

## Public & Products Liability Proposal Mining

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 insurances? 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. Activities**

Substance(s) mined \_\_\_\_\_

Activities/ percentage worked above ground \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Activities/ percentage/ depth worked underground \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you or any subcontractors undertake any blasting activities? Yes  No   
 If yes, please give details \_\_\_\_\_

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

**9. Hazardous Goods / Waste**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Substance	Quantity	Storage details	Use

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**10. Quality Control**

Do you have any quality control procedures in place? Yes  No   
If yes, please give details.

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Do you have environmental protection procedures? Yes  No   
If yes, please give details.

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Do you have induction procedures for new employees / subcontractors? Yes  No   
If yes, please provide details.

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Do you have evacuation procedures? Yes  No   
If yes, please provide details.

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Do your safety procedures and do they comply with Australian Standards? Yes  No   
If yes, please provide details.

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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? \_\_\_\_\_ %

**12. 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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**13. 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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**14. 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.

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