

## General Proposal Public & Products Liability

This form must be signed by the insured/proposer or a person employed and/or authorised by the insured/proposer.

When completing the form, if more space is required, please supply additional details as an attachment.

**ALL QUESTIONS MUST BE ANSWERED IN FULL**

**1. Insured/proposer details**

Name of insured/proposer:

Trading name: (if applicable)

Tax Registered Business?  Yes  No ABN / ACN & all other licence numbers:

Address of all premises to be covered by this insurance:	<input type="text"/>	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
	<input type="text"/>	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
	<input type="text"/>	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
	<input type="text"/>	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased

Website:  NOTE: Your Duty of Disclosure requirements are not relieved by providing the details of your website address

Date insured commenced trading:

Full Business Description:

Has any insurer ever refused to renew, decline, cancel or impose special terms on any insurance held by you?  Yes, please provide details below  No

Who is your current insurer?

**2. Period of insurance** From:  To:  at 4pm

**3. Limit of indemnity required**  \$5m  \$10m  \$20m

#### 4. Claims history

Have any goods or products been recalled during the past 10 years?  Yes  No

If Yes, please provide details:

--

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.

#### 5. Turnover details

Actual turnover for the <b>last 12 months</b>	Estimated turnover for the <b>next 12 months</b>
\$	\$

#### 6. Payroll details

Please advise the estimated annual wage roll including Directors, Partners & Principals):

	Actual figures for the <b>last 12 months</b>	Estimated figures for the <b>next 12 months</b>
Management, administrative & sales – retail	\$	\$
Warehousing/storage, service on-site	\$	\$
Installation, maintenance, service, repair or construction work conducted away from premises	\$	\$
Other, please specify:	\$	\$

No. of employees: Full time  Part time

#### 7. Contractors / Sub Contractors / Labour Hire

Do you engage the use of Contractors / Sub Contractors?  Yes  No

If Yes, please provide details below.

Nature of work performed (please provide a split by activity performed) i.e. engaged contract driver to deliver product to customer on consignment basis. Labour only component \$25,000.	Actual payments for contract labour for the <b>last 12 months</b>	Estimated payments for contract labour for the <b>next 12 months</b>
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Do you engage the use of Labour Hire Employees?  Yes  No

If Yes, please provide details below.

Nature of work performed (please provide a split by activity performed) i.e. forklift driver \$100,000; production worker \$50,000, office administration \$25,000.	Actual payments for labour hire for the <b>last 12 months</b>	Estimated payments for labour hire for the <b>next 12 months</b>
	\$	\$
	\$	\$
	\$	\$

Do you check to ensure that all Labour Hire Employees, Contractors and/or Sub-Contractors carry their own Public Liability and Workers Compensation insurances?  Yes  No

If Yes, please provide details of how this is checked, and how records are maintained.

Do you insist to be named either as Principal or as a joint insured in liability policies of Contractor/Sub-Contractors and do you obtain a Certificate of Currency of such insurance?  Yes  No

### 8. Product Information:

Description of Product	Manufactured / Distributed	Actual Turnover Over Last 12 Months	Estimated Turnover for the Next 12 Months
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Please provide details of Australian manufacturers / Australian suppliers from where your products are sourced:

Australian Manufactured / Australian Sourced Products			
Name of manufacturer / supplier	Product Details	Address of manufacturer / supplier	Turnover (\$)
			\$
			\$
			\$
			\$

Have any goods, products or services that you have provided been discontinued during the past 10 years?  Yes  No

If Yes, please provide details:

Please provide details of all products that have been manufacturer, supplied or sourced from overseas:

Imported Products
-------------------

Name of manufacturer / supplier	Product Details	Country where Products are manufactured	Turnover (\$)
			\$
			\$
			\$
			\$

Are you required to modify, assemble, repackage or label any imported products?  Yes  No

If Yes, please provide details:

Does the manufacturer's / supplier's products liability policy provide cover for products exported to Australia?  Yes  No

If Yes, please provide details:

Are your interests noted on the manufacturer's / supplier's product liability policy as a vendor or distributor?  Yes  No

If Yes, please provide details:

Please provide details of all products that have been manufactured, supplied or sourced that you are exporting:

Exported Products			
Name of company that product has been supplied	Product Details	Country where Products are exported to	Turnover (\$)
			\$
			\$
			\$
			\$

In each of the countries where your products are sold, do product labels and instructions comply with jurisdictional regulations?  Yes  No

## 9. Quality Control

Do you work to or are your products required to be compliant with any Australian or International Standards or any other Industry standard or regulation?  Yes  No

If Yes, please provide details:

Do you have any quality control procedures in place?  Yes  No

If Yes, please provide details:

### 10. Hazardous Goods / Waste

Does your business create any waste?

Yes  No

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

Is your business subject to EPA or other 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

### 11. Hot Works

Do you undertake Hot Works, eg. cutting, welding, etc?

Yes  No

If Yes, please provide details:

### 12. Goods In Your Care, Custody & Control

Do you require cover for goods in your care, custody & control?

Yes  No

If Yes, please provide details of goods in your care, custody & control:

If Yes, please advise limit:

\$

### 13. Advice, Designs Or Specifications To Third Parties

Do you provide any advice, designs or specifications to third parties for a fee only that is NOT in connection with the supply of a Product?

Yes  No

If Yes, please provide details:

## 14. Indemnities / Hold Harmless Agreements

Please provide details of any indemnities or "Hold Harmless" agreements given to other parties.

## 15. 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.

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 (Commonwealth). 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 my answers not given in my handwriting have been checked by me for their truth and accuracy.**

**Signature:**

*NOTE:*

*If this proposal has been completed electronically, please print out Section 15 (Declaration), sign in the box on the left, and send this page (either as a scan attachment or fax) together with the preceding pages.*

**Full Name:**

**Position Held:**

**Date:**