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) 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. Type of Work

Categorise the business and professional activities described and set out the approximate percentage of the turnover derived from each.

Type of Work	% of turnover

4.2. 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

4.3. 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

4.4. 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

4.5. 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 external work over 2 storeys or 10 metres high? ☐ Yes ☐ No

If Yes:

What is the Maximum height (meters)?

Details of work

4.6. Designated Contracts

Do you have any contracts to be designated? ☐ Yes ☐ No

If Yes, Description

4.7. 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, please provide full details

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

If Yes, please provide full details

4.8. 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, please provide full details

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

If Yes, please provide full details

4.9. 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?)

4.10. 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

Please describe your handling and storage process

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

Please describe your method of discharge

Please describe the safety procedures you use

4.11. 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	

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

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

5.2. Additional Cover

Property in Physical & Legal Control - Limit ☐ Wording Coverage ☐ Other Amount

If Other Amount, please specify amount

Recall Expenses ☐ Yes ☐ No

Please indicate the Total sum insured you prefer for Recall Expenses

☐ $100,000 ☐ $250,000 ☐ $500,000 ☐ $1,000,000

Errors and Omissions ☐ Yes ☐ No

Please indicate the Total sum insured you prefer for Errors and Omissions

☐ $100,000 ☐ $250,000 ☐ $500,000 ☐ $1,000,000 ☐ $2,000,000

☐ 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

Other

5.4. Conditions

5.5. Other Information

Do you wish to provide any additional information ? ☐ Yes ☐ No

6. Your Contact Details

Your Name

Address

Suburb State Post Code

Mobile Phone Email

Preferred Contact Method

How did you hear about us?

- ☐ Web Search
- ☐ Advertisement
- ☐ Word of Mouth
- ☐ Tradeshow
- ☐ Company Website
- ☐ Other

If Other, how else did you hear about us?

Would you also like to obtain more information or quotations for other types of insurance?

- ☐ Your Business
- ☐ Car
- ☐ General and Products Liability
- ☐ Home
- ☐ Management Liability
- ☐ Landlord
- ☐ Corporate Travel and Group Personal Accident
- ☐ Travel

- [ ] Workers Compensation
- [ ] Boat
- [ ] Commercial Motor Vehicles
- [ ] Caravan

7. Notice

We draw your attention to the Important Notice accompanying this Application form. You must read the Important Notice carefully. If you do not understand the content of Important Notice, please contact us immediately.

If any of the statements in this Application form are untrue, and you have suppressed or mis-stated any facts and/or should any information given by you alter between the date of this Application form and the inception date of the insurance to which this Application form relates you must immediately notify us.

You authorise us to collect or disclose any personal information relating to this insurance to any insurer or insurance reference service. Where you have provided information about another individual (for example, a relative, employee or client), you have or you will make the individual aware of that fact and the section in the Policy on "The way we handle your personal information".

You agree that you have read and understood this notice by doing any of the following:

(a) Signing and returning a copy of this form; or

(b) Providing the information requested and returning the form to us; or

(c) Providing us with instructions to place the policy.

Signature of Applicant(s)		
Position held		
Date		