



G A R D

Public and Products Liability Proposal Form



G A R D

Important Information

Your Duty of Disclosure

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

Before You take out insurance with Us, You have a duty to tell Us of everything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms. If You are not sure whether something is relevant You should inform Us anyway.

You have the same duty to inform Us of those matters before You renew, extend, vary, or reinstate Your contract of insurance. The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between when the answers are provided to Us or disclosures are made and the Relevant Time, You need to tell Us.

Your duty however does not require disclosure of matters that:

- reduce the risk;
- are common knowledge;
- We know or, in the ordinary course of Our business, ought to know; or
- We have indicated We do not want to know.

If You do not comply with Your duty of disclosure, We may be entitled to:

- reduce Our liability for any claim;
- cancel the contract;
- refuse to pay the claim; or
- avoid the contract from its beginning, if Your non-disclosure was fraudulent.

Privacy

We are committed to protecting Your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of Your personal information.

Our Privacy Policy explains how We collect, use, disclose and handle your personal information as well as Your rights to access and correct Your personal information and make a complaint for any breach of the APPs.

A copy of Our Privacy Policy is located on Our website at www.gardinsurance.com.au

Please access and read this policy. If You have any queries about how We handle your personal information or would prefer to have a copy mailed to you please ask Us.

If You wish to access Your file please ask Us.

Agent of the Insurer

In arranging this insurance, Gard Insurance Pty Ltd is acting under an authority given to it by insurers, and is acting as the agent of the insurer and not as your agent.

Further Information

If you require any further information in relation to filling out this proposal, please contact your insurance broker. Also, if you have any further questions or need any further information relating to your insurance, you should contact your insurance broker, as they are your agent for this insurance.

General Insurance Code of Practice

We proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

The objectives of the Code are:

- to promote better, more informed relations between insurers and their customers;
- to improve consumer confidence in the general insurance industry;
- to provide fair and effective mechanisms for the resolution of complaints and disputes between insurers and their customers;
- to commit insurers and the professionals they rely upon to higher standards of customer service; and
- to promote continuous improvement of the general insurance industry through education and training.

For further information on the Code, please visit www.codeofpractice.com.au or alternatively You can request a brochure on the Code from Us.

B) ESTIMATED WAGES TO EMPLOYEES/NO. OF EMPLOYEES: \$ _____

C) DO YOU ENGAGE IN LABOUR HIRE? Yes No

Labour Hire annual payments \$ _____

Please state the activities of Labour hire

D) DO YOU ENGAGE IN CONTRACTORS OR SUBCONTRACTORS? Yes No

Contractor/Subcontractor annual payments \$ _____

Please state the activities of contractors/subcontractors

E) IMPORTS/EXPORTS

Do you import any product? Yes No

PRODUCT	COUNTRY	TURNOVER
---------	---------	----------

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Do you distribute/supply products overseas? Yes No

PRODUCT	COUNTRY	TURNOVER
---------	---------	----------

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

F) DO ANY BUSINESS ACTIVITIES INVOLVE THE FOLLOWING:

Underground Operations Yes No

Mining/Drilling Yes No

Overseas Operations Yes No

Watercraft/Offshore Yes No

Aircraft/Aerospace Yes No

Welding/Hotwork Yes No

Blasting/Demolition Yes No

Asbestos Exposures Yes No

If "YES", please provide full details of activities:

G) WORK AWAY FROM PREMISES:

Does any of the business activities involve off-site work? Yes No

If "YES", please provide full details of activities:

5. CARE, CUSTODY & CONTROL

What is the total value of property owned by others in your care, custody or control? \$ _____

Please provide a description of property:

6. CONTRACTUAL LIABILITY

Do you assume any liability under contract? Yes No

If "YES" please provide more information

Are all contracts vetted prior to being entered into, if so by whom?

7. HAZARDOUS GOODS/POLLUTION EXPOSURES

Any gases, explosives or hazardous chemicals used? Yes No

If "YES" please provide more information

Do any business activities produce trade waste or other pollutants which have the potential to cause injury, property damage or environmental harm? Yes No

If "YES" please provide more information as to removal/transport/disposal of waste:

8. PROFESSIONAL INDEMNITY

Do you provide any advice, design to third parties for a fee: Yes No

If "YES" provide more information as to activities.

Do you require Professional Indemnity Insurance? Yes No

What's the income from advice given? \$ _____

Limit of Indemnity: \$ _____

Retroactive Date (if applicable): _____

9. CLAIMS HISTORY

Have there been any claims/known circumstances of which could give rise to a claim? Yes No

If "YES" please provide information below.

YEAR	DETAILS	TOTAL INCURED
Previous Year		\$
Previous Year		\$
Previous Year		\$
Previous Year		\$
Last Year		\$

DECLARATION

Has any Insurer ever;

- a) Declined a proposal, refused a renewal or terminated insurance? Yes No
- b) Required an increased premium or imposed special conditions? Yes No
- c) Declined an insurance claim by the Insured or reduced its liability to pay an insurance claim in full (other than by application of excess) Yes No

If Yes to a), b), or c) please give details:

This Declaration must be signed by the intending insured as the Proposer(s). If the intending insured is a Company, Partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be authorised to sign on behalf of all persons/entities identified as the intending insured(s).

Before completing this document, I/We have read and understood the information herein, including the Important Notices.

The answers given in this document and any other information supplied by the intending insured or by any other party on their behalf, are truthful and accurate.

I/We understand that Gard Insurance Pty Ltd are relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld. I/We undertake to inform the insurer of any material alteration to this information occurring before the proposed insurance commences.

I/We declare that the statements and particulars contained within this Proposal Form are true and that I/We have not misstated or suppressed any material facts.

I/We acknowledge that by submitting this completed Proposal Form (with any other information) I/We consent that the insurer may use and disclose my/our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. This consent remains valid until I/We alter or revoke it by written notice. I/We also undertake to advise any changes to my/our personal information.

I/We understand that, If accepted, cover will be provided subject to terms and conditions set out in the Policy and not necessarily this proposal.

I/We acknowledge that insurance has not been placed until Gard Insurance Pty Ltd has confirmed acceptance of the proposed insurance

SIGNATURE

NAME (PRINT)

POSITION / TITLE

DATE