



Mail: PO Box Q1205, Queen Victoria Building, NSW 1230  
Telephone (02) 8272 4800 | Facsimile (02) 9247 2411 | Free Call 1800 252 263

## Public and Products Liability Proposal Form

1. THE INSURED						
(a) Full name of proposed Insured including subsidiaries						
Company Name		Australian Business Number (ABN)			Input Tax Credit %	
(b) Trading Name <i>(Please complete the attached schedule of Company Names if insufficient space below)</i>						
(c) Street Address						
Address						
Suburb		State		Postcode		
(d) Postal Address						
Address						
Suburb		State		Postcode		
(e) Full Description of your Operations and Business Activities						
(f) Number of years in continuous business						

2. Period of Proposed Insurance		
From		At 4:00pm Local Standard Time
To		At 4:00pm Local Standard Time

3. Limit of Indemnity		
(a) Public Liability	\$	Any one occurrence
(b) Products Liability	\$	In the aggregate for all Injury and/or Damage during the period of insurance
(c) Deductible	\$	

4. Details of Premises (including overseas locations)						
Details of premises occupied by you for the purpose of conducting the Business						
	Premises 1		Premises 2		Premises 3	
Address						
Occupied As						
Age of Premises	years		years		years	
Please tick	Owned <input type="checkbox"/>	Leased <input type="checkbox"/>	Owned <input type="checkbox"/>	Leased <input type="checkbox"/>	Owned <input type="checkbox"/>	Leased <input type="checkbox"/>



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5. Estimated Payroll		
Estimated Annual Payroll (including earnings of Principal, Directors, Partners)		
	Payroll Amount	Number of Staff
Management, Clerical and Sales	\$	
Manufacturing	\$	
Work Away from Premises	\$	
Payment to Contractors and/or Sub-Contractors	\$	
Other (Please Specify)	\$	
<b>TOTAL</b>	<b>\$</b>	

6. Turnover				
(a) Turnover split by major business activity (where business is conducted in more than one state, we will require a split of turnover by state and overseas)				
Business Activity	State	Actual for Last 12 Months	Estimate for Next 12 Months	
Business Activity	NSW	\$	\$	
Business Activity	VIC	\$	\$	
Business Activity	QLD	\$	\$	
Business Activity	SA	\$	\$	
Business Activity	WA	\$	\$	
Business Activity	TAS	\$	\$	
Business Activity	ACT	\$	\$	
Business Activity	NT	\$	\$	
Business Activity	Overseas	\$	\$	
Where you are a property owner, please provide details of Gross Rentals		\$	\$	
<b>TOTAL</b>		<b>\$</b>	<b>\$</b>	
(b) Do you operate a Quality Control / Recording System? If YES, please provide details including Australian or other relevant standards applicable.				Yes <input type="checkbox"/> No <input type="checkbox"/>
DETAILS:				

7. Imports and Exports		
	Product, Origin / Destination	Estimate for Next 12 Months
(a) If you import products, please provide details of products and revenue generated		\$
(b) If you have exports, please provide details by products and revenue generated		\$

*Coverage for PRODUCTS EXPORTED TO USA or CANDIDA is excluded from this insurance. Coverage will be provided only if specifically agreed by JUA, and then subject to additional terms and conditions and payment of an extra premium. It will be necessary to complete a USA/Canada export questionnaire. Any additional information supplied in respect of such exports shall be deemed to form part of this application.*



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8. Pollution		
(a) Does your use and storage of all toxic substances comply with all statutory Regulations and By-Laws?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Do any of your trade processes produce toxic waste and/or other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment? If YES, please provide details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DETAILS:		
(c) Does your waste disposal or waste storage comply with Government Regulations and By-Laws? Please give full details of any chemicals, gases, explosives, radioactive or toxic substances used and/or stored	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DETAILS:		

9. Care Custody and Control		
(a) Do you require cover for property of others in your care, custody or control?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i) What limit of indemnity do you require?	\$	
ii) What is the total value of such property at all locations?	\$	
iii) What is the maximum value of any one item?	\$	
(b) Give a brief description of such property		
DETAILS:		
(c) Is coverage afforded by any other Policy of Insurance? If Yes, please provide details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DETAILS :		

10. Contractual Liability		
Do you assume liability under contract or hold other harmless (other than lease liability)? If YES, please provide full details and attach copies of all agreements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DETAILS:		

11. Professional Exposure		
(a) Do you provide any advice, design or specification to third parties for a fee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Do you provide any advice, design or specification to third parties for no fee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DETAILS:		



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12. High Hazard					
Do you currently or have you in the past been involved in the manufacture, distribution or sale of the following? If Yes, please provide details below.					
(a) Aircraft (including component parts)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(b) Pesticides	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Ethical Drugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(d) Fungicides	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(e) Industrial Chemicals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(f) Liquid or gas fuels	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(g) Petrochemicals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(h) Watercraft (over 20 metres)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(i) Class 1 dangerous goods or ammunition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(j) Spacecraft or satellites	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(k) Fertilisers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(l) Radioactive Material	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DETAILS:					

13. Claims and/or Loss Experience					
(a) Have there been any claims or losses in the last 5 years? If Yes, please provide details				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of Loss	Amount Paid & Outstanding	Applicable Excess	Cause of Loss		
(b) After investigations are there any circumstances of which you are aware which could give rise to a claim under the proposed policy and which are not mentioned above? If Yes, please provide details				Yes <input type="checkbox"/>	No <input type="checkbox"/>
DETAILS:					
(c) Is there any additional information or detail of which you are aware and which may assist the Underwriter to better assess the nature of the risk? If Yes, please provide details				Yes <input type="checkbox"/>	No <input type="checkbox"/>
DETAILS:					

14. Previous Insurance History		
After investigation has any proposed insured ever had any: If Yes to any of the below, please provide details		
(a) Insurance declined or cancelled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Renewal refused?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Special conditions imposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d) Increased excess imposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(e) Claims denied for this class of insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DETAILS:		



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**ADDITIONAL INFORMATION**

Large empty rectangular area for providing additional information.

**IF INSUFFICIENT SPACE PLEASE ATTACH SEPARATE SHEET WITH INFORMATION**



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**DUTY OF DISCLOSURE**

Before you enter into a contract of general insurance, you have a duty under the Insurance Contract Act 1984 to disclose to underwriters every matter than you know, or could reasonably be expected to know, is relevant to underwriters decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

You do not need to tell us anything that:

- Reduces the risk undertaken by the Insurer;
- That is of common knowledge;
- That the underwriter knows or ought to know;
- As to which compliance with your duty is waived by the underwriter.

**NON DISCLOSURE**

If you do not tell underwriters anything you are required to, underwriters may cancel your contract or reduce the liability under the contract in respect of a claim. If your failure to tell us is fraudulent, underwriters may refuse to pay a claim and treat the contract as if it never existed.

**PRIVACY POLICY**

**UNDERWRITERS AT LLOYD'S OF LONDON**

The Certain Underwriters at Lloyd's, London want you to know how we protect the confidentiality of your non-public personal information. We want you to know how and why we use and disclose the information that we have about you. The following describes our policies and practices for securing the privacy of our current and former customers.

**INFORMATION WE COLLECT**

The non-public personal information that we collect about you includes, but is not limited to:

- Information contained in applications or other forms that you submit to us, such as name, address etc.
- Information about your transactions with our affiliates or other third-parties, such as balances and payment history
- Information we receive from a consumer-reporting agency, such as creditworthiness or credit history

**INFORMATION WE DISCLOSE**

We disclose the information that we have when it is necessary to provide our products and services. We may also disclose information when the law requires or permits us to do so.

**CONFIDENTIALITY AND SECURITY**

Only our employees and others who need the information to service your account have access to your personal information. We have measures in place to secure our paper files and computer systems.

**RIGHT TO ACCESS OR CORRECT YOUR PERSONAL INFORMATION**

You have a right to request access to or correction of your personal information that is in our possession.

**CONTACTING US**

If you have any questions about this privacy notice or would like to learn more about how we protect your privacy, please contact the agent or broker who handled this insurance. We can provide a more detailed statement of our privacy practices upon request.

**DECLARATION**

I declare that to the best of my knowledge and belief the answers given above, documents or papers submitted, represent the true position and that I have not withheld any information material to this proposal. I agree that this proposal and accompanying documents or papers shall form or partly form the basis of the contract proposed.

I also understand that no contract of insurance is deemed to be formed unless this completed and signed form has been received by the underwriter and to its satisfaction it finds the information acceptable.

**Signature:**  
**Print Name:**

**Date:**  
**Position:**