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										

COVER REQUIREMENTS															
Due date		F			Policy number										
Limit of liability requi	ired		A\$5,000,000		A\$10,0	00,000		A\$20,0	000,000		Other				
Optional excess			A\$5,000		A\$10,0	00		I.							
COMPANY INFORMATION															
Full name of Insured															
ABN															
Address															
Suburb	State Postco							Postcode	Э						
OPERATIONAL INFORMATION															
Are all Directors, Employees and Sub-Contractors licensed scaffolders?															
Is work carried out over 10 metres?			☐ Yes ☐	No If yes, advise pe			ercenta	ige %			Max height?			m	
Majority works			% Resi	idential	l				% Cor	% Commerical					
Do you perform work on, at or from any of the following sites:						Mine site (above or underground)									
						Refinery, gas producing or bulk fuel storage facility									
						High voltage power supply or power generating facility									
						Airport, airfield or aerodrome									
						Wharf or any form of ship handling or loading facility									
☐ Railway track, railway								ilway brid	r bridge, railway culvert or crossing						
								Grandstands, stages, lighting and camera towers at concerts and sporting events							
						None of	the abo	ve							
Do you: Manufacture any scaffolding products?										□No					
Regularly hire out scaffolding for long-term contracts?											☐ Ye	es	□No		
Regularly inspect the above equipment for safety and maintenance?											☐ Ye	es	□No		
Have doc	Have documentation to support repair, maintenance and safety inspections in place for all of your equipment?										ment?	☐ Ye	es	□No	
Sell any used or second-hand equipment?											☐ Ye	es	□No		
Have formal training in place for your staff?											☐ Ye	es	□No		
Own or hire lifting equipment for the erection of scaffolding?											☐ Ye	es	□No		
Does your product or service comply with the relevant Australian Standards?											☐ Ye	es	□No		
Do you assume or provide liability under contract or hold harmless agreements?										☐ Ye	es	□No			
If you ans	wered yes t	o any of th	ne above questic	ns, ple	ase pro	vide full de	tails:								

TURNOVER/INCOME DETAILS														
		This year	Last	year										
Total annual turnove	r													
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? Yes									□No					
k							Workers com	pensation?	☐ Yes	□No				
What procedures are in place to check that this is in place?														
Number of:	Sub-contra	actors	Full time staff				Part time staff							
Show percentage of	work perfo	rmed in each state:	NSW %		ACT		%	QLD %		WA	%			
			VIC	%	TAS	5	%	SA %		NT	%			
OTHER OPERATIONAL INFORMATION														
Have you adopted the ASR Incident Reporting Procedures? ☐ Yes ☐ No										□No				
Are you aware of any claims /incidents in the last five years, which may or may not result in a claim against this policy? If									□No					
ADDITIONAL INFORMATION														
DECLARATION -	YOUR D	OUTY OF DISCLOS	SURE											
I confirm that: I understand that the duty of disclosure applies to all Insured(s), the answers are provided on persons/entities comprising the Insured(s).								ed on behalf	of all					
	Lunder	stand the questions in	the prop	osal										
Authorised signatory	,						Dated							
Name of signatory	natory						Position	Position						
							l .							
CANCELLATION CHARGES														
If we are requested to liable to pay these an	cancel the	policy, we will charge	the follow	ving short perio	od rate	e pre	emiums. We wil	l hold you a	nd or your ins	urance int	ermediary			
Within 1 month of inception: 25% of the														
·				e quoted premium Thereafter at terms to be agree					be agreed w	rith unden	writers			
Within 3 months of ir	iception:	15% of the	e quoted p	oremium			Therearter		w	- In anach				

PRINT FORM

RESET FORM