PUBLIC & PRODUCTS LIABILITY PROPOSAL FORM

IMPORTANT INFORMATION: PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS PROPOSAL

A. 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 that 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.

B. Subrogation Agreements

Where another person would be liable to compensate you for any loss or damage otherwise covered by the insurance, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person, the Insurer will not cover you under the insurance for such loss or damage.

C. Privacy Statement

Berkley Insurance Australia handles your personal information in a responsible manner and in accordance with the Privacy Act 1988 (Cth).

Consent

By requesting us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure of personal information you have provided to us for the purposes set out in our Privacy Policy.

How we collect your personal information

Generally we collect personal information from you or your agents. Personal information may also be collected by us from our agents and service providers; other insurers and insurance reference bureaus; third parties who may claim under your policies; service providers who assist us in investigating, processing and settling claims; third parties who may be arranging cover for a group that you are part of; statutory, regulatory and law enforcement bodies and from publicly available sources.

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Why we collect personal information

The personal information we collect enables us to provide our products and services. This may include processing and settling claims; offering products and services that may be of interest to you and conducting market research for products and services that may be relevant to you.

You can choose not to receive product or service offering from us by calling (02) 92758500 Eastern Standard Time 9am to 5pm Monday to Friday inclusive. For further information, you can access our Privacy Policy at www.berkleyinaus.com.au

Who we disclose your personal information to

Your personal information may be disclosed to other parties with whom we have business arrangements for purposes set out in the paragraph above. These parties may include insurers, intermediaries, reinsurers, related companies, our advisers and parties involved in claims assessment, processing, investigation and settlement. Where required by law, we may also disclose information to government, law enforcement, dispute resolution and statutory or regulatory bodies.

Personal information about others

Where you provide personal information about others, you represent to us that you have made them aware that you will do so, the types of third parties we may disclose it to together with the purposes we and our third parties use it for, how they can access such information and how complaints can be made

Where you provide sensitive information about others, you represent to us that you have obtained their consent. If you have not, and will not do so, you must tell us before you provide the sensitive information.

Overseas Disclosure

Your personal information may be disclosed to other companies in the Berkley group, reinsurers and service providers that may be located in Australia and overseas. The countries this information may be disclosed may vary from time to time but may include the United States of America and other countries where the Berkley group has a presence.

Any information disclosed may only be used for the purposes detailed above.

Accessing your personal information and dealing with complaints

You may request access to the personal information we hold about you by calling us at any time.

Our Privacy Policy details how you can make a complaint about a breach of the privacy principles as set out in the Privacy Act 1988 (Cth) and our complaints process.

Our Privacy Policy is available at www.berkleyinaus.com.au

Contact Details

Berkley Insurance Australia

Level 7, 321 Kent Street

SYDNEY NSW 2000

Ph: 02 9275 8500

Fax: 02 9261 2773

Email: australia@berkleyinaus.com.au   Web site: www.berkleyinaus.com.au

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GENERAL INFORMATION

1. Full name of Proposer (including trading name):

2. Principal address of Proposer:

   Principal address:

   Telephone No:

   Facsimile No:

   Email address:

   Website Address:

3. Date business established:

4. Please provide a description of your business activities and products supplied:

5. Is cover required for discontinued products?

   No ☐ Yes ☐   If yes, please provide full details.

6. Do you have representation outside Australia?

   No ☐ Yes ☐   If yes, where and what is the nature of your representation in such country (eg. domiciled employee, power of attorney, branch subsidiary, agency, etc.)

7. Please provide schedule of properties owned or occupied and any occupancy therein.

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8. Turnover split by major business activity or product (where the business is conducted in more than one state, we will require a split of turnover by state).

Business activity or product	State	Actual Turnover for the last 12 months	Estimated Turnover for the next 12 months

9. Please give a **percentage split totalling 100%** of which state(s) generate the proposer's income.

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S

If income is generated in NSW, please answer the following additional questions:

a. Is the proposer a Capital Gains Tax small business entity (within the meaning of section 152-10(1AA) of the *Income Tax Assessment Act 1997* (Cth))?   No ☐ Yes ☐

b. Is the proposer a small business individual, partnership, company and/or trust, which is carrying on a business, and the business has an aggregated turnover of less than $2,000,000? (Aggregated turnover is your Australia wide annual turnover plus the annual turnovers of any business entities that are your affiliates or are connected with you).   No ☐ Yes ☐

10. Wages.

Actual for last 12 months: [   ]   Estimate for next 12 months: [   ]

11. Do you engage personnel from labour hire companies (other than contractors mentioned in Question 11 below)?

No ☐ Yes ☐   If yes, please estimate annual split between:

	Actual for the last 12 months	Estimate for the next 12 months
a) Payment to labour hire companies or other parties		
b) Number of people engaged		
c) Type of work undertaken		

12. Do you only used labour hire companies that are appropriately licensed under the applicable Labour Hire Legislation?

No ☐ Yes ☐

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13. Do you engage contractors or sub-contractors?

No ☐ Yes ☐   If yes, please estimate annual payments split between:

	Actual Payment to Sub-Contractors over the last 12 months	Estimated payments to sub-contractors over the next 12 months
a) Labour only		
b) Labour and services		
c) Labour and materials		
d) Type of work carried out		

14. Do you assume liability under contract or hold harmless (other than lease liability)?

No ☐ Yes ☐   If yes, please provide details and attach copies of all agreements.

15. Imported & Exported Products

Description of Product	(M) Manufacture (I) Import (D) Distribute	Estimated Annual Turnover ($)	Estimated Annual Exports ($)	Destination of Exports	Origin of Imports

16. Is work performed away from your premises?

No ☐ Yes ☐   If yes, please provide:

	Actual work performed away from premises for the last 12 months	Estimated work performed away from premised for the next 12 months
a) Percentage of turnover		
b) Type of work		

17. Is welding or hot work performed by you or on your behalf?

No ☐ Yes ☐   If yes, do you operate to AS 1674 – Part 1?   No ☐ Yes ☐

18. Do you have property in your care, custody or control?

No ☐ Yes ☐   If yes, please provide brief details including the total value of the property:

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19. Have any products been the subject of a recall notice in the past 10 years?

No ☐ Yes ☐   If yes, please provide details:

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PREVIOUS HISTORY AND CLAIMS

20. Have you previously held insurance for any of the covers proposed for this insurance?

No ☐ Yes ☐   If yes, please provide details:

Name of Insurer	Policy Number	Expiry Date

21. For any of the covers proposed for this insurance has any insurer declined, cancelled or refused any proposal or insurance renewal or imposed special terms or conditions?

No ☐ Yes ☐   If yes, please provide details:

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22. Within the last ten years, have you had any claims made against you or have you any knowledge of any incidents which may lead to a claim for any of the covers proposed for this insurance?

No ☐ Yes ☐   If yes, please provide details:

Date	Details	Paid	Outstanding

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SCHEDULE OF PROPERTIES

Insured Entity	Address of Property	Type of Property (Office / Factory / Warehouse etc)	Occupancy/Tenancy of Property	Annual Rental Income	Building Value

INSURANCE REQUIRED

Please indicate the limit of indemnity you require and the excess you would prefer (Note: an excess will apply).

1. Limit of Liability:

    a) $10,000,000 ☐

    b) $20,000,000 ☐

    c) Other (specify) [   ]

2. Period of Insurance / Required Inception Date: _____

DECLARATION

I declare that I am authorised to complete this Proposal Form (Proposal) on behalf of the Company and that to the best of my knowledge and belief the statements and particulars in this Proposal are true and correct and no material facts have been omitted or misrepresented. I undertake to inform Berkley Insurance Australia (BIA) of any change to any material fact which occurs before any insurance based on this Proposal is entered into (up to an including the policy inception date).

By completing and signing this Proposal you acknowledge, accept and agree that in underwriting and issuing a policy (including replacement policies) BIA does and will rely on all disclosures, proposals, declarations and representations made by you to BIA.

_____ / _____ / 20_____

Date

_____

Name of authorised individual/partner/principal/director

_____

Signature of authorised individual/partner/principal/director

Sydney	**Melbourne**	**Brisbane**
Tel. (02) 9275 8500	Tel. (03) 8622 2000	Tel. (07) 3220 9900
sydney@berkleyinaus.com.au	melbourne@berkleyinaus.com.au	brisbane@berkleyinaus.com.au

Perth	**Adelaide**
Tel. (08) 6488 0900	Tel. (08) 8470 9020
perth@berkleyinaus.com.au	adelaide@berkleyinaus.com.au

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