CONTRACTORS APPLICATION INCLUDING ASBESTOS REMOVAL

EPSILON UNDERWRITING AGENCIES PTY LIMITED

Epsilon | Liability

Epsilon Insurance Broking Services Pty LimitWed T/as Epsilon Underwriting Agencies ("Epsilon") is effecting this cover as Agent for the insurer, being certain Underwriters at Lloyd's ("Lloyds") and not for or on behalf of the insured.

Full Name of Insured: _____

Address: _____

Please advise type of cover required: (Please select correct option)

A.   Annual contract in respect to asbestos removal/abatement work only. ☐

B.   Annual contract in respect to all work performed including asbestos removal/abatement work. ☐

C.   Single contract only.. ☐

Please supply a full description of all work performed for which cover is required under this insurance policy.

_____

Please confirm that the Insured is licensed in accordance with all relevant Government Acts, Rules, Regulations and Industry requirements in respect to asbestos removal/abatement: ☐ Yes ☐ No

Period of Insurance: _____

From: _____   To: _____   at 4pm LST

Limit of Indemnity: $ _____   Any one Occurrence in respect of public liability and in the aggregate during the Period of Insurance in respect of Product Liability.

ANNUAL TURNOVER (OR SINGLE CONTRACT VALUE)	*PLEASE ADVISE THE RELEVANT TURNOVER SPLIT BETWEEN THE FOLLOWING ACTIVITIES (IF APPLICABLE):*
Asbestos removal/abatement.	$
Demolition:	$
Hot work – (i.e. welding):	$
Underground work:	$
Support work – (i.e. shoring, underpinning):	$
Other work not otherwise included above	$
(Please list and split accordingly)	$
Total:	$

DETAILS OF SUB-CONTRACTORS AND/OR LABOUR HIRE PERSONNEL:

Does the Insured engage sub-contractors and/or labour hire personnel? ☐ Yes ☐ No

If yes, what work do they perform?

Annual estimated payments:

-     Subcontractors: $

-     Labour Hire: $

What minimum limits of public liability insurance are they required to carry? $

CLAIMS AND/OR LOSS EXPERIENCE

Dates	# Claim Reported	Amount paid & outstanding	Applicable Excess
From _____ To _____		$	$
Description of Claim			
From _____ To _____		$	$
Description of Claim			
From _____ To _____		$	$
Description of Claim			
From _____ To _____		$	$
Description of Claim			
From _____ To _____		$	$
Description of Claim			

Please provide turnover split by state and overseas

NSW%	VIC%	QLD%	SA%	WA%	TAS%	ACT%	NT%	Overseas

Declaration

I declare that:
1. The answers given above and documents submitted represent the true position and have been completed after due enquiry;
2. I have not withheld any material information or any matter relevant to the decision of Epsilon as to whether to accept this risk;
3. I agree that this proposal and any accompanying documents shall form or partly form the basis of the Policy;
4. The person signing this proposal is duly authorised to sign on behalf of the Insured.

Signature(s):	Date:

Title/Position:	Print Name:

YOUR DUTY TO DISCLOSE

This policy is subject to the Insurance Contracts Act 1984 (Act). Under that Act You have a Duty of Disclosure.

Before You enter into an insurance contract, You have a duty to tell the Insurer anything that You know, or could reasonably be expected to know, that may affect the Insurer's decision to insure You and on what terms.

You have this duty until the Insurer agrees to insure You.

You have the same duty before You renew, extend, vary or reinstate an

insurance contract. You do not need to tell the Insurer anything that:
▪ reduces the risk that is insured; or
▪ is common knowledge; or
▪ the Insurer knows or should know as an insurer; or
▪ the Insurer waives compliance with Your duty of disclosure.

If You do not tell the Insurer something

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

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

PRIVACY STATEMENT

Epsilon are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

Epsilon may collect personal information in order to assess an application for insurance and, if the application is accepted, to administer and manage the insurance policy and respond to any claim made. We may also use your personal information for the purpose of designing or underwriting new insurance products, for research and analytical purposes, to perform administrative functions (including for example accounting, risk management and staff training) and to comply with our legal obligations.

We may disclose personal information to third party service providers and related companies who assist us in processing any application or claim for insurance, such as reinsurers, our advisers, persons involved in claims, external claims data collectors and verifiers. Epsilon may also disclose your personal information to our related companies overseas who assist us in providing our products and services, including providing support in relation to the assessment of insurance applications and claims. These third party service providers or related companies may be located in the United States of America, Switzerland, Germany, Slovakia, Singapore and the United Kingdom.

By providing your personal information to us, you consent to us making these disclosures. If you choose not to provide your personal information, we may not be able to assess your insurance application or administer and manage your insurance policy and respond to any claim made.

Our Privacy Policy contains information on how you may access personal information we hold, or seek correction of your personal information and information on how to make a complaint about the handling of your personal information and how complaints are handled.

If you require more information, ask us for a copy of our Privacy Policy or visit www.epsiloninsurance.com.