



Umbrella

PROPOSAL FORM

libertyspecialtymarkets.com.au



Liberty
Specialty Markets



IMPORTANT NOTICE

The information provided in this proposal will form the basis of any contract of insurance entered into. Please read the following notices carefully and ensure you answer all questions in full and read and sign the Declaration at the end.

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 (Cth), to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

This includes but is not limited to every fact and matter that you know, or could reasonably be expected to know that might give rise to a claim against you. This may also include information which is additional to the questions asked in this proposal form.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. This means that prior to renewal or any policy variations, as well as advising of new information, you also need to advise the insurer of any changes to the facts previously notified.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

NON DISCLOSURE

If you fail to comply with your duty of disclosure or make a material misrepresentation to us, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning and therefore decline to pay any claim. This means that your policy would be deemed to have never existed and no claims would be payable.

PRIVACY NOTICE

Liberty Specialty Markets is a trading name of Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**). It is a member of Boston-based Liberty Mutual Group. Liberty Australia's head office contact details are:

Address: Locked Bag 18, Royal Exchange NSW 1225, Australia

Phone: +61 2 8298 5800

Liberty is bound by the Privacy Act 1988 (Cth) and its associated Australian Privacy Principles when it collects and handles your personal information.

Liberty collects personal information, including from insurance brokers, in order to provide its services and products, manage claims and for purposes ancillary to its business. Liberty passes it to third parties involved in this process such as Liberty's related companies, reinsurers, agents, loss adjusters and other service providers. We may store your information with third party cloud or other types of networked or electronic storage providers. Third parties may be located locally or overseas in the United States, Canada, United Kingdom, Singapore, Hong Kong and Malaysia. Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from Liberty. If you do not provide the personal information Liberty or other relevant third parties require to offer you specific products or services, Liberty may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal information, make a privacy complaint, or if you have any query about how Liberty collects or handles your personal information please write to Liberty's Privacy Officer at the address above or by emailing: privacy.officer.ap@libertyglobalgroup.com. To obtain a copy of Liberty's Privacy Policy go to Liberty's website (www.libertyspecialtymarkets.com.au) or request a copy from Liberty's Privacy Officer.

When you give Liberty personal or sensitive information about other individuals, Liberty relies on you to provide its Privacy Notice to them. If you have not done this, you must tell Liberty before you provide the relevant data.

UMBRELLA PROPOSAL FORM

Important: Please answer all questions fully. If any section does not apply, please indicate with N/A. All questions will be deemed to be answered in respect of all entities & persons to be insured under this policy. If the space provided is insufficient please include attachments on your company letterhead.

THE INSURED

a) Full name of proposed Insured including subsidiaries:

Company Name

b) Postal address

c) Full description of your operations and activities:

d) Number of years in continuous business

PERIOD OF INSURANCE

From:

at 4pm Local Standard Time

To:

at 4pm Local Standard Time

LIMIT OF INDEMNITY

a) \$ any one Occurrence

b) \$ in the aggregate for all injury and/or Damage during the Period of Insurance

DETAILS OF PREMISES

Details of premises occupied for the purpose of conducting the Business (including overseas locations):

a) Location Occupied As Age Owned or Leased

ESTIMATED PAYROLL

Estimated Annual Payroll (including earnings of Principals, Directors, Partners)

	Payroll	Number of Staff
Management, clerical and sales	\$	
Manufacturing	\$	
Work away from premises	\$	
Payment to contractors and/or subcontractors	\$	
Payments to labour hire workers	\$	
Other (please specify)	\$	

QUALITY CONTROL AND PRODUCT INFORMATION

a) Are you ISO9001:2000 certified? Yes No

If Yes, please attach copy of certificate

b) Product Information

Description of Product	(M) Manufacture	Total	Exports (\$)	Destination
	(I) Import			
	(D) Distribute	Turnover (\$)		

Total

(If applicable attach product brochures, annual reports or other material.)

- c) In each of the countries where they are sold, do product labels and instructions comply with jurisdictional regulations? Yes No
- d) Are there any Australian or international standards to which your products should comply? Yes No
 - i. Do all of your products comply with these standards? Yes No
 - ii. List the standards your products should comply with:

- e) Do you have a documented product recall programme in place? Yes No

POLLUTION

- a) Does your use and storage of all toxic and hazardous substances comply with all statutory regulations and by-laws? Yes No
- b) Do any of your trade processes produce toxic wastes and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment? Yes No

If Yes, please provide details.

- c) Does your waste disposal or waste storage comply with government regulations and by-laws? Yes No

Please give full details of any chemicals, gases, radioactive, explosive or toxic substances used and/or stored.

- d) Are you required to hold EPA or other relevant State or local council licenses in relation to discharges from your processes or operations? Yes No

If Yes, please provide details.

CARE, CUSTODY AND CONTROL

Do you require cover for property of others in your care, custody or control?
(No coverage is provided as standard within the Policy). Yes No

If Yes,

- a) What limit of indemnity do you require? \$
- b) What is the total value of such property at all locations? \$
- c) What is the maximum value of any one item? \$

Give a brief description of such property.

d) Is coverage afforded by any other policy of insurance? Yes No

If Yes, please provide details.

CONTRACTUAL LIABILITY

Do you assume liability under contract or hold others harmless, or waive rights of subrogation (other than lease liability)? Yes No

If yes, please provide full details and attach copies of all agreements (other than lease liability).

PROFESSIONAL EXPOSURE

Do you provide any advice, design or specification to third parties? Yes No

If No, please proceed to Question 11.

- If Yes, i) For a fee? Yes No
- ii) For no fee? Yes No

Please provide details.

CURRENT AND PAST PRODUCT INFORMATION

Are you currently, or have you previously been involved in the manufacture/distribution or sale of:		
Australian Pesticides & Veterinary Medicines Authority (APVMA) registered products?	Yes	No
Therapeutic Goods Administration (TGA) registered products?	Yes	No
Aircraft (including component parts)?	Yes	No
Spacecraft or satellites?	Yes	No
Watercraft (exceeding 15 metres in length)?	Yes	No
Class 1 dangerous goods or ammunition?	Yes	No
Liquid or gas fuels?	Yes	No
Radioactive material or any product containing asbestos?	Yes	No
Fertilisers?	Yes	No
Carcinogens (IARC Group 1, 2A or 2B), teratogens, mutagens, and/or chemicals which can adversely affect the human reproductive system/process?	Yes	No
Chemicals identified as having a long term detrimental effect on human health? (E.g. liver damage, neurological impairment etc.)	Yes	No
Products involving Nanotechnology?	Yes	No
If Yes, please provide details.		

MOTOR VEHICLE EXPOSURE

Indicate the number of motor vehicles which are owned/leased or non-owned

Cars / Utilities Tankers Trucks / Vans Other (specify)

AIRCRAFT EXPOSURE

- | | | |
|---|-----|----|
| a) Do you own, charter, lease or operate any aircraft? | Yes | No |
| If Yes, please supply details including number, type and passenger capacity including copies of charter, lease or hold harmless agreements. | | |

b) Do you own, lease or operate any airport, flying school, hangar, landing field or aircraft sales, renting and/or servicing facilities? Yes No

If Yes, please supply details including copies of any hold harmless agreements

WATERCRAFT EXPOSURE

Do you own, charter, lease or operate any watercraft? Yes No

ADVERTISING EXPOSURE

a) Annual advertising expenditure: \$

b) Is an advertising agency used? Yes No

UNDERLYING INSURANCE

Please supply the following details with respect to all Liability Policies that are to apply as underlying insurance

Coverage	Insurer & Policy Number	Policy Period	Limit of Indemnity
Public & Products Liability		to	
Motor Vehicle TPPD Liability			
Watercraft Liability			
Aircraft Liability			
Others (please specify)			

CLAIMS AND/OR LOSS EXPERIENCE

a) After investigation, please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered under the proposed insurance. Please show claim amount after the application of any excess.

Dates		# Claims Reported	Amount paid & outstanding	Applicable Excess	Description
From	To				

b) After investigation, are you aware of any circumstances which could give rise to a claim under the proposed Policy and which are not mentioned above?

Yes No

If Yes, please provide details.

PREVIOUS INSURANCE HISTORY

After investigation have you ever had any:

a) Insurance declined or cancelled?

b) Renewal refused?

c) Special conditions imposed?

d) Increased excess imposed?

e) Claims denied for this class of insurance?

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

BROKER INFORMATION

Broker name

Address

DECLARATION

(To be signed by a partner or director.)

I, the undersigned, declare and acknowledge:

- that I am, after enquiry, authorised by all person(s) or entities seeking insurance, to make this proposal;
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and I have not withheld any material information from this proposal
- that this proposal and any accompanying documents shall form or partly form the basis of the contract proposed.
- that until a Contract of Insurance is entered into, I am obliged to inform Liberty Specialty Markets of any changes to any information supplied or of any new information that is relevant;
- that I understand Liberty Specialty Markets relies on the accuracy of the information and documentation supplied proposing for this insurance;
- that I have read and understood the Important Notices which form part of this proposal;
- that I understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposer's acceptance of an offer by Liberty Specialty Markets, if any;

- that the proposed Insured is a small business with a turnover of less than AU\$2 million in the last financial year. Note that if No is selected or this question is left blank, in accordance with Ch 8, Pt 5A of the *Duties Act 1997 (NSW)*, from 1 January 2018 Liberty will charge stamp duty on risks that 1) occur within or partly within NSW or 2) cover NSW property. Yes No

Signed

Print Name

Title

Dated