

General and Products Liability Insurance Proposal Form



IMPORTANT NOTICES

BINDER AGREEMENT

The contract of insurance is arranged by Platinum Placement Solutions Pty Ltd, 'PPS' (ABN 68 169 336 252, AR No.459637 who is an Authorised Representative of Miramar Underwriting Agency Pty Ltd (ABN 97 111 534 797,AFSL 314176) ('PPS') acting under a binding authority as agent for the Insurer(s). The Policy is underwritten by certain underwriters at Lloyds. The Underwriters are referred to as 'We, Us, Our, the Insurer(s)' in the Policy. 'PPS' does not act as Your agent.

DEFINED TERMS

We have capitalised words with special meaning wherever they appear in the Proposal, to show that those words have a particular defined meaning. These words are defined in the Definitions section of the Policy.

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 STATEMENT

In this Privacy Statement the use of "We", "Us" and "Our" means the Insurer(s) and Miramar unless specified otherwise.

We are committed to the safe and careful use of Your personal information in the manner required by the *Privacy Act 1988* (Cth) and the Australian Privacy Principles and the terms of this Policy.

We collect Your personal information in order to assess Your application for insurance and, if Your application is accepted, to administer and manage Your insurance policy and respond to any claim that You make. To do this, Your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on Our behalf, such as assessors and facilitators, some of whom may be located in overseas countries such as the United Kingdom and Europe.

Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing Us with Your personal information, You consent to the disclosure of Your personal information to reinsurers, service providers and related entities in overseas countries to enable Us to assess Your application, to administer and manage Your insurance Policy and to respond to any claim that You make. If You consent to the disclosure of Your personal information to overseas recipients, and the overseas recipient handles Your personal information in a way other than in accordance with the Australian privacy laws, We may not be responsible for the handling of Your personal information by the overseas recipient.

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We may not be able to assess Your application or administer and manage Your insurance policy and respond to any claim that You make.

Our privacy policies contain information on how You may access personal information that each of us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of Your personal information and how complaints are handled. If You require more information, You can access Platinum Placement's Privacy Policy at www.platinumplacements.com.au

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer any questions or You need to disclose something to Us because of Your Duty of Disclosure, please attach a separate piece of paper to this Proposal giving full details of additional information.

POLICY NUMBER	CLIENT NUMBER	INTERMEDIARY NUMBER
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All questions are to be answered. If there is insufficient space, please attach additional information.

THE APPLICANT(S)

Your full name and trading name if applicable:
FIRST NAME LAST NAME

Trading name:

Tax status: Registered Business Yes No
ABN

Taxable %

Contact Numbers:
PHONE NO. FAX NO.

Address:

STATE POSTCODE

Period of Insurance:
FROM DD/MM/YYYY TO DD/MM/YYYY

GENERAL INFORMATION

1 Have You had any claims made against You (whether insured or not) or have You recalled any of Your Products during the last 7 years? Yes No

If 'Yes', please provide details:

2 Have You had any incident or accident occur which would have been covered by the proposed insurance Policy? Yes No

If 'Yes', please provide details:

3 Have You had any insurance declined or cancelled, proposal rejected, renewal refused, claim, rejected, special conditions or special excess imposed by an insurer? Yes No

If 'Yes', please provide details:

INDEMNITY LIMIT

Limit of Liability required:

General Liability: (maximum payable for any one claim or series of claims arising out of any one occurrence) \$

Products Liability: (maximum payable for any one claim or series of claims, and in the aggregate during any one Period of Insurance) \$

Excess: \$

TURNOVER

Split by company/division:

ESTIMATED PAYROLL

	Estimated annual payroll (including earnings of principals, directors, partners)	No. of Staff
Managerial, clerical, sales:	\$ <input type="text"/>	<input type="text"/>
Manufacturing:	\$ <input type="text"/>	<input type="text"/>
Installation:	\$ <input type="text"/>	<input type="text"/>
Other:	\$ <input type="text"/>	<input type="text"/>
Total:	\$ <input type="text"/>	<input type="text"/>

Do You employ contractors, subcontractors or labour hire?

Yes No

If 'Yes', please complete 1 to 4 below.

ESTIMATED ANNUAL PAYMENT

(If "Yes" please complete 1. to 4. below)

1 Estimated annual payment:

2 Nature of work usually carried out:

3 Precautions taken to identify the adequacy of their liability and workers' compensation insurance arrangements:

4 Are You always named as principals on contractors' and/or sub-contractors' liability policy?

Yes No

DETAILS OF THE BUSINESS/PREMISES

1 Please state the full details of Your Business operations (including subsidiary companies) including design, formulation, manufacturer, distribution, servicing, welding and other hot work. Please attach product brochures, latest annual reports and other pertinent matter.

2 Do You have representation outside Australia?

Yes No

If 'Yes', where and what is the nature of Your representation in such country (e.g. domicile employee, power of attorney, branch subsidiary, agency, etc.)?

3 Number of years in this Business?

years

4 Location of premises occupied for the purpose of conducting the Business

Owned

Leased

<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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DETAILS OF THE BUSINESS/PREMISES (CONTINUED)

5 Location of premises owned BUT not occupied by You for which property owners' cover is required

Type of building
e.g. shopping centre, office block, etc.

6 Do You or does anyone on Your behalf operate, manage or own or offer or in any way are connected with any of the following:

a. First aid facility? Yes No

If 'Yes', please provide details:

b. Pressure vessels? Yes No

If 'Yes', please provide details:

c. Car parks? Yes No

If 'Yes', please provide details:

d. Lifts, escalators, hoists, cranes? Yes No

If 'Yes', please provide details:

e. Unregistered Vehicles? Yes No

If 'Yes', please provide details:

f. Railway, e.g. sidings? Yes No

If 'Yes', please provide details:

7 Do You or does someone on Your behalf perform any work away from the premises stated above? Yes No

If 'Yes', please provide details, e.g. welding, installation, servicing, repair, etc.?

8 Do You store, transport, use or handle any hazardous goods e.g. chemical, radioactive materials, gases, etc.? Yes No

If 'Yes', please provide details:

9 Does Your operation/Business create trade waste? Yes No

If 'Yes', please provide details e.g. type of waste, how it is disposed of, etc.:

CARE CUSTODY AND CONTROL

Coverage is provided for property in Your care, custody and control subject to terms, conditions, limits and exclusions contained in the Policy wording.

1 What limit of indemnity do You require?

2 What is the total value of such property?

3 What is the maximum value at any one time?

4 Provide brief details of the property:

5 Is the property insured under any other policy?

 Yes No

If 'Yes', please provide details:

PRODUCT INFORMATION / GEOGRAPHICAL LIMITS

1 Give details of all Products in respect of which insurance is required. Attach brochures and other products literature. If more than four (4) Products, attach an additional list.

Product name:

1.	2.	3.	4.
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Date first marketed:

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Product description:

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Product use:

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Est. annual turnover:

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THE FOLLOWING DETAILS ARE REQUIRED FOR EXPORTED PRODUCTS ONLY

Turnover exported:

\$	\$	\$	\$
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Country sold to:

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Company representation in this country:

Power of attorney	<input type="checkbox"/>	Power of attorney	<input type="checkbox"/>	Power of attorney	<input type="checkbox"/>	Power of attorney	<input type="checkbox"/>
Branch	<input type="checkbox"/>	Branch	<input type="checkbox"/>	Branch	<input type="checkbox"/>	Branch	<input type="checkbox"/>
Representative	<input type="checkbox"/>	Representative	<input type="checkbox"/>	Representative	<input type="checkbox"/>	Representative	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

Coverage for PRODUCTS EXPORTED TO USA OR CANADA is excluded from this insurance. Coverage will be provided only if specifically agreed by the Insurer(s) and then subject to additional terms and conditions and payment of an extra premium. A USA/Canada export questionnaire may have to be completed. Any additional information supplied in respect of such exports shall be deemed to form part of this Proposal.

PRODUCT INFORMATION / GEOGRAPHICAL LIMITS (CONTINUED)

PLEASE REFER TO THE POLICY WORDING FOR DETAILS REGARDING GEOGRAPHICAL LIMITS.

2 Can You with certainty, identify the source of every item used in the manufacture of the Products? Yes No

3 Is Your Product range changing frequently? Yes No

If 'Yes', provide full details:

4 Do You have quality control procedures in place? Yes No

If 'Yes', provide full details:

5 Are Your Products subject to any Australian or international standard? Yes No

If 'Yes', provide full details:

6 Do You have recall procedures in place? Yes No

If 'Yes', provide full details:

7 Have You discontinued manufacturing, processing or handling of any Products? Yes No

If 'Yes', provide full details of reason, type of product, year, etc.:

8 Are any Products specifically designed, manufactured, imported or handled for use in Aircraft, Hovercraft or Watercraft? Yes No

If 'Yes', provide full details:

CONTRACTUAL LIABILITY

Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality as regards Your Products, or specifically agreed contracts.

Do You assume liability under contract or hold others harmless (other than lease liability)? Yes No

If 'Yes', please provide details and attach copies of all agreements (other than lease liability).

THESE QUESTIONS REFLECT THE KEY FACTORS THAT ARE TAKEN INTO ACCOUNT WHEN DETERMINING YOUR PREMIUM.

DECLARATION AND SIGNATURE

I declare that:

- 1 I have read and understood my duty of disclosure and the Privacy Statement contained in the Important Notices set out in the Proposal;
- 2 I am authorised to complete and sign this declaration on behalf of all the applicants;
- 3 I confirm that the answers and statements in this Proposal are true and correct and I have not withheld any information which may affect the decision to accept this Proposal or the terms and conditions of any insurance provided;
- 4 I understand that if this Proposal is accepted, the insurance cover will be subject to the terms and conditions set out in the Policy;
- 5 I acknowledge that the particulars and statements contained in this Proposal shall form the basis of the contract of insurance should a Policy be issued;
- 6 I further acknowledge that Platinum Placement Solutions on behalf of the Insurer(s) may decline this Proposal;
- 7 I consent to Platinum Placement Solutions and the Insurer(s) collecting, storing, using and disclosing personal information as set out in the Privacy Statement. Where I have provided personal information on behalf of another person I have complied with my obligations as set out in the Privacy Statement;
- 8 I understand that this insurance does not operate until Platinum Placement Solutions issues the Schedule and the premium has been paid (except for any cover provided under an interim contract of insurance).

Applicant

Name

Title/position

Signature

Date (dd/mm/yy)