

SCAFFOLDERS LIABILITY INSURANCE QUESTIONNAIRE

DUTY OF DISCLOSURE

You/your organisation has a legal duty to tell the insurer every matter that is relevant to our decision to accept this application and if so, on what terms it is accepted. You have the same legal duty to tell us about all relevant matters before you renew, extend, vary or reinstate this policy.

Your duty does not require you to tell us about matters:

- that diminish the risk;
- that are common knowledge;
- that we know or in the ordinary course of business as an insurer ought to know;
- when compliance with the duty of disclosure is waived by us.

If you do not tell us all relevant matters we can reduce our liability for any claim or cancel this policy. If your non disclosure is fraudulent, we can avoid the policy from the beginning.

PRIVACY

Personal information supplied by you in this application and otherwise to us is for the primary purpose of sourcing, evaluating and administering this proposed insurance cover. You are entitled to access this personal information. If you do not provide all the information requested by us, this may affect the insurance cover with the insurer by reason of the operation of the Insurance Contracts Act 1984. It may also be necessary for us to disclose personal information to other parties including insurers, reinsurers and claims consultants. Any such disclosure will be in accordance with the Privacy Act 1988.

1. PERIOD OF INSURANCE

From 4pm on / / to 4pm on / /

2. PROPOSER(S)

2.1 Name(s) in full of Principals/Partners/Directors: _____

2.2 Trading Name: _____

2.3 Postal address: _____ State _____ P/code _____

2.4 Contact person: _____

2.5 Business telephone: _____ Home telephone: _____

2.6 Business fax: _____ Mobile: _____

2.7 Email: _____

2.8 Website: _____

3. BUSINESS

3.1 Description: _____

(Please attach any relevant brochure(s) or Annual Report)

3.2 If your business description has undergone any changes in the last 2 months please describe past and present operation(s): _____

3.3 How long have you been established in this business? _____

3.4 Number of Years in Continuous Business? _____

3.5 Current Insurer: _____

4. LIMITS OF LIABILITY

Public & Products Liability - What limit of cover do you require?

() \$5,000,000 () \$10,000,000 () \$20,000,000

5. ESTIMATED ANNUAL TURNOVER in respect of:-

Scaffolding manufacture	\$ _____
Supply / hire only	\$ _____
Erection / dismantling only	\$ _____
Other (please specify)	\$ _____
TOTAL	\$ _____

6. ESTIMATED ANNUAL PAYROLL (including earnings of principals, directors and partners)

Management / office staff	\$ _____
Scaffolding / associated work	\$ _____
Other (please specify)	\$ _____
TOTAL	\$ _____

7. DETAILS OF OPERATIONS

7.1 What is the maximum height scaffolding is erected to metres: _____

7.2 Please split work as follows:	2 storeys or less	_____ %
	2 to 5 storeys	_____ %
	5 to 10 storeys	_____ %
	Above 10 storeys	_____ %

7.3 Area of Operations (as a percentage of turnover): CBD _____%

Other Commercial _____%

Residential _____%

7.4 Is any scaffold erection or dismantling conducted on:

(circle)

- (i) Aircraft or within Federal airport grounds YES / NO
- (ii) On any bridges or railway structures YES / NO
- (iii) On any mines or dams YES / NO
- (iv) On any power, chemical or petrochemical plants YES / NO

If Yes to any of the above, please provide full details: _____

7.5 Do you:-

- (i) Manufacture any scaffolding products? YES / NO
- (ii) Regularly hire out scaffolding for long term contracts (over six months)? YES / NO
- (iii) Make regular maintenance / safety inspections of the above mentioned equipment? YES / NO
- (iv) Have a regular documented repair, maintenance and safety inspection program in place for all of your equipment? YES / NO
- (v) Sell any used or second hand equipment? YES / NO
- (vi) Have any written instructions regarding use, maintenance and safety of hire equipment? YES / NO
- (vii) Insist in the lease agreement that hirers effect their own liability insurance with your interest noted on their policy? YES / NO
- (viii) Have a formal training process in place for staff? YES / NO
- (ix) Own or hire cranes or other lifting equipment for the erection /assembly of scaffolding? YES / NO

7.6 Does your Product and / or services comply with the relevant Australian Standards? YES / NO

7.7 Do you assume liability under contract or hold other harmless (other than lease liability)? YES / NO

If Yes, please provide details: _____

7.8 Are you responsible for installation protection over sidewalks, footpaths and public areas? YES / NO

7.9 Have you or anyone in your employ ever been charged with any breaches of the relevant Occupational and/or Workplace Health and Safety Acts in respect of your business activities? YES / NO

If Yes, please provide details: _____

7.10 Are you responsible for repair and/or maintenance of your equipment? YES / NO

If No, please provide details: _____

8. CONTRACTORS

8.1 In regard to contractors engaged by you (excluding those obtained through labour hire agencies):

What is the estimated annual Payment: \$ _____

The nature of work carried out: _____

8.2 Are subcontractors required to carry their own insurance for:

i) Public liability (with your interests noted on their policy) YES / NO

ii) Workers' compensation YES / NO

If yes, how is this checked? _____

9. LABOUR HIRE

Do you use personnel supplied by labour hire compares to perform work in your business operations? YES / NO

If Yes, please advise:-

Company	Type of Works	Annual Payments
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. CLAIMS

After investigation with present and past insurers, have you in the last 7 years had a liability claim made against you (whether insured or not): YES / NO

If yes, please provide full details: _____

11. INSURANCE HISTORY

Has any Insurer ever declined, refused to renew, cancelled, or imposed special terms or conditions on any proposal, renewal or policy held by you? YES / NO

If yes, please provide details: _____

12. DUTY OF DISCLOSURE

Are there any other matters to disclose to us to fulfil your Duty of Disclosure? YES / NO

If yes, please provide relevant details: _____

13. DECLARATION

I/we declare/s that the answers given and statements made are to the best of my/our knowledge, true and correct and that I/we have not withheld any information likely to affect the acceptance of this application or the terms on which it is accepted.

Signed: _____ Dated: _____

Name: _____

Title: _____

NOTE: We act only as broker in relation to the above selected insurance covers. Should you wish to obtain a quotation on any other insurance please do not hesitate to contact our office on 02 9482 7422