

Public & Products Liability Proposal Pharmaceutical / Medical

When completing proposal, if more space is needed, please supply additional details as an attachment.

ALL QUESTIONS MUST BE ANSWERED IN FULL

1. Insured's Details

Name(including all trading names, legal entities, ACN's, ABN's and all other Licence No's)

Address of all Locations

Full Business Description

Website address _____

Contact Name and Telephone Number _____

Date insured commenced trading _____

Has any insurer ever refused to renew, declined, cancelled or imposed special terms on any insurance held by you? Yes No If yes, please give details.

2. Period Insurance required

From _____ to _____ at 4pm

3. Limit of indemnity required:

\$5m \$10m \$20m

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 & Principals)

Management, Administrative & Sales \$ _____
 Manufacturing \$ _____
 Installation / Onsite \$ _____
 Other \$ _____
Total \$ _____

No. of Employees: Full-time _____ Part-time _____

6. Contractors / Subcontractors / Labour Hire

Do you employ any of the following?

Contractors Yes No
 Estimated annual payment \$ _____
 Activities _____

Subcontractors Yes No
 Estimated annual payment \$ _____
 Activities _____

Labour Hire Yes No
 Estimated annual payment \$ _____
 Activities _____

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

7. Products (attach any brochures, MSDS, other related material)

Product	Use / Application	Manufacture Turnover	Import / Distribute Turnover	Source Country	Export \$ value	Destination country

8. Quality Control

Please provide details of quality control procedures in place

Are your products independently tested? Yes No If yes, please provide details.

Are your products registered with the Therapeutic Goods Administration (TGA)?
 Yes No If yes, please provide details.

Can you readily identify the source of all items used in the manufacture of your products?
 Yes No If yes, please provide details.

Do you have fully documented recall procedures?
 Yes No If yes, please provide details.

Are you or is your product required to be you compliant with any other Industry standard or regulation?
 Yes No If yes, please provide details.

9. Turnover Split (by activity / Product type)

Activity	Prescription	OTC	Complementary	Cosmetics
Manufacturer (own products)				
Contract manufacturer				
Importer / Wholesaler				
Exporter				
Sponsor				
Other				

10. Clinical Trials

Do you conduct clinical trials? Yes No If yes, please provide details.
(If cover required please complete clinical trial questionnaire)

11. Work away from premises

Do you undertake any work away from premises? Yes No If yes, please provide details.

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

Do you undertake Hot Works, e.g. Cutting, Welding, etc? Yes No If yes, please provide details.

12. 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 provide details.

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

Substance	Quantity	Storage details	Use

13. Goods in your Custody Care & Control

Do you require cover for Goods on your custody, care & control? Yes No

If yes, Please advise limit \$ _____

Details of property

14. Contractual Liability

Cover for liability assumed under contract by way 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

Date	Brief Description	Paid*	Outstanding*	Excess	Insurer

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

Please provide a full claims history on Insurer’s headed paper.

16. Declaration

Your Duty of Disclosure.

You have a duty under the Insurance Contracts Act 1984 before you enter into a contract of general insurance with Connect Liability Solutions to disclose to Connect Liability Solutions every matter that you know, or could reasonably be expected to know, is relevant to Connect Liability Solutions decision whether to accept the risk of the insurance and if so, on what terms.

If you fail to answer all questions fully and accurately, Connect Liability Solutions may find cause to reduce or cancel the cover. This disclosure includes any renewal, extension, variation or the reinstatement of a contract of general insurance.

Newline Australia Insurance Pty Ltd ABN 81 118 089 651
 Level 31, 570 Bourke St, Melbourne, VIC 3000
 PO Box 16208, Collins St West, VIC 8007
 (T) 03 9999 1906 (F) 03 9670 0045
 (E) info@newlinegroup.com.au

While completing this proposal, you will have provided us with some private information. We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth). We will only use this information for the purpose of the consideration of application for this Insurance or if required to do so by law. You are entitled to access your personal information and request any amendment, update or correction as deemed necessary.

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: _____