

SCAFFOLDERS PROPOSAL FORM 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.

1. DETAILS OF THE INSURED

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

Main Business Address:

Address of other Locations:

Contact Name:

Contact Telephone No:

Website (if applicable):

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:

Have you / your company / any director or any other entity owned by you ever had any fine or penalty or infringement notice violations issued against you?

Yes No

If Yes, please provide full details:

Have you / your company / any director or any other entity owned by you ever had any revoked work license in connection with this insurance?

Yes No

If Yes, please provide full details:

Have you / your company / any director or any other entity owned by you ever been declared bankrupt?

Yes No

Have you / your company / any director or any other entity owned by you ever been charged with any breach of the relevant Occupational and/or Workplace and Safety Acts in respect of your business?

Yes No

If Yes, please provide full details:

2. **Period of Insurance**

to (both days inclusive at 16:00 hours Local Standard Time)

3. **Limit of Indemnity Required (please tick)**

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

4. **Number of years experience in scaffolding industry**

5. **Are all Directors, Employees and Sub Contractors licensed scaffolders?**

Yes No

6. **Turnover**

Estimated (next 12 months)

Actual (past 12 months)

7. **Height of work**

Under 10 metres % Over 10 metres % Maximum height metres

Majority of work

Residential % Commercial %

8. **Payroll**

No. of Staff Full-time Part-time/Casual

Annual Wages \$

9. **Sub-contractors/Labour Hire**

Do you employ any of the following?

Sub-contractors Yes No Estimated annual payment \$

Activities undertaken

Labour Hire Yes No Estimated annual payment \$

Activities undertaken

If Yes to any, are they required to carry their own Public Liability & Workers Compensation? Yes No

10. Do you perform any work on, at or from any of the following sites? (Please tick)

Mine Sites (Above or Underground)

Drag Line Excavators

Refinery, gas producing or bulk fuel storage facilities

High voltage power supply or power generating facilities

Airport, airfield or aerodromes

Railways including tracks, bridges or crossings

Steelworks

Concerts or Sporting Events

Wharves or any form of ship handling or loading facility or Ships/Vessels

Grandstands, Stages, Lighting and Camera Towers or Temporary Seating

NONE OF THE ABOVE

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

11. Do you:

Manufacture any Scaffolding Products?

Yes No

Regularly hire out scaffolding for long term contracts?

Yes No

Regularly inspect the above equipment for safety and maintenance?

Yes No

Have documentation to support repair, maintenance and safety inspections in place for all of your equipment?

Yes No

Sell any used or second hand equipment?

Yes No

Have formal training in place for your staff?

Yes No

Own or Hire Lifting Equipment for the erection of scaffolding?

Yes No

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

Does your product and or service comply with the relevant Australian Standards?

Yes No

Do you assume or provide liability under contract or hold harmless agreements?

Yes No

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

12. 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

If Yes, to either of the above please provide details below: Yes No

DATE	DESCRIPTION	PAID	OUTSTANDING	EXCESS	INSURER

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

DECLARATION & AUTHORISATION:

This Declaration must be signed by the intending insured as the Proposer(s). If the intending insured is a Company, Partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be authorised to sign on behalf of all persons / entities identified as the intending insured(s).

Before completing this document, I/We have read and understood the information herein, including the Important Notices.

I/We agree that this Proposal Form together with any other information supplied by me/us shall form the basis of any contract of insurance effected.

I/We undertake to inform the insurer of any material alteration to this information occurring before the proposed insurance commences.

I/We declare that the statements and particulars contained within this Proposal Form are true and that I/We have not mis-stated or suppressed any material facts.

I/We understand that the insurer is relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld.

I/We acknowledge that by submitting this completed Proposal Form (with any other information) I/We consent that the insurer may use and disclose my/our personal information in accordance with the "Privacy Statement" in this Proposal Form. This consent remains valid until I/We alter or revoke it by written notice.

I/We also undertake to advise any changes to my/our personal information.

I/We authorise SURA Specialty Ltd or its agent to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

SIGNED

DATE

NAME (PRINT)

POSITION HELD