

PROPOSAL FORM ➔

TradePack

Electrical Contractor

SECTION A ➔ **Insured Information**

Are you a financial member of any electrical contractors' association or trade union? Yes No

- Communications, Electrical Plumbing Union membership number ____/____/____/____/____/____/____/____/____
- Electrical Trades Union membership number ____/____/____/____/____/____/____/____/____
- Name of any other association or union of which you are a member _____

Registered Electrical Contractor (REC) Number
(allocated by state electrical contractor licensing authority) ____/____/____/____/____/____/____/____/____ or applying for registration

Type of electrical contracting business (please select) Sole proprietor Partnership Corporation/company

In accordance with the *Electrical Safety Act 1998 (Vic)* and similar legislation in other Australian states and territories, any person undertaking, or proposing to undertake, electrical contracting work must have active liability insurance in place.

In all Australian states and territories, a certificate of currency for liability insurance, with a minimum policy cover of \$5 million, must be provided for registration as an electrical contractor. The name of the insured on the certificate of currency (tax invoices are not accepted) must reflect the name of the applicant/s for registration as an electrical contractor.

Examples:

Sole proprietor: Joe Smith T/as Smith Electrics (name of insured person must be stated, not just business name)

Partnership: Joe and Joanne Smith T/as Smith Electrics (name of insured person must be stated, not just business name)

Corporation/Company: Smith Electrics Pty Ltd (company name must be stated, not names of Directors)

Name/s of insured (if a partnership, the names of all partners must be stated) _____

Corporation/company name (if applicable) _____

Trading name (if applicable) *Trading as* _____

Australian Business Number (ABN) (if known) ____/____/____/____/____/____/____/____/____/____/____/____

Contact Title _____ Surname _____ Given name/s _____

Telephone (____) _____ Fax (____) _____ Mobile _____

Email _____

Business address _____

Suburb _____ State _____ Postcode _____

Postal address (if different from above) _____

Suburb _____ State _____ Postcode _____

Period of insurance From ____/____/____ To ____/____/____ at 4.00pm

SECTION B General Disclosure

Please carefully read the following important information, before signing and dating the declaration.

Your Duty of Disclosure

Your duty of disclosure obligation for new insurance contracts

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
- is common knowledge
- 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.

Your duty of disclosure obligation for renewal of contracts

Before You renew this contract of insurance, You have a duty of disclosure under the *Insurance Contracts Act 1984* (Cth). If We ask You questions that are relevant to Our decision to insure You and on what terms, You must tell Us anything that You know and that a reasonable person in the circumstances would include in answering the questions.

Also, We may give You a copy of anything You have previously told Us and ask You to tell Us if it has changed. If we do this, You must tell Us about any change or tell Us that there is no change.

If you do not tell Us about a change to something You have previously told Us, You will be taken to have told Us that there is no change.

You have this duty until We agree to renew the contract.

If You do not tell Us something

If You do not tell Us anything you are required to tell Us, 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.

Your duty of disclosure obligations when amending Your insurance contract

You have previously been given a notice informing You of Your duty of disclosure in relation to an eligible contract of insurance.

This is a duty to tell Us, in response to Our questions, anything that You know, and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until We agree to insure You.

If You do not tell Us something

If You do not tell us anything you are required to tell Us, 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

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

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 providing full details.

Record of answers

This insurance proposal is based on the information You provided to Us, as recorded on this form. You must review this information carefully, to ensure all questions are fully answered and of the details recorded are correct and complete.

You should contact Us immediately if any of the information recorded on this form is incorrect or incomplete, or You need to disclose something to us because of Your duty of disclosure.

If You do not advise Us that any of the information recorded on this proposal form is incorrect or incomplete, You acknowledge that the information recorded on this form is true and correct and contains all of the information relevant to both the questions on this form and Your duty of disclosure.

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 contacting us.

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

SECTION B General Disclosure continued

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 (for example, 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 1777 or write to us at the address given on page eight.

Underwriting Risk

1. Has any insurer ever declined to issue insurance to You, or any person to be covered by this insurance? Yes No
2. Has any insurer ever cancelled or imposed special conditions on any insurance Policy issued to You or any person to be covered by this insurance? Yes No
3. Have You or, any person to be covered by this insurance, ever been declared bankrupt or convicted of any criminal offence? Yes No
4. Have You, Your business or any person to be covered by this insurance, received any claims or suffered any insured or uninsured losses in the last five years? Yes No

If 'Yes', please provide full details

DATE OF LOSS	DESCRIPTION	INSURER	AMOUNT
/ /			
/ /			
/ /			
/ /			

How did you hear about ATC TradePack?

- Referral from union/contractor association
- Advertisement
- Direct mail
- ATC Insurance website
- Other internet
- Word of mouth

SECTION C ➔ Public and Products Liability

ATC insurance policy number ____/____/____/____/____/____/____/____/____/____/____

Cover requested Yes No

1. Limit of Indemnity requested \$5 million \$10 million \$20 million
2. Number of workers/employees (including self; excludes sub-contractors)
Full time _____ Part time _____
3. Estimated annual turnover (before tax) \$ _____
4. What percentage of your turnover relates to
Domestic contracting _____% Industrial contracting _____% Commercial contracts eg _____%

Liability Risk

Does the insured, any employee of the insured, or anybody else proposed to be insured by this Policy, undertake, or intended to undertake, work involving or in connection with any of the following:

5. Does your electrical contracting business perform work on, or in connection with:
- | | | |
|---|---------------------------|--------------------------|
| aircrafts or airports | Yes <input type="radio"/> | No <input type="radio"/> |
| cooling towers | Yes <input type="radio"/> | No <input type="radio"/> |
| fuel depots | Yes <input type="radio"/> | No <input type="radio"/> |
| mines (above or below ground) | Yes <input type="radio"/> | No <input type="radio"/> |
| motor vehicles | Yes <input type="radio"/> | No <input type="radio"/> |
| power stations | Yes <input type="radio"/> | No <input type="radio"/> |
| petro chemical plants, oil rigs or oil refineries | Yes <input type="radio"/> | No <input type="radio"/> |
| rail systems | Yes <input type="radio"/> | No <input type="radio"/> |
| ships or watercrafts | Yes <input type="radio"/> | No <input type="radio"/> |

If 'Yes', please provide full details of the type of work performed and percentage of annual turnover.

Details _____
Percentage of turnover _____%

6. Does your business perform excavation work to a depth greater than three metres? Yes No
7. Does your business perform any work in Queensland or Tasmania? Yes No

If 'Yes', please provide full details of the type of work performed and percentage of annual turnover.

Details _____
Percentage of turnover _____%

The following liability risks may also be covered, for an additional premium cost, with the inclusion of an endorsement/s to your insurance Policy Schedule.

Fire or security alarms (except domestic)

8. Does your business install or service fire or security alarm (excluding domestic alarms)? Yes No

If 'Yes', please provide full details of the type of work performed and percentage of annual turnover.

Details _____
Percentage of turnover _____%

Victorian plumbers' warranty

9a. Do you hold a current Victorian plumbing licence? Yes No

9b. Liability insurance is mandatory to undertake plumbing work in Victoria, do you require this insurance? (Refer Victorian Building Authority for more information) Yes No

9c. Licensed plumber number ____/____/____/____/____/____
(allocated by Victorian Building Authority; formerly Plumbing Industry Commission) (Victoria only)

If 'Yes', please provide full details of the type of work performed and percentage of annual turnover.

Details _____
Percentage of turnover _____%

Use of welding or other heat equipment

10. Does your business use welding or cutting equipment, blow lamps or blow torches or any process involving heat; other than electrically powered soldering irons? Yes No

If 'Yes', please provide full details of the type of work performed and percentage of annual turnover.

Details _____
Percentage of turnover _____%

OFFICE USE ONLY

ATC TradePack consultant
(who provided quotation) _____

Quoted total insurance premium
(including GST and all other costs) _____

SECTION D ➔ General Property (Tools of Trade)

For an additional Premium, ATC TradePack can also cover You for theft or accidental damage to Your tools of trade or stock. Because we offer very competitive Premiums, this cover is only available if you also have ATC TradePack Public and Products Liability Insurance.

You can select up to \$20,000 cover for either Your tools of trade or stock, or a combination of the two. For example, you can choose \$10,000 cover for fire, theft or accidental damage to Your tools PLUS \$10,000 cover for theft or accidental damage to Your stock.

Please note: This policy will only provide cover for theft of tools or stock where there is proof of forced entry to a locked building, storage facility or vehicle, for example, a smashed window. No cover is provided for tools or stock left in the open or in an unlocked building or vehicle.

Additionally, this policy does not provide cover for theft from vehicles that are not fitted with an active alarm system, unless the vehicle is secured within a locked building or garage between the hours of 9pm and 6am.

ATC insurance policy number ____/____/____/____/____/____/____/____/____/____/____ Cover requested Yes No

Accidental damage including fire

1. Limit of Indemnity (total sum insured) requested for tools of trade

- \$2,500 (minimum) \$10,000
 \$5,000 \$12,500
 \$7,500 \$15,000
 \$_____ Other amount (please specify)

2. Are the tools or stock to be insured left on site overnight? Yes No

(A slightly higher excess is payable if You require cover for tools or stock which may remain on-site overnight.)

3. Limit of indemnity (total sum insured) requested for stock

- \$2,500 (minimum) \$10,000
 \$5,000 \$12,500
 \$7,500 \$15,000
 \$_____ Other amount (please specify)

Total sum insured for tools and stock

\$_____ (cannot exceed \$20,000)

4. Do you keep the tools and/or stock you wish to insure in a vehicle overnight? Yes No

If yes, does your vehicle have an active alarm immobiliser

5. Where is your vehicle kept overnight

street carport secured garage secured building

6. Please provide the year, make and model of your vehicle

Year _____ Make _____ Model _____

OFFICE USE ONLY

ATC TradePack consultant
(who provided quotation) _____

Quoted total insurance premium
(including GST and all other costs) _____

SECTION F ➔ 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 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 proposal form.

First name _____ Last name _____

(PLEASE USE BLOCK LETTERS)

Signed _____ Date ____/____/____

Send, or fax, or scan and email, or deliver your completed form in person to:

ATC Insurance Solutions Pty Ltd
Level 4, 451 Little Bourke Street
Melbourne VIC 3000
Tel: (03) 9258 1700 (ATC TradePack)
Fax: (03) 9867 5540
Email: tradepack@atcis.com.au

Please keep a copy of this completed form for your records.