



# ASR

Underwriting Agencies

## Renewal 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](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.

**In order that we may consider offering renewal of the above account, we would ask that you have your client complete the following information in full and return to this office within three weeks prior to the renewal date. Please note that we require all questions to be answered, and we will require an original along with the Insured's signature if cover is required from Renewal date.**

### BROKER DETAILS

Broker Name	Contact Name
Phone Number	Fax Number
Email Address	

## LIABILITY COVER REQUIREMENTS

Due date		Policy number		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					
Trading name of establishment	Address of insured establishment			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

## 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

## 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
	\$	\$
	\$	\$
	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>
Payments to sub-contractors	\$	\$
What is the nature of work carried out by sub-contractors?		
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 this is in place?		
Do you use Labour Hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Payments to Labour Hire \$
Number of Labour Hire personnel		
Nature of work carried out by Labour Hire personnel:		
Number of:	Sub-contractors	Full time staff
Show percentage of work performed in each state:	NSW	%
	VIC	%
	ACT	%
	TAS	%
	QLD	%
	SA	%
	WA	%
	NT	%

## ADDITIONAL INFORMATION


## RISK MANAGEMENT

If you have not done so, it is a condition of this insurance that within one (1) week of the commencement of this insurance you must IMPLEMENT and maintain the following:

Keep an incident report concerning –

- a) Formal complaints from patrons
- b) Patrons who have caused a fight or altercation in your establishment
- c) Ambulance calls to your premises
- d) Police called to your premises
- e) Patrons who have slipped and fallen on your premises
- f) Patrons who have been injured on your premises

This incident report log should be available for inspection if requested.

## 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.		
Authorised signatory		Dated	
Name of signatory		Position	

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