



ASR Underwriting Agencies

Coverholder at **LLOYD'S**

Proposal Form

COMBINED LIABILITY INSURANCE

SCAFFOLDERS

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 who must be of legal capacity and be authorised by the proposed Insured to seek a quotation for Combined 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 space 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 Insured to disclose all material facts to Insurers. See "Your Duty of Disclosure" below for further details.

Certain words (when the word starts with a capital letter other than in headings) used in this proposal form and the Policy have special meanings that are set out in the 'Definitions' section of the Policy wording, in a particular section of the Policy wording or are defined in other Policy documentation We provide You. You should read and consider the Policy wording for details of the standard terms, conditions, exclusions and limitations of cover before deciding whether to purchase this insurance.

YOUR DUTY OF DISCLOSURE

Before the Insured enters into an insurance contract, they have a duty to tell Us every matter that they know, or could reasonably be expected to know, may affect Our decision to insure them and on what terms. The Insured has this duty until We agree to insure them. The Insured has the same duty before they renew, extend, vary or reinstate an insurance contract.

The Insured does not need to tell Us anything that:

- reduces the risk We insure them for;
- is common knowledge;
- We know or should know as an insurer; or
- We waive their duty to tell Us about.

If the Insured does not tell Us something: If the Insured does not tell Us anything they are required to, We may cancel the contract or reduce the amount We will pay You if You make a claim, or both. If the failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

PRIVACY

ASR is bound by the obligations of the Privacy Act 1988 (Cth) (as amended) regarding the collection, use, disclosure and handling of personal information. We are committed to protecting Your privacy and Your personal information.

We collect personal information about You to enable Us to provide You with relevant products and services, to assess Your application for insurance and,

if a contract is entered, to enable Us to provide, administer, and manage Your policy. We may disclose Your information to third parties (who may be located overseas), such as certain Underwriters at Lloyd's, lawyers, claims adjusters, and others appointed by ASR or by certain Underwriters at Lloyd's to assist Us and them in providing relevant products and services. We may disclose Your information to the providers of Our policy administration and underwriting systems which may be supported and maintained by various overseas organisations and Your information may be disclosed to these organisations, it should be noted that the Australian Privacy Act and Privacy Principles may not apply to these organisations. We may also disclose Your information to people listed as co-insured on Your policy and to Your agents. By providing Your personal information to Us, You consent to Us making these disclosures. If You do not provide all or part of the information required, We may not be able to provide You with Our products and services, consider Your application for insurance, administer Your policy, and You may breach Your Duty of Disclosure.

When You provide Us with personal information about other individuals, We rely upon You to have made them aware of these disclosures and to obtain their consent to, the terms of the ASR Privacy Statement. For a full copy of the ASR Privacy Policy Statement or to request access to Your personal information, You may contact Our Privacy Officer at ASR by email: enquiries@asruw.com.au or by mail at the address shown in the Policy wording.

EXCESS / WORKER TO WORKER EXCESS

An Excess or Worker to Worker Excess (as applicable) is the amount, We advise the Insured of at or before the time the Policy is entered into, and which is specified in the Schedule, which We will not pay and You must first bear on each and every claim inclusive of Defence Costs. Where a claim involves more than one Occurrence the Excess or Worker to Worker Excess shall apply to each and every Occurrence.

INDEMNITY LIMITS

The financial risk of court awards through litigation is ever increasing and We recommend that You select an Indemnity Limit for each Section of cover that You take out that takes into account the future cost of claims including legal fees and costs of defence. Defence Costs will be payable in addition to the Indemnity Limits unless We agree otherwise and this is stated in the Schedule.

WAIVER OF RIGHTS

If You have entered (or intend to enter) into an agreement with a third party, which prevents Us from taking recovery action for compensation from that party it may affect Your rights to cover under the Policy. If You are a party to such an agreement or are requested to enter such an agreement in the future, please advise Your Broker in writing so We can consider this risk accordingly.

BROKER DETAILS

Broker Name		Contact Name	
Phone Number		Fax Number	
Email Address			

INSURED INFORMATION											
Insured Name											
ABN											
On what day was/did the Insured first established/commence trading (insert latest applicable date)?											
Address											
Suburb				State				Postcode			
LIABILITY COVER REQUIREMENTS											
Period of Insurance required			from					to			
Indemnity Limit requested											
SECTION A - Public Liability		<input type="checkbox"/>	Nil	<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 A\$	
SECTION B - Pollution Liability		<input type="checkbox"/>	Nil	<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 A\$	
SECTION C - Products Liability		<input type="checkbox"/>	Nil	<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 A\$	
Standard Excess per claim			<input type="checkbox"/>	A\$5,000	<input type="checkbox"/>	A\$10,000					
SECTION D - Optional Extensions Available to All Sections of the Policy		Principals Indemnity, Assumed Liability Under Specified Contracts, Outsourced Subcontracting Work. Select whether you want to apply for any of the Optional Extensions to cover noted above and complete the attached addendum. If yes, complete supplementary form.							<input type="checkbox"/> Yes <input type="checkbox"/> No		
OPERATIONAL INFORMATION											
Situations where you carry on the Business that You want to apply for cover under Section A – Public Liability. Attach a separate list if more than two situations.											
Address											
Suburb				State				Postcode			
Address											
Suburb				State				Postcode			
Number of years' experience in the scaffold industry											
Are all Directors, Employees and Sub-Contractors licensed scaffolders?						<input type="checkbox"/> Yes <input type="checkbox"/> No					
Is work carried out over 10 metres?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, advise percentage of work carried out above 10 metres			%		Max height?	m	
Type of scaffolding works		% Residential					% Commercial				
Current insurer							Current deductible				
Expiry date of current insurance				Number of years insured							
Do you perform work on, at or from any of the following sites:		<input type="checkbox"/>	Mine site (above or underground)								
		<input type="checkbox"/>	Refinery, gas producing or bulk fuel storage facility								
		<input type="checkbox"/>	High voltage power supply or power generating facility								
		<input type="checkbox"/>	Airport, airfield or aerodrome								
		<input type="checkbox"/>	Wharf or any form of ship handling or loading facility								
		<input type="checkbox"/>	Railway track, railway bridge, railway culvert or crossing								
		<input type="checkbox"/>	Grandstands, stages, lighting towers, camera towers or temporary seating at concerts and sporting events								
		<input type="checkbox"/>	None of the above								
Do you:	Manufacture any scaffolding products?							<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Regularly hire out scaffolding for long-term contracts?							<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Sell any used or second-hand equipment?							<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Own or hire lifting equipment for the erection of scaffolding?							<input type="checkbox"/> Yes <input type="checkbox"/> No			

Do you assume or provide liability under any contract or hold harmless agreements?										<input type="checkbox"/> Yes <input type="checkbox"/> No									
Have you entered into any agreements with a third party which prevents Us from taking recovery action for compensation from that party?										<input type="checkbox"/> Yes <input type="checkbox"/> No									
If you answered yes to either of the above two questions, please provide full details:																			
Do you:	Have documentation to support repair, maintenance and safety inspections in place for all of your equipment?									<input type="checkbox"/> Yes <input type="checkbox"/> No									
	Have a formal procedure in place to ensure all Handover Documentation for any scaffolding work undertaken by You, or on Your behalf, in connection with Your Business is retained for a period of at least 7 years (or such longer period as required by law or the terms of the Policy) from the date of completion or inspection (as applicable) of scaffolding work?									<input type="checkbox"/> Yes <input type="checkbox"/> No									
	Have copies of all Handover Documentation for any scaffolding work undertaken by You, or on Your behalf, in connection with Your Business in the last 7 years?									<input type="checkbox"/> Yes <input type="checkbox"/> No									
	Regularly inspect the above equipment for safety and maintenance?									<input type="checkbox"/> Yes <input type="checkbox"/> No									
	Have formal training in place for your staff?									<input type="checkbox"/> Yes <input type="checkbox"/> No									
	Comply with the relevant Australian Standards for your products or services?									<input type="checkbox"/> Yes <input type="checkbox"/> No									
Will you adopt the ASR Incident Reporting Procedures?										<input type="checkbox"/> Yes <input type="checkbox"/> No									
If you answered no to any of the above questions, please provide full details:																			
REVENUE/FINANCIAL/SUBCONTRACTOR DETAILS																			
		Estimated next 12 months		Actual last 12 months															
Total Annual Revenue		\$		\$		Annual Revenue is your total income without deduction for any expenses.													
Payments to sub-contractors		\$		\$															
Do you use sub-contractors? Note: if you require cover for Outsourced Subcontracting Work please request the Optional Extension to cover above – see Section D Addendum.										<input type="checkbox"/> Yes <input type="checkbox"/> No									
If you use subcontractors what is the \$ value of your estimated Annual Revenue that is expected to sub-contracted out by you in the next 12 months for each of the following categories of work?										\$									
Labour hire only (where you still oversee the subcontractor's work)										%									
Outsourced Subcontracting Work (work that is outsourced where you are not, or will not be, on site or otherwise overseeing the work performed by the subcontractor)										%									
Transportation services only										%									
Are contractors/sub-contractors required to carry their own insurance for:						a) Public liability?		<input type="checkbox"/> Yes <input type="checkbox"/> No											
						b) Workers compensation?		<input type="checkbox"/> Yes <input type="checkbox"/> No											
What procedures are in place to check that contractor/sub-contractor insurance is in place?																			
Do you use Labour Hire		<input type="checkbox"/> Yes <input type="checkbox"/> No		Payments to Labour Hire in the last 12 months		\$		Number of hired in Labour Hire personnel											
Nature of work carried out by Labour Hire personnel																			
Do you supply or provide Labour Hire to other parties?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Annual Revenue received from Labour Hire by you in the last 12 months		\$		Number of outsourced Labour Hire personnel											
Nature of work carried out by Labour Hire personnel supplied by you to other parties:																			
Number of:		Sub-contractors				Full time staff				Part time staff									
Show percentage of work performed in each state:				NSW		%		ACT		%		QLD		%		WA		%	
				VIC		%		TAS		%		SA		%		NT		%	

HISTORY - Important: If you are in any doubt refer to your broker to ensure all relevant details are disclosed

Have you ever had any fine or penalty or infringement notice violations issued against you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any persons connected with this insurance ever had a revoked scaffolding licence?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any persons to be covered by this insurance have any other insurance that may cover the same risk or part thereof the subject of the Policy? <i>To the extent permitted by law, we shall only be liable under the Policy for the amount by which the applicable Indemnity Limit exceeds the amount of indemnity available under the other insurance, if at all.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any partner or director:	1. Been declared bankrupt, had legal proceedings lodged against you or been convicted of any criminal offences? If yes, please provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Had an insurer that has declined to renew or imposed special conditions on your insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Within the last 10 years, claimed for any loss or damage under a liability insurance policy or received any demand or writ for Personal Injury or Property Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. After enquiry, aware of or have grounds for suspecting any circumstances, which might give, rise to a claim, against you or against any of the present or former partners or directors during the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Or anyone else you employ every been charged with any breaches of the relevant Occupational and/or Workplace and Safety Acts in respect of your Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the above questions, please provide full details.
With any previous claims, please detail amount paid or reserved, the year and your excess at the time and background information on the claim.
With any other insurance, please detail the insurer, insured, policy number, period of insurance, limit(s) of indemnity and excess(es) or attach a copy of the applicable policy schedule.

DECLARATION – YOUR DUTY OF DISCLOSURE

I confirm that:	<input type="checkbox"/> I have read and understand the Duty of Disclosure which applies to all Insured(s). The answers are provided on behalf of all persons/entities comprising the Insured(s).		
	<input type="checkbox"/> I understand the questions in the proposal and have answered them honestly.		
	<input type="checkbox"/> I have read, understood, and agree to the terms of the Privacy Notice.		
Authorised signatory		Dated	
Name of signatory		Position	

EMAIL FORM

PRINT FORM

RESET FORM

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	

SECTION D ADDENDUM: Optional Extensions

SECTION D – Optional Extensions Available to All Sections of the Policy

Select whether you want to apply for any of the following Optional Extensions to cover noted below:

Principals Indemnity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please provide the following information for each Principal that you want to extend cover to (attach a separate document if insufficient space below)</i>			
	Principal's Name				
	Principal's ABN				
	Principal's Address				
	Date and value of contract between you and the Principal		Date		Value \$
	Has the Principal been party to any liability insurance claims in the last 5 years? If yes, please provide details of the claims below.				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Details of prior claims, circumstances and amount of liability claimed				
Assumed Liability Under Specified Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please provide the following information for each Specified Contract that you want to extend cover to (attach a separate document if insufficient space below)</i>			
	Other party's name				
	Other party's ABN				
	Type of contract				
	Date and value of contract		Date		Value \$
	Nature and amount of liability to be assumed by you under the Specified Contract				
Outsourced Subcontracting Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please provide the following information for each Subcontractor that you want to extend cover to (attach a separate document if insufficient space below)</i>			
	Subcontractor's name				
	Subcontractor's ABN				
	Subcontractor's address				
	Is the Subcontractor a licensed scaffolder?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, provide details of licence				
	Date and value of contract between you and the Subcontractor		Date		Value \$
	Has the Subcontractor been party to any liability insurance claims in the last 5 years? If yes, please provide details of the claims below.				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Details of prior claims, circumstances and amount of liability claimed				