

General Liability Proposal

NAME INSURED DETAILS

1. Name(s) including Trading names(s) in full
2. ABN:
3. Insured Name:
4. Insured Address:
5. Website:
6. Period of Insurance From 4.00pm on the _____ to 4.00pm on the _____

COMPANY INFORMATION

7. Full description of your operations and activities:

8. Number of years in continuous business:
9. Date business operation commence:
10. Have your activities materially changed since commencement of operation? No Yes
 If **Yes**, please provide details:

11. Please list premises from where your business is conducted:

a)	Owned	Leased
b)	Owned	Leased
c)	Owned	Leased
d)	Owned	Leased
e)	Owned	Leased
12. Total turnover: \$
13. Turnover per activity:

Manufacture:	\$
Wholesale:	\$
Retail:	\$
Importer:	\$
Exporter:	\$
Assembler/Installation:	\$
14. Number of Employee(s): Wages: \$
15. Turnover Split by State/Territory(%):

NSW:	ACT:	VIC:	QLD:	SA:	WA:	TAS:	NT:
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LIABILITY COVER REQUIRED

16. Public Liability: \$

Any One Occurrence:

17. Products Liability: \$

In the aggregate for all Injury and / or Damage during the period of Insurance:

18. Do you wish to cover property which is left in your care, custody and control above \$250,000?

No

Yes

If **yes**, please advise details how such property is protected:

19. Deductible: \$

ADDITIONAL INFORMATION

20. Please provide details of any permanent representation you have outside of Australia e.g. branch, agency, sales office?

21. Hazardous goods/products

Do you transport, handle, store or use hazardous goods or products?

No

Yes

If **Yes**, please advise all good and products:

22. Waste

Does your business create trade waste?

No

Yes

If **Yes**, please detail below types of waste created and how it is disposed of:

23. Sub-contractors

Do you employ sub-contractors?

No

Yes

If **Yes**, please provide details below:

Annual Payment \$

Actual Work:

24. Labour Hire

Do you employ Labour Hire?

No

Yes

If **Yes**, please provide details below:

Annual Payment \$

Actual Work:

25. Do you or anyone on your behalf operate, manage or own any of the following:

First aid facilities

Pressure vessels

Car parks

Lifts, escalators, hoist, cranes

Unregistered vehicles

Railway, siding

RISK INFORMATION

26. Do you manufacture any products?

No

Yes

If **Yes**, please detail your products below. If more than 5 products, attach a full product literature list

1.

2.

3.

4.

5.

27. **Imports**

Do any of your products contain raw materials, parts or components which have been imported? No Yes

If **Yes**, please list where such items have been imported from. e.g. manufacturer or suppliers business name and address?

Products:

Country:

Turnover:

28. **Exports**

Are any of your products exported? No Yes

If **Yes**, please confirm:

Products:

Country:

Turnover:

29. Do you Export any products or service to USA and/or Canada ? No Yes

If **Yes**, please confirm:

Percentage Turnover:

Confirm the Products:

30. Can you identify the source supply of all products:

31. Could any of your products or services be used in connection with:

Aircraft or aerospace? No Yes

Watercraft or offshore craft? No Yes

Life support services? No Yes

32. Are your products designed, tested, labelled and manufactured:

a) To meet or exceed all government and industry standards? No Yes

b) For optimum safety in spite of misuse or abuse? No Yes

33. Please give details of your Quality Control Procedures:

34. Are your products assembled away from your main business location? No Yes

35. Do you supervise assembly of your products? No Yes

36. Do you keep records of quality control tests? No Yes

37. Do you have a quality control manager? No Yes

38. Do you have a Product Recall Plan in Place? No Yes

39. Are warranties/rights of recourse retained from all suppliers and or manufactures? No Yes

40. Do you hold harmless or insure suppliers and/or distributors of your products? No Yes

41. Do your suppliers and/or distributors hold you harmless or insure you? No Yes

42. Do you expressly disclaim or limit warranties for your products? No Yes

43. Are all warranties/disclaimers reviewed by legal counsel? No Yes

44. Is your product range constantly changing? No Yes

45. Do you plan to introduce new products in the near future? No Yes

If **Yes**, please confirm:

46. **Work away from premises**

Do you operate or provide any services away from your premises e.g. installation.

If **Yes**, please confirm:

Percentage of Work:

Service provided/Installation:

Contractual Liability:

47. Do you assume liability under contract or hold others harmless (other than lease liability) No Yes

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

48. **Professional Exposure**

Do you provide any advice, design or specification to third parties
(no coverage is afforded unless specifically endorsed to the policy);

No Yes

For a fee?:

No Yes

If **Yes** confirm:

Fee Turnover:

Services Provided:

49. Do you currently or have you in the past been involved in the manufacture, distribution or sale of the following:
(please tick if applicable)

- | | |
|--|---|
| Aircraft | Ethical |
| Industrial Chemicals | Petrochemicals |
| Class 1 Dangerous Goods or Ammunitions | Fertilisers, Pesticides, Fungicides |
| Liquid or Gas | Watercraft Exceeding 12 Metres |
| Spacecraft or Satellites | Radioactive Materials or any products containing Asbestos |

If **Yes** to any of the above, please provide details:

50. Claims and/or Loss Experience - Has there been any claims or losses in the last 5 years? No Yes

If **Yes** provide details:

- 1.
- 2.
- 3.
- 4.
- 5.

51. After investigation are there any circumstances of which you are aware which could give rise to a claim under the proposed Policy and which are not mentioned above. No Yes

If **Yes**, please provide details:

52. Is there any additional information or detail of which you are aware and which may assist the Underwriter to better assess the nature of the risk? No Yes

If **Yes**, please provide details:

PREVIOUS INSURANCE HISTORY

53. After investigation has any proposed insured ever had any: (please tick if applicable)

Insurance declined or cancelled?	Renewal refused?
Special conditions imposed?	Increased excess imposed?
Company had any Industry Professional license been cancelled and or refused ?	Claims denied for this class of insurance

If **Yes** to any of the above, please provide details:

DUTY OF DISCLOSURE

What you must tell us

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

You have this duty until we agree to insure you. You do not have to tell us about any matter

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an Insurer, or
- which we indicate we do not want to know.

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

PRIVACY POLICY

Your Privacy and The Law

Timark Casualty Solutions (Timark) is dedicated to upholding your privacy and protecting your personal information. We are bound in Australia by the Privacy Act 1988 (Cth) and its associated Australian Privacy Principles, along with any other applicable privacy laws and codes, when collecting, using, disclosing, holding, handling and transferring any personal information. Where practical and legally permissible to do so, you have the option of providing information to us and dealing with us anonymously or by using a pseudonym.

Timark has ongoing practices, procedures and systems in place to ensure that we manage personal information in an open and transparent way.

Further information about these practices, procedures and systems are contained in our Privacy Policy set out below.

We may update this Privacy Policy from time to time. Any updates can be accessed via our website or by contacting our office to request a hard copy be sent to you (which will be provided at no cost). We encourage you to periodically review this Privacy Policy so that you will be aware of our privacy practices.

This Privacy Policy was last updated on 27 July, 2019.

DECLARATION

This declaration must be completed and signed by or on behalf of the party applying for insurance.

I/We

a) declare that:

- the answers and information given by me/us in this Application are true and correct in all respects;
- no information has been withheld that would affect Underwriters decision to accept this Application;
- where answers in this Application are not my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
- I/we have read and understand the clauses detailed under the Important Notices section at the front of this Application;
- if there was insufficient space to fully answer any questions, I/we have attached

Proposers Signature:

Date:

Proposal's Title: