

PROPOSAL PUBLIC & PRODUCTS LIABILITY

IMPORTANT NOTICES

The information you provide in this document and through any other documentation, either directly or through your insurance broker, will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including these Important Notices, please contact us or your insurance broker before signing the Declaration at the end of this document.

Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

AGENT OF INSURER

SURA Specialty acts as an agent of the Insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document please read it carefully.

DUTY OF DISCLOSURE

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance. The duty applies until the policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time).

If anything changes between when the answers are provided to us or disclosures are made and the Relevant Time, you need to tell us.

Your duty however does not require disclosure of matters that:

- reduce the risk;
- are common knowledge;
- We know or, in the ordinary course of our business, ought to know; or
- We have indicated we do not want to know.

If You do not comply with Your duty of disclosure, We may be entitled to:

- reduce our liability for any claim;
- cancel the contract;
- refuse to pay the claim; or
- avoid the contract from its beginning, if your non-disclosure was fraudulent.

PRIVACY

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information. Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at www.sura.com.au. Please access and read this policy.

If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask us. If you wish to access your file please ask us.

This proposal must be signed on the declaration page by the insured or a person employed and/or authorised by the insured. This form is not valid if signed by a broker. When completing proposal, if more space is needed, please supply additional details as an attachment.
All questions must be answered in full.

1. DETAILS OF THE INSURED

Insured's Details:

Name (including all trading names and all legal entities including trusts):

Main Business Address:

Address of Other Locations:

Business Description:

Website (if applicable):

Contact Name:

Contact Telephone No:

Date Insured Commenced Trading

Has any insurer ever refused to renew, decline, cancelled or imposed special terms on any insurance held by you?

Yes No

If Yes, please provide full details:

2. PERIOD OF INSURANCE (PREMIUM TO BE AT PRO RATA IF LESS THAN 12 MONTHS)

to

3. LIMIT OF INDEMNITY REQUIRED (PLEASE TICK)

\$5m \$10m \$20m Other (please state)

4. TURNOVER

Estimated Turnover (next 12 months): \$

Estimated Gross Rentals (next 12 months): \$

Estimated Turnover (past 12 months): \$

Estimated Gross Rentals (past 12 months): \$

5. PAYROLL (ESTIMATED ANNUAL PAYROLL INCLUDING DIRECTORS, PARTNERS AND PRINCIPALS)

Management, Administrative and Sales:		\$
Manufacturing:		\$
Installation/Onsite:		\$
Other:		\$
Total:		\$
No. of Employees:	Full-time	Part-time

6. CONTRACTORS/SUBCONTRACTORS/LABOUR HIRE

Do you employ the following:

Contractors:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated annual payment:	\$
Activities:			
Sub-contractors:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated annual payment:	\$
Activities:			
Labour Hire:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated annual payment:	\$
Occupation:			
If Yes to any, are they required to carry their own Public Liability and Workers Compensation Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you use labour hire, are you interested in buying the HELP product?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. GOODS IN YOUR CARE CUSTODY OR CONTROL

Do you require cover for Goods in your care, custody or control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please advise limit required:	\$
If limit is greater than \$500,000, please describe goods:	\$

8. DO YOU UNDERTAKE ANY WORK AWAY FROM YOUR PREMISES? Yes No

If Yes, please give details:

What percentage of turnover is related to work away from premises?: _____ %

9. DO YOU UNDERTAKE HOT WORKS (E.G. CUTTING, WELDING ETC) Yes No

If Yes, please give details:

10. HAZARDOUS GOODS/WASTE:

Does your business create any trade waste? Yes No

If Yes, please give details of waste and methods of disposal:

Is your business subject to EPA regulations? Yes No

If Yes, please give details:

Please provide details of any Hazardous Goods that are stored at your premises.

SUBSTANCE	QUANTITY	STORAGE DETAILS	USE

11. MISCELLANEOUS:

Do you or anyone on your behalf operate, control, manage, use or are any other way connected with any of the following? If Yes, please give details.

Car Parks Yes No

First Aid Facility Yes No

Lifts, Hoists, Cranes Yes No

Railway Sidings Yes No

Unregistered Vehicles Yes No

12. PRODUCTS (ATTACH ANY BROCHURES OR OTHER RELEVANT MATERIAL):

PRODUCT	INTENDED USE	MANUFACTURE TURNOVER	IMPORT/DISTRIBUTE TURNOVER	SOURCE COUNTRY	EXPORT \$ VALUE	DESTINATION COUNTRY

13. QUALITY CONTROL:

Please provide details of quality control procedures in place:

Are your products independently tested?

Yes No

If so, please provide details:

Do you work to or are your products subject to any specified Australian Standards?

Yes No

If Yes, please provide details:

If you operate in the Food/Food Production Industry, are you HACCP certified?

Yes No

If Yes, please provide details:

Are you or is your product required to be compliant with any other industry standard or regulation?

Yes No

If Yes, please provide details:

14. CONTRACTUAL LIABILITY

Cover for liability assumed under contract by way of hold harmless provisions, indemnities or waived rights of recourse are not covered unless Contracts have been noted and agreed in writing.

Details of relevant contracts: (Please provide copies of the agreements)

15. CLAIMS HISTORY:

Have you had any claims made against you in the last 5 years?

Yes No

Are you aware of any incidents in the last 5 years that may result in a claim against you?

Yes No

DATE

DESCRIPTION

PAID

OUTSTANDING

EXCESS

INSURER

* Please put gross amount before deduction of any policy excess.

DECLARATION

I declare that to the best of my knowledge and belief that the answers given above are the truth and that I have not withheld any information that is considered to be material to this proposed insurance. I declare that any answers not given in my hand writing have been checked by me for their truth and accuracy.

SIGNED:

NAME (PRINT):

POSITION HELD:

DATE:

(Must be within 4 weeks of start date of contract)
