# **Renewal Form**

## **GENERAL** PUBLIC & PRODUCTS LIABILITY INSURANCE

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.

Underwriting Agencies

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.

#### **RISK SURVEY**

Acceptance of the proposed risk may be subject to a survey to be carried out by or on behalf of the Insurers. In the event that the survey results in findings of misrepresentation, Insurers may be able to decline any potential claim. Please note that by carrying out a site survey and report any ensuing requirements &/or recommendations shall not constitute any undertakings on the part of the Insurers or others to determine or warrant that the premises surveyed are safe, fit or compliant with any Federal, State, Local Government law, statute, by-law, rule, regulation, building code or the like.

In order that we may consider offering renewal of the above account, we would ask that you have your client complete the following information in full and return to this office within three weeks prior to the renewal date. Please note that we require all questions to be answered, and we will require an original along with the Insured's signature if cover is required from Renewal date.

BROKER DETAILS	;		
Broker Name		Contact Name	
Phone Number		Fax Number	
Email Address			

LIABILITY COVER REQUIREMENTS										
Due date		Policy number			Expiring		Expiring p	premium \$		
Limit of liability required	A\$5,000,000	A\$10,000,000			A\$20,0	000,000 🗌 Othe		er \$		
Optional excess A\$5,000		Γ	A\$10,000						ľ	
COMPANY INFORMA	TION									
Full name of insured(s)										
ABN										
Trading name of establishn	nent	Address of insured establishment				State		Postcode		
Interested party(ies)										l
Type of interest (eg. Landlo	ord, financier, local cou	incil etc	:)							
Are you the property owne	r only?	🗌 Yes	Yes No Are you the occupier only?					Yes No		
Are you the property owne	r and occupier?	🗌 Yes	′es □No							
OPERATIONAL INFOR										
Please describe the activitie	es of the business									
PRODUCTS										
Please provide a complete	list and description of	all you	r products (inclue	ding the	ose whic	h have be	en disconti	nued durir	ng the pas	st 10 years).
Please attach a list if more t		,	' 	9					5 1	,
Product name										
Product description										
Intended use market										
Est. annual turnover										
The following details are re	quired for exported pr	roducts						<u> </u>		
Turnover exported										
Countries sold to										
Company representation	Power of attorne	èy	Power of a	attorne	у		of attorne	-		of attorney
	Branch		Branch			Branc			Brancl	
	Representative Other (specify)		Represent			Repre			Repres	
				,,						
Cover for products exporte conditions/terms. An additi to form part of this applicat	ional questionnaire wil									

PRODUCTS											
Is your product range stable or changing frequently?								Stable Changing			
Can you identify with certainty, the source of every item used in the manufacture of your products?									Yes 🔲 I	No	
Do you directly import raw materials, components or finished goods? If yes, please advise countries and nature of goods.								Yes 🔲 I	No		
Are any of your products used in:		Aircraft, watercraft, nuclear installations, electricity generating stations, computers, petro-chemical installations or process control equipment?							Yes No		
	Prototype	Prototypes, experimental or single production items?								No	
If yes, please provide details											
Do you undertake design work? If yes, please provide details									No		
Are there quality control procedure	s in place? I	f yes, please	provide deta	ils.				Yes No			
Are you ISO accredited? If yes, plea	se provide o	details.							Yes 🔲 I	No	
Are your products required to be m If yes, please advise details.	anufacturec	l in complian	ce with an Ai	ustralian or ar	ny other go	vernment sta	andard?		Yes 🗌 I	No	
OTHER OPERATIONAL INFO	RMATION	N									
Have you adopted the ASR Underv	riting incide	nt report pro	cedures?						Yes 🔲 I	No	
Have you adopted the ASR Underv	riting quarte	erly inspectic	on reports?					Yes No			
Have you complied with the risk recommendations requested by ASR Underwriting? (only if applicable)							Yes No		No		
Are you aware of any claims/incidents in the last twelve months, which may or may not result in a claim against this policy? If yes, please provide full details under "Additional Information"							Yes No		No		
TURNOVER/INCOME DETA	ILS										
If you provide just one figure for all lowest possible premium.	areas then y	/ou will be cł	narged the or	ne rate on you	ur entire tur	nover. By do	oing this y	/ou wi	ill not achie	eve the	
Area This year								Last year			
\$								\$			
\$								\$			
\$								\$			
Total \$							\$				
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 a) Public liability?									🗌 Yes	🗌 No	
for: b) Workers compensation?								🗌 Yes	🗌 No		
What procedures are in place to ch	eck that this	is in place?									
Do you use Labour Hire?   Yes   No   Payments to Labour Hire   \$   Number of Labour Hire personnel											
Nature of work carried out by Labour Hire personnel:											
Number of: Sub-contractors			Full time sta	aff			Part tir	me sta	aff		
Show percentage of work performed in each NSW % state:				ACT	%	QLD		%	WA	%	
State.	VIC	%	TAS	%	SA		%	NT	%		

### **RISK MANAGEMENT**

If you have not done so, it is a condition of this insurance that within one (1) week of the commencement of this insurance you must IMPLEMENT and maintain the following:

Keep an incident report concerning –

- a) Formal complaints from patrons
- b) Patrons who have caused a fight or altercation in your establishment
- c) Ambulance calls to your premises
- d) Police called to your premises
- e) Patrons who have slipped and fallen on your premises
- f) Patrons who have been injured on your premises

This incident report log should be available for inspection if requested.

DECLARATION – your 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 and belief.						
Authorised signatory		Dated					
Name of signatory		Position					

**PRINT FORM** 

**RESET FORM**