

## 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

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Full Business Description

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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.

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#### 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

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

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Are your products registered with the Therapeutic Goods Administration (TGA)?

Yes  No  If yes, please provide details.

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Can you readily identify the source of all items used in the manufacture of your products?

Yes  No  If yes, please provide details.

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Do you have fully documented recall procedures?

Yes  No  If yes, please provide details.

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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.

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**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)

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**11. Work away from premises**

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

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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.

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**12. Hazardous Goods / Waste**

Does your business create any trade waste? Yes  No   
 If yes, please give details of waste and methods of disposal.

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Is your business subject to EPA regulations? Yes  No  If yes, please provide details.

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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

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**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)

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**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 Newline Australia Insurance to disclose to Newline Australia Insurance every matter that you know, or could reasonably be expected to know, is relevant to Newline Australia Insurance's 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, Newline Australia Insurance 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.

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:** \_\_\_\_\_