$ _____

What is the Wageroll for installation or work away from your premises? \$ _____

If wages are paid for overseas operations please state which country and the wageroll for each.

Overseas Country _____ Annual Wageroll \$ _____

Do you employ contractors, subcontractors and / or labour hire employees? Yes No

If Yes, please advise the nature of the work and the annual payments.

Contract Work _____ Annual Payments \$ _____

Subcontract Work _____ Annual Payments \$ _____

Labour Hire Work _____ Annual Payments \$ _____

Do you verify insurance cover for all contractors, subcontractors and / or labour hire? Yes No

8. Contract Liability

Please give full details and attach copies of all agreements (other than liability under lease) where you assume liability under contract or hold others harmless:

9. Care, Custody and Control

Cover is excluded in the policy wording, it may be provided subject to agreement and extra premium.

(a) Do you usually have the property of others in your care, custody or control? Yes No

(b) If "Yes" what is the maximum value at any one time? \$ _____

(c) Please provide brief details of the goods held:

(d) How are the goods insured?

10. First Aid

What First Aid facilities do you maintain? Please state the locations and qualifications of staff employed:

11. Car Parks, Lifts and Unregistered Vehicles

Please give details of any of the following used in your business

- (a) Boiler and / or pressure vessels _____
- (b) Car Parks _____
- (c) Lift, escalator, hoist, cranes or other lifting equipment _____
- (d) Unregistered vehicles _____
-

General Information

A. Have You, in the last 5 years

1. made any claim(s) on an insurer for loss or damage? Yes No
2. had any insurance declined or cancelled, proposal / application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer? Yes No
3. suffered any loss or damage which would have been covered by the proposed insurance policy? Yes No

B. Have You or your Partners or Directors

1. ever been declared bankrupt? Yes No
2. in the last 10 years been involved in a company or business which became insolvent or was under the control of a liquidator or receiver? Yes No
3. been convicted of any criminal offence or served a prison sentence? Yes No

If you answered YES to any question in (A) or (B) above, please provide full details in the space below:

Claims History

Please give full details of all Claims and / or complaints made against You in the past five (5) years.

Important Notices

Your Duty of Disclosure

This policy is subject to The Insurance Contracts Act 1984. Under that Act You have a Duty of Disclosure.

This means:

1. When You ask for cover, You must tell Us all that You know about the risk that You want covered which may affect Our decision:
 - (a) To offer You cover, and
 - (b) The terms and the cost of such cover.
2. If You ask for the cover to be renewed, extended, altered or reinstated You must tell Us:
 - (a) If there have been any changes in what is covered, and
 - (b) Of all things that may increase the chances of a claim.

What You Don't Have to Tell Us

You do not have to tell Us of anything;

1. That reduces the chances of a claim. But, if You do, it may let Us offer You better terms.
2. That is common knowledge.
3. That we should know as a normal part of Our business.
4. If We waive Your Duty of Disclosure.

Non-Disclosure

If You don't tell Us something that You know which may affect Our decision to offer You cover or the terms of that cover We may be allowed to:

1. Reduce the amount that We have to pay for a claim. This may mean that We would pay You nothing.
2. Cancel this policy. We may even be allowed to cancel this policy from the date that the cover started if You lie to Us or deliberately keep information from Us or mislead Us.

Declaration

By signing this Proposal form You declare that:

1. You have read the above Important Notices
2. You understand and have complied with Your Duty of Disclosure.
3. The property that You want covered is in good condition.
4. All the information You have given in this form is correct.

Please sign below

Signature _____

Date / / _____

Title/Position _____