

## Liability Insurance Application Form

- Please answer all questions. Blanks and/or dashes, or answers "known to underwriters or brokers" or "N/A" are not acceptable and will delay processing of this application.
- If there is insufficient room to complete a question, please attach a signed & dated addendum.
- Any documents attached to the proposal form part of this application.
- Where appropriate, please tick the yes or no box which best indicates your reply.

### 1. Your Details

#### 1.1. Business Activity

Principal Business

Describe Business if different from above

#### 1.2. Insured

Insured Name

Trading Name

What is your web site address ?

Please provide your ABN

Year business was established

Are you exempt from stamp duty?

Yes  No If Yes, specify number:

Address Line 1

Address Line 2

Suburb

State

Post Code

#### 1.3. Duty of Disclosure

Have you or any partner(s) shareholder(s) or director(s) of the business:

(1) Ever had an insurance policy cancelled, declined or terms imposed?

Yes  No

Date  Description

(2) Ever been declared bankrupt?

Yes  No

Date  Description

(3) Ever been involved in a company or business which became insolvent or subject to any form of insolvency or voluntary administration (e.g. liquidation or receivership)?  Yes  No

Date  Description

(4) Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?  Yes  No

Date  Description

(5) Been liable for any civil offence or pecuniary penalty (exceeding \$5,000)?  Yes  No

Date  Description

(6) Any other matters you should disclose?  Yes  No

Date  Description

### 1.4. Claims Experience

Have you had any claims in the last 5 years?  Yes  No

#### Claim #1

Date Of Loss

Amount of Claim

Please provide a brief description of the claim

Preventative/Corrective action details

## 2. Period of Insurance

Start Date

Expiry Date

## 3. Situations and Principals

### 3.1. Main Situation

Address Line 1

Address Line 2

Suburb

State

Post Code

### 3.2. Other Situations

Are there any other situations?

Yes  No

Address Line 1

Address Line 2

Suburb

State

Post Code

### 3.3. Principal Liability

Do you wish to note any Principals?

Yes  No

Enter Name of Principal

Activities with this Principal

Address Line 1

Address Line 2

Suburb

State

Post-Code

## 4. Business Details

### 4.1. Turnover

Estimated turnover / gross income for the next twelve months

Provide the approximate percentage of your activities (based on gross turnover/fee income) applicable to each State, Territory and Overseas

% NSW    % VIC    % QLD    % SA    % WA    % NT    % TAS    % ACT    % Overseas

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### 4.2. Staff

Total number of staff

Total estimated payroll

Do you engage contractors, subcontractors, or staff from labour hire firms in your business?

Yes  No

If Yes:

Do you ensure that contractors and subcontractors have their own liability and where necessary, Workers Compensation insurance?  Yes  No

Estimate the amount to be paid to contractors and subcontractors in the next 12 months:

Labour

Labour and Plant

Labour and Plant and Materials

Nature of work normally carried out

Do you engage labour hire or hired in labour in your business?  Yes  No

If Yes:

Estimate the amount to be paid to labour hire firms in the next 12 months

Do you manufacture, assemble, process or resupply any products?  Yes  No

Please provide details.

### 4.3. Hire Equipment and/or Staff

Do You or do You intend to hire in equipment or hire out equipment and or staff?  Yes  No

If Yes:

Is there a Hire Agreement with a disclaimer or legal waiver in place that the hirer signs before hiring?  Yes  No

Is all equipment checked and maintained after each hire?  Yes  No

Equipment hired	In/out	Turnover
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 4.4. Work Away from Premises

Do You or do You intend to perform work away from Your own premises?  Yes  No

If Yes:

Do You or do You intend to perform "hot work" away from own premises that involves the use of cutting, welding, grinding or soldering equipment?  Yes  No

% of Turnover

Details of activity

Do you ensure that all works are carried out in accordance to AS1674 Safety in Welding and Allied processes?

Yes

No

Do You or do You intend to perform external work over 2 storeys or 10 metres high?

Yes

No

If Yes:

What is the Maximum height (meters)?

Details of work

#### 4.5. Designated Contracts

Do you have any contracts to be designated?

Yes

No

If Yes, Description

#### 4.6. Imported Goods

Do You or do You intend to import goods?

Yes

No

If Yes, please provide details. Item #1

Product

Country

Turnover

Do you have quality control procedures in place?

Yes

No

If Yes, provide full details

Are your products subject to any Australian or International standard?

Yes

No

If Yes, provide full details

#### 4.7. Exported Goods

Do You or do You intend to export goods?

Yes

No

If Yes, please provide details. Item #1

Product

Country

Turnover

Do you have quality control procedures in place?

Yes

No

If Yes, provide full details

[Empty text box]

Are your products subject to any Australian or International standard?  Yes  No

If Yes, provide full details

[Empty text box]

#### 4.8. Domiciled Overseas

Do You, or do You intend to have representation outside Australia?  Yes  No

If Yes:

Where and what is the nature of your representation in each country?  
(eg, domicile employee, power of attorney, branch subsidiary, agency, etc?)

[Empty text box]

#### 4.9. Hazardous Activities and Substances

Do You, or do You intend to use, store or handle hazardous substances?  Yes  No

If Yes:

Please provide details of all hazardous substances

[Empty text box]

Please describe your handling and storage process

[Empty text box]

Do You, or do You intend to discharge waste or hazardous material into the atmosphere, sewer or elsewhere?  Yes  No

If Yes:

Please provide details of all waste material

[Empty text box]

Please describe your method of discharge

[Empty text box]

Please describe the safety procedures you use

[Empty text box]

Do You or do You intend to carry out any of the following activities:  Yes  No

Use of explosives, bridge construction/maintenance, demolition activities, construction or maintenance work involving chemical works, defence, mines, offshore platforms, utilities, gas production aircraft or airside aviation risks, petrochemical plants, power stations, rail, ships or marine risks?

If Yes:

Please give details

[Empty text box]

**4.10. Other Details**

Do You maintain records identifying suppliers of all goods?  Yes  No

Do You or do You intend to advertise your products and/or services?  Yes  No

If Yes:

Describe the Products or Services

Annual Expenditure

The types of Media you intend to use

The Agencies you have or intend to engage with

Do you assume Liability under any agreement other than Property Rental Agreements?  Yes  No

Please provide details

Do you intend to engage in any overseas activities in the next 12 months?  Yes  No

Please provide details

In the last 6 years or in the future, do you intend to undertake business or export to any of the following countries - Belarus, Burma (Myanmar), Cote d'Ivoire, Cuba, The Democratic Republic of the Congo, Iran, Iraq, Liberia, North Korea, Sudan, Syria or Zimbabwe?  Yes  No

Do you have any prior operations or activities which have ceased or have been disposed of but for which you may retain a legal liability?  Yes  No

If Yes, please give details.

Do you or will you participate in any exhibition(s)?  Yes  No

If Yes, please give details.

Do you or will you own, operate or use any Hovercraft or any Watercraft exceeding 23 metres in length?  Yes  No

Do you assume any liability under contract or hold harmless other parties under contract?  Yes  No

Do you have any in-house legal counsel to vet all contractual agreements?  Yes  No

Is there a documented escalation process which deals with any contractual obligations that are in dispute?  Yes  No

Do you use any standard contracts to transfer liabilities to other parties? If so, please provide a copy.  Yes  No

Do you maintain full rights or recourse against all other parties?  Yes  No

## 5. Cover Details

### 5.1. Limits of Liability

Please indicate the Total sum insured you prefer for Public and Products Liability

\$1,000,000     \$2,000,000     \$5,000,000     \$10,000,000  
 \$15,000,000     \$20,000,000     Other

Enter amount if not listed above

Please indicate the Total sum insured you prefer for Public Liability Only

\$1,000,000     \$2,000,000     \$5,000,000     \$10,000,000  
 \$15,000,000     \$20,000,000     Other

Enter amount if not listed above

### 5.2. Additional Cover

Additional Property in Physical & Legal Control - Limit

USA / Canada Exports

Yes  No

If Yes, please list products that will be exported

Turnover

### 5.3. Excess

Please indicate the Excess you prefer for Personal Injury

Nil     \$500     \$1,000     \$2,000     \$5,000  
 Other

Enter amount if not listed above

Please indicate the Excess you prefer for Property Damage

Nil     \$500     \$1,000     \$2,000     \$5,000



Other

Enter amount if not listed above

#### 5.4. Other Information

Do you wish to provide any additional information ?

Yes

No

### 6. Declaration

I/We hereby declare that:

My/Our attention has been drawn to the Important Notice accompanying this Application form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature/s below.

The above statements are true, and I/we have not suppressed or mis-stated any facts and should any information given by me/us alter between the date of this Application form and the inception date of the insurance to which this Application relates I/we shall give immediately notice thereof.

I/We authorize to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service. Where I/we have provided information about another individual (for example, an employee, or client), I/we declare that the individual has been or will be made aware of that fact.

I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Application form and I/we complete this Application form on their behalf.

To be signed by the Chairman/President/Managing Partner/Managing Director/Principal of the association/partnership/company/practice/business.

Signature

Date

Signature

Date