

Proposal Form

Pollution Legal Liability Select™

Important Notice

Claims-Made and Notified Insurance

This policy is issued on a claims-made and notified basis. This means that this policy only covers Claims (as defined) first made against you during the Policy Period (as defined) and notified to the insurer in writing during the Policy Period. This policy does not provide cover for any Claims made against you during the Policy Period if at any time prior to the commencement of the Policy Period you became aware of facts which might give rise to those Claims being made against you, or if the Pollution conditions which gave rise to the Claim against you existed before the Retroactive Date specified in the Schedule.

Section 40(3) of the Insurance Contracts Act 1984 provides that where you gave notice in writing to the insurer of facts that might give rise to a Claim against you as soon as was reasonably practicable after you became aware of those facts but during the Policy Period, the insurer cannot refuse to pay a Claim which arises out of those facts, when made, because it was made after the Policy Period had expired.

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Subrogation

This policy contains provisions which have the effect of excluding or limiting the insurer's liability in respect of a loss where you have prejudiced the insurer's rights of subrogation or where you are a party to an agreement which excludes or limits the insurer's rights to recover the loss from another party. You are hereby notified of the effect of these provisions.

Code of Practice

The Insurance Industry has developed a General Insurance Code of Practice. This aims to raise the standards of practice and service in the Insurance Industry and it includes the following:

- When you lodge a claim we will tell you in plain language what information we need and how you should go about making your claim.
- We will respond promptly to any request you make for assistance with your claim and it will be considered and assessed promptly.

Dispute Resolution

We are committed to handling any complaints about our products or services efficiently and fairly. If you have a complaint:

- Contact your insurance intermediary and they may raise it with us.
- If your complaint is not satisfactorily resolved you may request that the matter be reviewed by management by writing to:

The Compliance Manager AIG Level 12, 717 Bourke Street, Docklands VICTORIA 3008

- 3) If you are still unhappy, you may request that the matter be reviewed by our Internal Dispute Resolution Committee ("Committee"). We will respond to you with the Committee's findings within 15 working days.
- 4) If you are not satisfied with the finding of the Committee, you may be able to take your matter to an independent dispute resolution body, Insurance Ombudsman Services Limited (IOS). This external dispute resolution body can make decisions of which AIG are obliged to comply. Contact details are:

Insurance Ombudsman Services Limited Phone: 1300 780 808 (local call fee applies) Email: ios@insuranceombudsman.com.au Internet:

http://www.insuranceombudsman.com.au PO Box 561, Collins St West Post Office, Melbourne, VIC 8007

Privacy Notice

This notice sets out how AIG Australia Limited (AIG) collects, uses and discloses personal information about:

- you, if an individual; and
- other individuals you provide information about.

Further information about our Privacy Policy is available at www.aig.com.au or by contacting us at australia.privacy.manager@aig.com or on 1300 030 886.

How we collect your personal information

AIG usually collects personal information from you or your agents.

AIG may also collect personal information from:

- Our agents and service providers;
- other insurers;
- people who are involved in a claim or assist us in investigating or processing claims, including third parties claiming under your policy, witnesses and medical practitioners;
- third parties who may be arranging insurance cover for a group that you are a part of;
- providers of marketing lists and industry databases; and
- publically available sources.

Why we collect your personal information

AIG collects information necessary to:

- underwrite and administer your insurance cover;
- maintain and improve customer service; and
- advise you of our and other products and services that may interest you.

You have a legal obligation under the Insurance Contracts Act 1984 to disclose certain information. Failure to disclose information required may result in AIG declining cover, cancelling your insurance cover or reducing the level of cover, or declining claims.

To whom we disclose your personal information In the course of underwriting and administering your policy we may disclose your information to:

- entities to which AIG is related, reinsurers, contractors or third party providers providing services related to the administration of your policy:
- banks and financial institutions for policy payments;
- assessors, third party administrators, emergency providers, retailers, medical providers, travel carriers, in the event of a claim:
- other entities to enable them to offer their products or services to you; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

AIG is likely to disclose information to some of these entities located overseas, including in the following countries: United States of America, United Kingdom, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as any country in which you have a claim and such other countries as may be notified in our Privacy Policy from time to time.

You may request not to receive direct marketing communications from AIG.

Access to your personal information

Our Privacy Policy contains information about how you may access and seek correction of personal information we hold about you. In summary, you may gain access to your personal information by submitting a written request to AIG.

In some circumstances permitted under the Privacy Act 1988, AIG may not permit access to your personal information. Circumstances where access may be denied include where it would have an unreasonable impact on the privacy of other individuals, or where it would be unlawful.

Complaints

Our Privacy Policy also contains information about how you may complain about a breach of the applicable privacy principles and how we will deal with such a complaint.

Consent

If applicable, your application includes a consent that you and any other individuals you provide information about consent to the collection, use and disclosure of personal information as set out in this notice.



Instructions

(a)			nd reviewing whatever records are available, whether in their are necessary in order to answer any of the questions in this
(b)	Please provide the dated proposal for	9	d materials along with the completed original signed and
	(i) Any Environm	ental Surveys/Audits condu	ucted at the location(s) within the past five (5) years.
	Enclosed □	Information to follow \Box	Do not exist □
	(ii) Any correspor	ndence with the Environme	ntal Protection Agency relating to the location(s).
	Enclosed □	Information to follow \Box	Do not exist □
(c)	If necessary, use	additional sheets in order	to provide the requested information.



	(a)	Name of Insured:
	(b)	List any Subsidiary companies or other entities requesting coverage:
	(c)	Address:
	(d)	Website:
	(e)	Current years revenue \$
	(a)	Named Insured is a:
		□ Company □ Partnership
		□ Joint venture □Other
	(b)	ABN:
	(a)	Does the Named Insured hold a registration pursuant to A New Tax System (Goods and Services Tax) Act 1999?
		□Yes □No
		If "Yes", what is the registration number?
	(b)	Does the Insured or any other entity to be insured under this policy intend to claim an input tax credit for the premium for this policy?
		□Yes □No
		If "Yes", to what extent (%) will an input tax credit be claimed by the Insured or any oth entity to be insured under this policy?
		w the addresses of the locations to be covered. Complete the attached Schedule of Coveres per location (see Annex 1).
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-	Describe specifically the past operations at the covered location(s), including any inactive or closed landfills or other waste disposal activities:
	Describe specifically the future and current use of the covered location(s):
	Describe fully the surrounding environment(s) (including population, residences, geographic features/sensitive habitats, industries, waterways, etc.) and nature of business operations conducted at the properties immediately adjacent to the covered location(s):
	Provide details regarding groundwater and surface water management at the location(s) (permits, sewage treatment works, effluent discharge consents etc.). Provide copies of recent groundwater and surface water quality reports where available.
•	Provide details regarding air quality management at the location(s) (permits, treatment systems, discharge consents etc.). Provide copies of recent air quality reports where available.
0.	Are wastes produced and managed at the covered location(s)? □Yes □No If "Yes", please completed the attached Annex 2 for each location.



11.	Are there	e storage tanks present at the covered location(s)?
		please completed the attached Annex 3 for each location.
12.	Is cleanu	up of the covered location(s) currently planned or ongoing?
	□Yes	□No
	If so, has Environn	s the cleanup plan been approved and accepted by any regulatory body (such as the nental Protection Agency)?
	□Yes	□No
	If "yes",	please provide details.
13.	Provide of location (s	details regarding the environmental management program(s) undertaken at the covered s) (ie. emergency response plans, staff training, site inspections etc).



Claims Information

NOTE

For the purposes of Question 14 "YOU" includes the Corporation, Entity, or Partnership of the applicant and any Director, Officer or Partner thereof. Enquiries should be made if all appropriate staff before answering the following questions.

14.	(a)	Have you during the past five (5) years had any reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations?.
		□Yes □No
		If "yes", please provide details.
	(b)	Have you during the last five (5) years been prosecuted or threatened with prosecution or are you currently being prosecuted, for any offence directly or indirectly arising out of a release from the covered location(s) of any substance into sewers, rivers, sea, air or onto land or groundwater?
		□Yes □No
		If "yes", please provide details.
	(c)	Has there been in the past five (5) years or is there now pending, a claim against you for cleanup, bodily injury or property damage, resulting from the release into the environment of hazardous substances, hazardous waste, or other pollutants from the location or other locations owned or operated by you. If yes provide a brief description of the claim(s), its disposition or present status.
		□Yes □No
		If "yes", please provide details.
	(d)	At the time of the signing of this application, do you know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against you for environmental cleanup or response, or for bodily injury or property damage arising from the release of pollutants into the environment?
		□Yes □No
		If "yes", please provide details.



Declaration and Consent

The applicant declares that all necessary enquiries into the accuracy of the responses given in this proposal have been made and confirms that the statements and particulars in this proposal are true and complete and that no material facts have been omitted, misstated or suppressed. The applicant agrees that should any of the information given in this proposal alter between the date of this proposal and the inception date of the insurance to which this proposal relates, it will give immediate notice thereof to the insurer.

The applicant acknowledges receipt of the **Important Notice** contained in this proposal and that it has read and understood the content of that Notice.

It is agreed that this proposal form shall be the basis of the contract should a policy be issued and will be attached to the policy. All written statements and materials furnished to the Insurer in conjunction with this proposal are hereby incorporated by reference into this proposal and made a part hereof.

The applicant consents to AIG collecting, using and disclosing personal information as set out in AIG's privacy notice in this proposal and the policy. If the applicant has provided or will provide information to AIG about any other individuals, the applicant confirms that the applicant is authorised to disclose the other individual's personal information to AIG and also to give the above consent on both the applicant's and their behalf.

The completion & signing of this proposal does not bind the applicant or the insurer to complete this insurance. The applicant's acceptance of the insurer's quotation and the insurer's written agreement to be bound is required to bind coverage and to issue a contract of insurance.

The signatory below confirms he/she authorised to complete, sign and submit this proposal on behalf of the applicant.

Name:			
Title:			
Signature:			
Date:			



Annex 1: Schedule of Covered Locations

Please complete additional sheets for each Covered Location.					
Location Name:					
Location Address:					
Description of Principle Operations:					
Age of Facility					
Contact Name:					
Contact Title:					
Contact Address:					
Contact Phone:					
Contact Fax:					



Annex 2: Raw Materials/ Waste Management

Please complete additional sheets for each Covered Location.					
Waste type(s)					
Processed or raw waste(s)					
Amount of waste generated per year					
Hazardous class/ regulatory status					
Method of storage					
Environmental controls (ie/inspections, electronic monitoring, bunding etc.)					
Describe how the waste(s) is/ are managed and handled on site					
Describe how the waste(s) is/ are managed off site off-site (including name, address and description of disposal and/or transfer facilities)					

Annex 3: Storage Tanks

Please	complete	additional	sheets	for	each	Covered	Location.

- (a) Description of container/drum storage areas.
 - How many containers/ drums?
 - Volume of each container/ drum?
 - What type of secondary containment is provided?
- (b) Description of above-ground storage tanks.
 - How many above ground storage tanks?
 - Volume of each above ground storage tank?
 - Age and construction details of each above ground storage tank?
 - What type of secondary containment is provided?
 - Is there a leakage detection system in place?
- (c) Description of underground storage tanks:
 - How many underground storage tanks?
 - Volume of each underground storage tank?
 - Age and construction details of each underground storage tank?
 - What type of secondary containment is provided?
 - Is there a leakage detection system in place?

Bring on tomorrow

Head Office

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