



Proposal Form

Enviropro Australia

Instructions

The applicant is responsible for obtaining and reviewing whatever records are available, whether in their possession or in the public domain, which are necessary in order to answer any of the questions in this applicant

1. Details of the Applicant

(a) Name of Insured:

(b) List any Subsidiary companies or other entities requesting coverage:

(c) Address:

(d) Website: _____

(e) ABN: _____

(f) Profile of Operations:

State or Territory	Percentage of Operations	State or Territory	Percentage of Operations
NSW		VIC	
QLD		SA	
WA		TAS	
NT		ACT	



2. Company Information

(a) Turnover

Prior Year	Current Year	Next 12 Months Estimate

(b) Business Description:

(c) List below the addresses of the locations to be covered (Please use additional sheets if required).



Claims Information

NOTE

For the purposes of Question 3. "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.

3. (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.

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 application 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.

Name: _____

Title: _____

Signature: _____

Date: _____

IF AN ORDER IS RECEIVED, THE APPLICATION IS ATTACHED TO THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.