

Labour Hire Proposal / Questionnaire Public & Products Liability

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

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)

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 _____

3. Limit of indemnity required: (please tick)

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

4. Industries / Occupations (Split)	\$ or %
Sales & Marketing	_____
Admin / Clerical	_____
Accounts / Finance	_____
Professional	_____
Agricultural / primary industry	_____
Manufacturing	_____
Civil Engineering	_____
Construction	_____
Store / Warehousing	_____
Mining	_____
Transport	_____
Petrochemical	_____
Other	_____

Please provide a full list / spread sheet of occupations

5. Sub Contractors

Do you on-hire sub contractors - Yes No

Please provide details of Activities

Are they required to carry their own insurance / Workers Comp - Yes No

6. Turnover

Actual Turnover (last 12 months) \$ _____

Turnover (estimated for next 12 months)

Blue Collar (On Hire) \$ _____

White Collar (On Hire) \$ _____

On Hire Subcontractors \$ _____

Permanent placements \$ _____

Training / Consulting \$ _____

Other \$ _____

Total \$ _____

Turnover (cont'd)

Annual Wage Roll (Next 12 months) \$ _____

Actual Turnover (Last 12 months) \$ _____

No. of Employees: On Hire _____ Other _____

7. Contractual Liability

Do you have a standard hire agreement - Yes No

If yes, please provide copy as an attachment

Do you have any hold harmless agreements, indemnities, liability assumed under contract etc with host employers - Yes No

If yes, please provide details of each contract as an attachment

8. 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.

9. 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: _____