



ASR Underwriting Agencies

Proposal Form

GENERAL PUBLIC & PRODUCTS LIABILITY INSURANCE

Arranged through ASR Underwriting Agencies Pty Ltd Underwritten by Certain Underwriters at Lloyd's

IMPORTANT NOTES

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE ATTACH IT TO THIS PROPOSAL FORM. This proposal must be typed, or completed in ink and signed and dated by such person (Proposer/You/Your) who must be of legal capacity and authorised by the Proposer to seek a quotation for Liability Insurance and any additional coverage that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.

Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number. It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.

For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgement and acceptance of Your Proposal. Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer.

YOUR 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.

PRIVACY

We are committed to protecting your privacy. We use the information you provide to us to assist with your insurance needs. We provide your information to insurance underwriters, brokers and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to certain Underwriters at Lloyd's when we are seeking insurance terms from them, or to reinsurers who are located overseas. We also supply your information to the providers of our policy administration and underwriting systems that help us to maintain our products and services. You will be advised where those companies are located at the time any advice is given to you. We do not trade, rent or sell your information. If you do not provide us with full information, we cannot properly seek insurance terms for you, or assist with claims and you could breach your duty of disclosure. For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by telephone to our Privacy Officer on 07 3442 3301 or visit our website www.asruw.com.au

EXCESS

The policy provides that You will be required to bear a specified amount of all claims and this is for each and every claim made against You including defence costs. We will let You know when the excess is payable.

YOUR LEGAL LIABILITY

If you take out a Liability cover section, the financial risk of court awards through litigation is ever increasing and we recommend that You select a Limit of Liability that takes into account the future cost of claims including legal fees and costs of defence. Even higher limits are available than your current limit if required. Defence costs are included within the limit of liability, when you take out a Liability cover section.

WAIVER OF RIGHTS

If You have entered into an agreement with another party, which prevents your Insurer from taking recovery action for compensation from that party it may affect Your rights to cover under this Policy. Should You now be a party to such an agreement or be requested to enter such an agreement in the future, please advise your Broker in writing so we may notify the Insurer.

RISK SURVEY

Acceptance of the proposed risk may be subject to a survey to be carried out by or on behalf of the Insurers. In the event that the survey results in findings of misrepresentation, Insurers may be able to decline any potential claim. Please note that by carrying out a site survey and report any ensuing requirements &/or recommendations shall not constitute any undertakings on the part of the Insurers or others to determine or warrant that the premises surveyed are safe, fit or compliant with any Federal, State, Local Government law, statute, by-law, rule, regulation, building code or the like.

BROKER DETAILS

Broker Name		Contact Name	
Phone Number		Fax Number	
Email Address			

LIABILITY COVER REQUIREMENTS

Period of cover required	From	/ /	at 4pm local time	To	/ /	at 4pm local time
Current limit of indemnity	\$	Expiring premium			\$	
Limit of liability required	<input type="checkbox"/> A\$5,000,000	<input type="checkbox"/> A\$10,000,000	<input type="checkbox"/> A\$20,000,000	<input type="checkbox"/> Other	\$	
Optional excess	<input type="checkbox"/> A\$5,000	<input type="checkbox"/> A\$10,000				

COMPANY INFORMATION

Full name of insured(s)					
ABN		On what date was the company first established/commenced trading?		/	/
Trading name		Address		State	Postcode
Interested party(ies)					
Type of interest (eg. Landlord, financier, local council etc)					
Are you the property owner only?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you the occupier only?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you the property owner and occupier?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

OPERATIONAL INFORMATION

Please describe the activities of the business		
Activity	Date commenced	% of turnover
	/ /	%
	/ /	%
	/ /	%
	/ /	%
Has there been any major change in the above division (%) of activities over recent years or is any anticipated in the near future? If yes, please give details.		<input type="checkbox"/> Yes <input type="checkbox"/> No

PRODUCTS

Please provide a complete list and description of all your products (including those which have been discontinued during the past 10 years). Please attach a list if more than 4 products.				
Product name				
Product description				
Intended use market				
Est. annual turnover				
The following details are required for exported products:				
Turnover exported				
Countries sold to				
Company representation	<input type="checkbox"/> Power of attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Power of attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Power of attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Power of attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (specify)

Cover for products exported to USA or Canada is excluded. Cover may be available for additional premium and/or subject to additional conditions/terms. An additional questionnaire will be required if cover is to be extended and any additional information provided will be deemed to form part of this application.

PRODUCTS

Is your product range stable or changing frequently?		<input type="checkbox"/> Stable <input type="checkbox"/> Changing
Can you identify with certainty, the source of every item used in the manufacture of your products?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you directly import raw materials, components or finished goods? If yes, please advise countries and nature of goods.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your products used in:	Aircraft, watercraft, nuclear installations, electricity generating stations, computers, petro-chemical installations or process control equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Prototypes, experimental or single production items?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details		
Do you undertake design work? If yes, please provide details.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there quality control procedures in place? If yes, please provide details.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you ISO accredited? If yes, please provide details.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your products required to be manufactured in compliance with an Australian or any other government standard? If yes, please advise details.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you dispose of manufacturing waste and effluent? If yes, please advise how.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own, operate or control any waste disposal area(s) or facilities? If yes, please advise details.		<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER OPERATIONAL INFORMATION

Have you adopted the ASR Underwriting incident report procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you adopted the ASR Underwriting quarterly inspection reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you complied with the risk recommendations requested by ASR Underwriting? (only if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any claims/incidents in the last twelve months, which may or may not result in a claim against this policy? If yes, please provide full details under "Additional Information"	<input type="checkbox"/> Yes <input type="checkbox"/> No

TURNOVER/INCOME DETAILS

If you provide just one figure for all areas then you will be charged the one rate on your entire turnover. By doing this you will not achieve the lowest possible premium.

Area		This year				Last year			
		\$				\$			
		\$				\$			
		\$				\$			
Total		\$				\$			
Number of staff		Full time		Part time					
Show percentage of work performed in each state:		NSW	%	ACT	%	QLD	%	WA	%
		VIC	%	TAS	%	SA	%	NT	%

ADDITIONAL INFORMATION

HISTORY Important: If you are in any doubt refer to your broker to ensure all relevant details are disclosed. Any wrong answer you provide may affect your future claims.

Have you ever had any food or health violations against you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any persons connected with this insurance ever had a revoked licence?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any partner or director:	Been declared bankrupt or had legal proceeding lodged against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Had an insurer that has declined to insure you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Had an insurer that has declined to renew your insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Had an insurer that has imposed special conditions on your insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you within the last 10 years, suffered a claim that would have been covered by this insurance and or claimed for any loss or damage or received any demand or writ for personal injury or damage to property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>After enquiry</u> , are you or any director or employee aware of or have any grounds for suspecting any circumstances, which might give rise to a claim, against you or against any of the present or former directors during the last 10 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide full details if any answers to the above questions are yes. With any previous claims, please detail amount paid or reserved, the year and your excess at the time and background information on the claim.

DECLARATION – your duty of disclosure

I confirm that:	I am authorised on behalf of the insured(s) to sign this proposal.		
	I understand that the duty of disclosure applies to all insured(s). The answers are provided on behalf of all persons/entities comprising the insured(s).		
	I understand the questions in the proposal.		
	Whilst some or all of the answers to the questions may not be checked by me, I certify they are correct to the best of my knowledge and belief.		
Do you consider that your establishment is a good insurance risk?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Authorised signatory		Dated	/ /
Name of signatory		Position	

CANCELLATION CHARGES

If we are requested to cancel the policy, we will charge the following short period rate premiums. We will hold you and or your insurance intermediary liable to pay these amounts

Within 1 month of inception:	25% of the quoted premium	Thereafter at terms to be agreed with underwriters
Within 2 months of inception:	20% of the quoted premium	
Within 3 months of inception:	15% of the quoted premium	