

Public & Products Liability Proposal Rail Contractor

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. Payroll (Estimated annual payroll including Directors, Partners & Principals)

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

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

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

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(E) info@newlinegroup.com.au

5. Turnover

Please advise the gross annual turnover split:

	Actual over the last 12 months (\$)	Estimated over next 12 months (\$)
Work on, over, under or adjacent to track alignment including platforms		
Work related to signaling	\$	\$
Trackside training	\$	\$
Classroom training	\$	\$
Work on embankments or other rail work not listed above. Please specify:		
Non-rail activities Please specify:		
TOTAL	\$	\$

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) (if applicable)

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

8. Activities

Do you or any contractors / subcontractors undertake any:

Manufacturing?

Yes

No

If yes, please give details _____

Work in tunnels?

Yes

No

If yes, please give details _____

Work involving demolition and/or quarrying?

Yes

No

If yes, please give details _____

Blasting activities?

Yes

No

If yes, please give details _____

Hot Works? e.g. Cutting, Welding etc

Yes

No

If yes, please give details _____

On offshore oil & gas installations?

Yes

No

If yes, please give details _____

Handling or removal of asbestos in any form whatsoever?

Yes

No

If yes, please give details _____

Use of explosives including rail detonators?

Yes

No

If yes, please give details _____

Use of machinery that goes on track?

Yes

No

If yes, please give details _____

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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

10. Quality Control

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

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

Do you have induction procedures for new employees / subcontractors? Yes No

If yes, please provide details.

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

Do your safety procedures and do they comply with Australian Standards? Yes No

If yes, please provide details.

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? _____ %

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

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)

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.

Are there any circumstances, which might give rise to a claim, that have not yet been notified to insurers? Yes No

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 (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: _____