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 RE	EQUIREME	NTS											
Period of cover required	from		to										
Limit of liability required		A\$5,000,000		A\$10,000,00	00		A\$20,0	00,000		Other			
Optional excess		A\$2,500		A\$5,000			A\$10,0	00					
COMPANY INFORMA	ATION												
Full name of Insured													
ABN													
Address													
Suburb					Ş	State			F	Postcode	е		
Full details of occupation	(including sul	osidiary compani	es)										
Number of years in this bu	usiness												
Previous industry experier	nce if less tha	n 5 years in busir	ness										
Details of all claims in the	past 5 years												
GENERAL INFORMA	TION												
Estimated annual turnove	1				Estim	nated	annual p	avroll	\$				
Show percentage of work		n each state:	NSW	%	ACT	nateu	%	QLD	Ψ	%	WA		%
Show percentage of work	трепоппеа п	-	VIC	%	TAS			SA		% 	NT		%
To a second stands and Adam has a second second			VIC	/6	1/1/3	/ ₀ 3A			\$			/0	
Turnover derived from After hours cleaning Shopping centre, supermarkets, during business hours						\$							
-					10013			\$					
Other cleaning or activities (please specify details \$													
-													
If controctors and sub-sec	atro at a va ava		م مار با م	the meture of	.v.o.el	un al a ut a	al com.						
If contractors and sub-cor	ntractors are e	erigaged, please	auvise	the nature of	work u	maerta	aken.		۸				
NVA - Landa I - Landa								1 -1 1		nual pay			2.1.
Work undertaken								Labour only				& mate	riais
					\$			\$					
						\$							
						\$			\$				
						\$ \$							
					\$	\$							
					\$		\$						
						\$	\$						

GENERAL INFORMATION						
Are labour hire employees engaged by the insured? If yes, please advise estimated turnover and activities.	wages relating to su	ıch	Yes	□No		
Activities performed	Estimated turnove	er	Estimate	ed wages		
	\$		\$			
	\$		\$			
	\$		\$			
Please provide details of any indemnities or "hold harmless" agreements given to other parties						
Does the insured perform spot cleaning during operational hours?		□ Y	′es □ N	□No		
Does the insured operate a manual or electronic register of inspection ore attendance times?			Electronic			
What plant or equipment is used by the insured?						
Provide details of cleaning preparations of chemicals used by the insured						
Does the insured mix or blend chemicals etc. other than as set down in manufacturer's specification	ons?		☐ Yes	□No		
Does the insured maintain an incident report system? Does the insured parform work on any of the following: atmosphere controlled sites (computer rooms or the like)						
Does the insured perform work on any of the following: atmosphere controlled sites (computer rooms or the like), security sensitive sites, chemical sites, petrol, oil or gas production facilities, aircraft or watercraft, underground risks, airfield, docks? If yes, please provide details.						
ADDITIONAL INFORMATION						

DECLARATION - Y	OUR DUTY OF DISCLOSURE						
I confirm that:	I am authorised on behalf of the insured(s) to sign this proposal.						
	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						
	Whilst some or all of the answers to the questions may not be checked by me, I certify they are correct to the best of my knowledge.						
Do you consider that your establishment is a good insurance risk?							
Authorised signatory		Dated					
Name of signatory		Position					

PRINT FORM

RESET FORM

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