



PROPOSAL FORM ➔

Broadform Liability Insurance Proposal Form

EXTF000

Proposer to complete all sections in full

1. Proposal Details

Title: _____ Surname: _____ Given name/s: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Telephone: _____ Mobile: _____

Email: _____

Period of cover

From: ____/____/____ to ____/____/____ at 4:00pm local standard time

Describe all business activities: _____

ABN: _____ Tax Status (% entitlement to Input Tax Credits) _____%

2. Limit of Liability

(a) Public Liability (Limit of Liability any one Occurrence) \$ _____

(b) Products Liability (Limit of Liability any one Period of Insurance) \$ _____

"Your Product(s)" means anything (after it has ceased to be in your possession or under your legal control) manufactured, constructed, erected, assembled, installed, repaired, serviced, treated, sold, supplied or distributed by you in the course of your business, including any packaging or containers (other than a vehicle) used to package or contain your Product(s).

3. Estimated Annual Wages

Including earnings of directors, partners and sub-contractors

Please provide a breakdown of wages as follows:

- (a) Work at your Premises \$ _____
- (b) Work away from your Premises \$ _____
- (c) Sub-contractors \$ _____
- Estimated annual turnover \$ _____

4. Premises

(a) Owned by You

ADDRESS	OCCUPANCY	NO. OF STOREYS	FLOOR AREA

(b) Leased by You

ADDRESS

5. Contractual Liability

Have you entered into any Contract or Agreement (including any in respect of the supply of raw materials, components or finished goods) under which you have assumed liability for which you would not normally be liable, or under which you have waived Your legal rights of recovery (eg. Hold Harmless Agreements) (please tick)? Yes No

If Yes, please provide details and attach copies of the Contract or Agreement: _____

6. Property in Your Care, Custody and Control

Do you wish to increase the sub-limit for your legal liability in respect of property in your Care, Custody or Control above \$100,000? Yes No

If Yes,

- (a) What Limit of Liability is required for any one Period of Insurance? \$ _____
- (b) Please describe the property in your Care, Custody or Control? _____

7. Business Activities

Do your business activities include any of the following:

- (a) Manufacture of pharmaceuticals? Yes No
- (b) Mining, processing, storage, installation, removal or treatment of asbestos? Yes No
- (c) Working with or storage of chemicals, gases, inflammables, explosives or other dangerous substances? Yes No
- (d) Construction works involving:
 - Underpinning, removal, and weakening of supports of any adjoining structures? Yes No
 - Underground work? Yes No
 - Tunneling? Yes No
 - Dams? Yes No
- (e) Demolition? Yes No
- (f) Sub-aqueous construction or maintenance? Yes No
- (g) Hoists, cranes or other lifting equipment Yes No
- (h) Welding or cutting equipment involving the application of heat? Yes No
- (i) Work away from your premises? Yes No

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

8. Use of Sub-Contractors

What steps do You take to check that Sub-contractors employed by you hold adequate liability insurance? _____

9. Product Details

Please provide a complete list and description of all of your products (including those which have been discontinued during the last 10 years).

PRODUCT	INTENDED USE, MARKET ETC	EST. ANNUAL TURNOVER
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Do you undertake design work? Yes No

If Yes, please provide details: _____

Does Your business involve any of the following:

- | | |
|---|---|
| Manufacture? Yes <input type="radio"/> No <input type="radio"/> | Packaging? Yes <input type="radio"/> No <input type="radio"/> |
| Retail? Yes <input type="radio"/> No <input type="radio"/> | Labelling? Yes <input type="radio"/> No <input type="radio"/> |
| Assembly? Yes <input type="radio"/> No <input type="radio"/> | Repair? Yes <input type="radio"/> No <input type="radio"/> |

10. Exports

Do you export any of your products? Yes No

If Yes, please provide details of:

(a) Estimated Annual Turnover derived from exports: \$ _____

(b) Countries to which your products are exported: _____

(c) Nature of your exports and size of turnover in respect of exports to USA and Canada: _____

(d) Countries in which you have a branch or subsidiary company: _____

11. Imports

Do you import raw materials, components or finished goods? Yes No

If Yes, please provide details of:

(a) Countries from which you import: _____

(b) Nature of imports: _____

12. Quality Control

What quality control procedures are in place? _____

Are you ISO accredited? Yes No

If Yes, please provide details: _____

13. Standards

Are your products required to be manufactured in compliance with Australian Standards or any other government standard? Yes No

If Yes, please provide details: _____

14. Use of Products

Are any of your products:

(a) Used in aircraft, watercraft, nuclear installations, electricity generating stations, computers, Petro-chemical installations or process control equipment? Yes No

(b) Prototypes, experimental or single production items? Yes No

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

15. Insurance History

(a) Has any insurer ever declined to insure you? Yes No

(b) Has any insurer ever declined to renew any of Your insurances? Yes No

(c) Has any insurer ever required special terms before insuring or continuing to insure you? Yes No

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

(d) Name your previous liability insurer: _____

(e) Expiry date of previous policy: ____/____/____

16. Claims History

- (a) Have any claims been made against you in respect of your legal liability for injury or damage in the past 5 years? Yes No

If Yes, please provide details

DATE OF INCIDENT	NATURE OF INJURY OR DAMAGE	INSURER	AMOUNT OF CLAIM
___/___/___			\$ _____
___/___/___			\$ _____
___/___/___			\$ _____
___/___/___			\$ _____
___/___/___			\$ _____

- (a) Are you aware of any circumstances that may give rise to a claim not mentioned above? Yes No

If Yes, please provide details: _____

17. Liability Exposure

Does any of your work involve the following:

- (a) Underpinning or piling? Yes No
- (b) Demolition? To what Height? _____m Yes No
- (c) Alteration of Existing Structures? Yes No
- (d) Excavation greater than 3m? To what Depth? Yes No
- (e) Underground Operations? Yes No
- (f) Blasting? Yes No
- (g) Hazardous chemicals/flammable liquids? Yes No
- (h) Refuse removal or disposal Yes No
- (i) Hot works (welding, cutting, grinding etc)? Yes No

If Yes to any of the above give brief details Yes No

18. Liability Risk Management

- (a) Do you require sub-contractors to have their own liability policy? Yes No
- (b) If Yes to above, is this process monitored and enforced? Yes No
- (c) Do you hold regular meetings with relevant on-site staff where work hazards and risk management issues are discussed? Yes No
- (d) What precautions do you take to minimize danger to the Public at your construction sites? _____

Declaration and Signature

Please read carefully the following important information before signing:

DUTY OF DISCLOSURE

Before You enter into an insurance contract, You have a duty to tell us anything that You know, or could reasonably be expected to know, may affect our decision to insure You and on what terms.

You have this duty until we agree to insure You.

You have the same duty before You renew, extend, vary or reinstate an insurance contract

You do not need to tell us anything that:

- reduces the risk we insure You for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive Your duty to tell us about.

If You do not tell us something

If You do not tell us anything You are required to, we may cancel Your contract or reduce the amount we will pay You if You make a claim, or both. If Your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Under Insurance/Average

This means that if you under insure, you may be required to bear a portion of the loss yourself.

Inadequate space to answer

If there is inadequate space to answer any questions or you need to disclose something to us because of your duty of disclosure, please attach a separate piece of paper to this proposal form giving full details of additional information.

Privacy

In this statement "we", "us" and "our" means Lloyd's and ATC Insurance Solutions (ATC) as its agent.

We are bound by the requirements of the *Privacy Act 1988* (Cth), the *Privacy Amendment (Private Sector) Act 2000* (Cth) and the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. This sets out standards on the collection, use, disclosure and handling of personal information.

Our Privacy Policy is available at www.atcis.com.au or by calling us on the number below.

We, and our agents, need to collect, use and disclose your personal information in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

We may disclose your personal information to third parties (and/or collect additional personal information about you from them) who assist us in providing the above services and some of these are likely to be overseas recipients in the United Kingdom. These parties which include our related entities, distributors, agents,

insurers, claims investigators, assessors, lawyers, medical practitioners and health workers, and federal or state regulatory authorities, including Medicare Australia and Centrelink will only use the personal information for the purposes we provided it to them for (unless otherwise required by law).

Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your representatives or co-insureds). If you provide information for another person you represent to us that:

- you have the authority from them to do so and it is as if they provided it to us;
- you have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information and request correction if required. You may also opt out of receiving materials sent by us by contacting ATC on (03) 9258 1700 or write to us at the address given on page one.

Please note

The trade package policy has been issued exclusively to ETREC members. If you cease to be an ETREC member during the period of insurance and/or do not meet all ETREC requirements as to membership (including but not limited to payment of ETREC membership fees), ATC Insurance Solutions Pty Ltd reserves the right to not issue or renew your policy. We will notify you of this at least 14 days before the date of renewal of the policy.

Declaration

I/We represent that the above statements and facts are true and that no material facts have been suppressed or misstated.

Furthermore, I/we

- 1. have either completed all of the questions on this form personally or they have been completed by someone else on my/our behalf and the answers have been checked for fullness and accuracy by me/us**
- 2. have read and understood the information concerning the duty of disclosure and all other important notices;**
- 3. agree to ATC Insurance Solutions obtaining from my/our previous insurer(s) any information it may need about my/our claims or insurance history;**
- 4. agree to ATC Insurance Solutions making enquiries from any third party to verify my/our claims history and other information disclosed herein or statements made by myself/ourselves in making this application;**
- 5. agree to ATC Insurance Solutions disclosing to any insurance intermediary appointed or to any former or future insurer of myself/ ourselves the claims history or any other information as may be determined;**
- 6. have received and read a full copy of the Product Disclosure Statement for this insurance with this application form.**

If insufficient space is provided on this proposal in respect of any questions contained on the proposal, please attach a sheet of paper containing the additional information, noting the relevant question number and sign and date such attachment.

I/We declare that the answers given herein are in every respect true and correct and that I/we have not withheld any information likely to affect the acceptance of the Proposal. I/We have read and understood the Proposal and the Policy conditions.

First Name _____ Last Name _____

Signature _____ Date ____/____/____

First Name _____ Last Name _____

Signature _____ Date ____/____/____