



# ASR

Underwriting  
Agencies

Coverholder at **LLOYD'S**

## Proposal Form

PUBLIC & PRODUCTS LIABILITY

### SHOPPING MALL OWNERS & MANAGERS

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](http://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			

## INSURED'S DETAILS

Name of the company							
Principal address				State		Postcode	
Please indicate your business activities:							Revenue (last financial year)
		Shopping centre owner			<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		Shopping centre manager			<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	
Name of shopping mall							
Number of shops		Age of building		Average number of visitors per day			
Capital city			Population				
Name of centre manager				Is the centre manager full time?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the following independently contracted to you:				Centre manager?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Cleaning?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Security?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you provide facilities, please complete the following:		Type of facility					Number of facilities
		Food hall			<input type="checkbox"/> Yes <input type="checkbox"/> No		
		Children's crèche or play centre			<input type="checkbox"/> Yes <input type="checkbox"/> No		
		After hours services eg. Cinemas			<input type="checkbox"/> Yes <input type="checkbox"/> No		
		Other		<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Please refer to your insurance broker or agent if you are in any doubt as to the following information:**

Has any application for this type of insurance been declined or cancelled? If yes, please provide details.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Period of cover required	From	/	/	To	/	/	
Current limit of indemnity	\$			Expiring premium	\$		

## CLAIMS MANAGEMENT

It is important to have and maintain a good record of all incidents that could lead to claims against you because this will improve your chances of a successful defence. The information should be recorded as soon as possible after the incident has occurred and a copy should be forwarded to your broker or the agreed claims adjuster.

Do you keep a record of all incidents and claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you complete and maintain an incident report in respect of each incident or accident (to be supplied by ASR Underwriting Agencies)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a formal incident report procedure in place for injuries sustained on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you adopt the ASR Underwriting Agencies incident reporting document, and notify ASR Underwriting Agencies or your broker of all incidents described in the document within 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree to complete the quarterly premises inspection report on a monthly basis and keep on file within your premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you utilise the ASR Underwriting Agencies incident reporting forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you send copies to ASR Underwriting Agencies as and when incidents occur?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## RISK MANAGEMENT

Risk management is very important because it reduces the likelihood of a claim being successfully made against you. In considering the risk from your business, and calculating the premium, your risk management will have a material influence on any terms offered by ASR Underwriting Agencies.

If you choose to insure with ASR Underwriting Agencies, ASR Underwriting Agencies will either arrange for your premises to be surveyed or supply you with a detailed list of the risk management recommendations relevant to causes of many claims made against shopping centres and retail shops. To improve your defence against claims, best practice is to apply the risk management recommendations and also maintain and keep a record of your compliance.

Will you comply with all risk management recommendations made by ASR Underwriting Agencies as soon as reasonably possible?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the general state of repair of the building:		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Reasonable <input type="checkbox"/> Poor <input type="checkbox"/> Very poor
Are there effectively designed awnings to prevent water entering the doors and entrances?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there video monitors with real time or adequate time lapse recording that film all mall areas?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have contracts with cleaning contractors or a manual for your own cleaning staff with clear, precise instructions regarding all aspects regarding the checking and cleaning of areas to which the public have access and actions in the event of emergencies? If yes, please attach a copy.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ensure that all contractors and sub-contractors, for example shopping mall managers, tenants, cleaners and security, have and maintain general liability insurance for at least \$5,000,000?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please advise the patrol intervals specified for cleaning and checking the:	Mall and shop areas	
	Toilet and external areas	
	Please describe the recording system used to verify cleaning and checking activities:	

## TENANT LIST

[illegible]

## CLAIMS RECORD

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[illegible]

If you have any comments on the claims or incidents above, please make them here:

[illegible]

DECLARATION – YOUR DUTY OF DISCLOSURE

Are there any other facts or circumstances which you are aware of and which may affect the insurers assessment of the risk? If yes, please provide full details below.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>I/we hereby declare that after enquiry, all statements and particulars contained in this proposal are true and correct and that no information has been withheld that might increase the risk to insurers or influence the acceptance of this proposal and should the above alter, I/we will advise insurers as soon as possible.</p> <p>I/we understand that the failure to disclose any material facts, which would influence the acceptance and assessment of the proposal may result in insurers refusing to provide indemnity or voiding the policy in every respect.</p> <p>I/we hereby agree and accept that this declaration shall be the basis of the contract between both parties if entered into.</p>			
Authorised signatory		Dated	/    /
Name of signatory		Position	
Please remember to attach a copy of the contract you have with cleaning contractors or your staff manual in respect of cleaning.			

CANCELLATION CHARGES

<i>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</i>			
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		