



ASR Underwriting Agencies

Proposal Form

COMBINED LIABILITY INSURANCE

SCAFFOLDERS

Arranged through ASR Underwriting Agencies Pty Ltd Underwritten by Certain Underwriters at Lloyd's

IMPORTANT NOTES

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE ATTACH IT TO THIS PROPOSAL FORM. This proposal must be typed, or completed in ink and signed and dated by such person (Proposer/You/Your) who must be of legal capacity and authorised by the Proposer to seek a quotation for Liability Insurance and any additional coverage that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.

Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number. It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.

For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgement and acceptance of Your Proposal. Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer.

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.

PRIVACY

We are committed to protecting your privacy. We use the information you provide to us to assist with your insurance needs. We provide your information to insurance underwriters, brokers and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to certain Underwriters at Lloyd's when we are seeking insurance terms from them, or to reinsurers who are located overseas. We also supply your information to the providers of our policy administration and underwriting systems that help us to maintain our products and services. You will be advised where those companies are located at the time any advice is given to you. We do not trade, rent or sell your information. If you do not provide us with full information, we cannot properly seek insurance terms for you, or assist with claims and you could breach your duty of disclosure. For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by telephone to our Privacy Officer on 07 3442 3301 or visit our website www.asruw.com.au

EXCESS

The policy provides that You will be required to bear a specified amount of all claims and this is for each and every claim made against You including defence costs. We will let You know when the excess is payable.

YOUR LEGAL LIABILITY

If you take out a Liability cover section, the financial risk of court awards through litigation is ever increasing and we recommend that You select a Limit of Liability that takes into account the future cost of claims including legal fees and costs of defence. Even higher limits are available than your current limit if required. Defence costs are included within the limit of liability, when you take out a Liability cover section.

WAIVER OF RIGHTS

If You have entered into an agreement with another party, which prevents your Insurer from taking recovery action for compensation from that party it may affect Your rights to cover under this Policy. Should You now be a party to such an agreement or be requested to enter such an agreement in the future, please advise your Broker in writing so we may notify the Insurer.

BROKER DETAILS

Broker Name		Contact Name	
Phone Number		Fax Number	
Email Address			

LIABILITY COVER REQUIREMENTS

Period of cover required	from		to					
Current limit of indemnity								
Expiring premium								
Limit of liability required	<input type="checkbox"/>	A\$5,000,000	<input type="checkbox"/>	A\$10,000,000	<input type="checkbox"/>	A\$20,000,000	<input type="checkbox"/>	Other
Optional excess	<input type="checkbox"/>	A\$5,000	<input type="checkbox"/>	A\$10,000				

COMPANY INFORMATION

Full name of Insured					
ABN					
On what day was the Company first established/commenced trading?					
Address					
Suburb		State		Postcode	

OPERATIONAL INFORMATION

Number of years experience in the scaffold industry					
Are all Directors, Employees and Sub-Contractors licensed scaffolders?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is work carried out over 10 metres?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, advise percentage	%	Max height?	m
Majority works	% Residential		% Commercial		
Current insurer					
Current deductible					
Expiry date of current insurance		Number of years insured			
Do you perform work on, at or from any of the following sites:	<input type="checkbox"/>	Mine site (above or underground)			
	<input type="checkbox"/>	Refinery, gas producing or bulk fuel storage facility			
	<input type="checkbox"/>	High voltage power supply or power generating facility			
	<input type="checkbox"/>	Airport, airfield or aerodrome			
	<input type="checkbox"/>	Wharf or any form of ship handling or loading facility			
	<input type="checkbox"/>	Railway track, railway bridge, railway culvert or crossing			
	<input type="checkbox"/>	Grandstands, stages, lighting and camera towers at concerts and sporting events			
	<input type="checkbox"/>	None of the above			

Do you:	Manufacture any scaffolding products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Regularly hire out scaffolding for long-term contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Regularly inspect the above equipment for safety and maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have documentation to support repair, maintenance and safety inspections in place for all of your equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sell any used or second-hand equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have formal training in place for your staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Own or hire lifting equipment for the erection of scaffolding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does your product or service comply with the relevant Australian Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you assume or provide liability under contract or hold harmless agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If you answered yes to any of the above questions, please provide full details:</i>	

Will you adopt the ASR Incident Reporting Procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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TURNOVER/INCOME DETAILS

	This year	Last year	
Total annual turnover			
Payments to sub-contractors			
What is the nature of work carried out by sub-contractors?			
Are contractors/sub-contractors required to carry their own insurance for:		a) Public liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		b) Workers compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What procedures are in place to check that this is in place?			
Number of:	Sub-contractors	Full time staff	Part time staff
Show percentage of work performed in each state:		NSW	%
		ACT	%
		QLD	%
		WA	%
		VIC	%
		TAS	%
		SA	%
		NT	%

HISTORY - Important: If you are in any doubt refer to your broker to ensure all relevant details are disclosed

Have you ever had any fine or penalty or infringement notice violations issued against you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any persons connected with this insurance ever had a revoked licence?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any partner or director:	1. Been declared bankrupt, had legal proceedings lodged against you or been convicted of any criminal offences? If yes, please provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Had an insurer that has declined to renew or imposed special conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Have you within the last 10 years, suffered a claim that would have been covered by this insurance and or claimed for any loss or damage or received any demand or writ for personal injury or damage to property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. After enquiry, are you or any director or employee aware of or have grounds for suspecting any circumstances, which might give, rise to a claim, against you or against any of the present or former directors during the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Have you or anyone in your employ every been charged with any breaches of the relevant Occupational and or Workplace and Safety Acts in respect of your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the above questions, please provide full details. With any previous claims, please detail amount paid or reserved, the year and your excess at the time and background information on the claim.

DECLARATION – YOUR DUTY OF DISCLOSURE

I confirm that:	I understand that the duty of disclosure applies to all Insured(s). the answers are provided on behalf of all persons/entities comprising the Insured(s).		
	I understand the questions in the proposal		
Authorised signatory		Dated	/ /
Name of signatory		Position	

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CANCELLATION CHARGES

If we are requested to cancel the policy, we will charge the following short period rate premiums. We will hold you and or your insurance intermediary liable to pay these amounts

Within 1 month of inception:	25% of the quoted premium	Thereafter at terms to be agreed with underwriters
Within 2 months of inception:	20% of the quoted premium	
Within 3 months of inception:	15% of the quoted premium	