

HOST EMPLOYER LIABILITY POLICY (HELP) PROPOSAL FORM

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 insurer 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 the 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.

INTERMEDIARY ACTING AS AN AGENT FOR INSURER

In effecting this contract of insurance, SURA Labour Hire Pty Ltd ABN 67 604 373 088 will be acting under an authority given to it by the Insurer(s). SURA Labour Hire Pty Ltd will be acting as agent of the Insurer(s) and not of the Insured.

YOUR DUTY OF DISCLOSURE

This Policy is subject to the Insurance Contracts Act 1984 (Act). Under that Act You have a 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.

OCCURRENCE BASED WORDING

This policy only insures legal liability for compensation for Personal Injury to a Third Party Worker that happens during the Period of Insurance and caused by an occurrence connected with your business. There is no insurance for liability for Personal Injury that occurs, or is discovered before, the Period of Insurance.

PRESERVATION OF RIGHTS OF RECOVERY

Our policy contains a provision that has the effect of excluding or limiting our liability in respect of a loss, if the Insured releases, agrees not to sue on, waives or prejudices its rights of recovery, or enters into any arrangement or compromise or does any act whereby any rights or remedies to which the insurer would be subrogated are or may be prejudiced.

SUBROGATION WAIVER

Our policy contains a provision that has the effect of excluding or limiting our liability in respect of a liability incurred solely by reason of the Insured entering into a deed or agreement excluding, limiting or delaying the legal rights or of recovery against another.

SURA LABOUR HIRE PTY LTD

LEVEL 14, 141 WALKER STREET
NORTH SYDNEY NSW 2060
PO BOX 1813
NORTH SYDNEY NSW 2059

TELEPHONE. 02 9930 9500
SURA.COM.AU

PRIVACY STATEMENT

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.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties 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 of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask us.

GENERAL INSURANCE CODE OF PRACTICE

We proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

For further information on the Code, please visit www.codeofpractice.com.au or alternatively you can request a brochure on the Code from us.

WORKERS COMPENSATION

Workers Compensation is compulsory for all employers. This policy does not include, or provide workers compensation insurance. To obtain workers compensation insurance please contact your broker.

HOST EMPLOYER – CONTACT INFORMATION

Please enter the contact information for the entity seeking HELP cover.

Name of Insured Entity

Street Address

Website Address

NOMINATED REPRESENTATIVE

Name

Organisation
(if different from Insured Entity)

Telephone No

Email Address

Postal Address

HOST EMPLOYER – BACKGROUND INFORMATION

Please give a brief description of the insured entity's business operation and industry segments:

Please nominate the states in which the Insured Entity operates:

- ACT Queensland Victoria New South Wales
- South Australia Western Australia Northern Territory Tasmania
-

Does the Insured entity have multiple work sites?

If yes, please identify in the table below the number of site per state per nature of operation.

STATE	# OF SITES	NATURE OF OPERATION(S)
ACT	<hr/>	<hr/>
NSW	<hr/>	<hr/>
NT	<hr/>	<hr/>
QLD	<hr/>	<hr/>
SA	<hr/>	<hr/>
TAS	<hr/>	<hr/>
VIC	<hr/>	<hr/>
WA	<hr/>	<hr/>

Please provide the gross turnover and estimated number of employees of the Insured Entity for:

a) Actual (previous 12 months) \$

b) Estimated (next 12 months) \$

c) Estimated number of employees (next 12 months)

Does the Insured Entity utilise the services of Third Party Workers either through a labour hire company or via other contracting entities?

Yes No

If Yes, please advise the name of the providers of Third Party Workers:

NAME OF PROVIDER

% OF TOTAL USE

NAME OF PROVIDER	% OF TOTAL USE

What percentage of the Insured Entity's total payroll does the use of Third Party Workers represent for:

a) The Last 12 months %

b) The next 12 months %

Are these suppliers of Third Party Workers engaged under a signed contract?

Yes No

If Yes, does the contract contain any provisions seeking to transfer liability for injuries to Third Party Workers?

Yes No

Please advise the proposed period of cover: _____ to _____

THIRD PARTY WORKER DETAILS

Please provide details of the work performed by Third Party Workers and the cost of their work for the proposed period of cover and for the preceding twelve month period.

Example: You utilise Third Party Workers in WA and SA as drivers, in warehousing and in administration. The table here under should be completed in the following manner:

STATE	OCCUPATION/DUTIES	PROPOSED PERIOD	PREVIOUS PERIOD
WA	Drivers	\$ 150,000	\$ 120,000
WA	Warehousing	\$ 100,000	\$ 80,000
SA	Drivers	\$ 100,000	\$ 80,000
SA	Administration	\$ 50,000	\$ 40,000

HOST EMPLOYER – INSURANCE INFORMATION

Has the Insured Entity received any penalties, fines or been prosecuted under the Occupation Health & Safety statutes that operate in each State/Territory? Yes No

If Yes, please provide details and information relating to the penalty, fine or prosecution and information relating to the outcome, if the matter has been resolved, or the status of the matter if not resolved.

In the past five years, have any claims for damages been made against the Insured Entity in relation to injuries to Third Party Workers? Yes No

If Yes, please provide full details:

Please attach the workers compensation claims experience of the Host Employer for the past five years which details nature and cause of injury, period of incapacity and total amount paid and outstanding on the claim.

In the past five years have any injuries occurred to Third Party Workers whilst working at the insured's premises? Yes No

If yes please provide the following details after enquiry from your labour providers:
Nature and cause of injury, period of incapacity and total amount paid and outstanding on the claim and steps taken to ensure the injury doesn't reoccur.

HOST EMPLOYER — INSURANCE INFORMATION

Is there a process in place for early notification of injuries within the legislative frameworks operating in each State/Territory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Host Employer have a documented induction process for Third Party Workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Host Employers supplier of Third Party Workers inspect workplaces prior to supplying labour?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Host Employer involve Third Party Workers in site safety committees or procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Host Employer ensure Third Party Workers utilise the appropriate personal protection equipment in its workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Host Employer have a procedure for investigating incidents in the workplaces involving injury to its own direct employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Host Employer formally notified of incidents involving injury to Third Party Workers by the direct employer (i.e. the on hired labour provider) of the injured worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the Host Employer conduct its own investigation into the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Host Employer receive copies of investigations carried out by the direct employer of the Third Party Workers (i.e. the on hired labour provider) into these incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Host Employer currently participate in return to work programs for injured Third Party Workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, would the Host Employer participate in such programs in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

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" at the beginning of this Proposal. 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.

SIGNATURE: _____

NAME: _____

TITLE: _____

DATE: _____