

## General Liability Proposal Form

Proposer Detail(s)	
Name(s) including trading name(s) in full:	
ABN:	
Proposer Address :	
Postal Address if different to the above:	
Website:	www.
Period of Insurance:	From 4.00pm on the     /     /     to 4.00pm on the     /     /

NOTE: Should you require additional space to respond to any question please complete and reference questions on a separate page.

1. Business Information (Please continue on Notes page at back of proposal form if you run out of space)																									
1.1 Please describe business activities and/or occupation:																									
1.2 Date operations commenced:																									
1.3 Have your activities materially changed since commencement of operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify																								
1.4 Please list premises from where your business is conducted:	<table border="0"> <tr> <td>Owned</td> <td>Leased</td> </tr> <tr> <td>1. ( ) ( )</td> <td></td> </tr> <tr> <td>2. ( ) ( )</td> <td></td> </tr> <tr> <td>3. ( ) ( )</td> <td></td> </tr> </table>	Owned	Leased	1. ( ) ( )		2. ( ) ( )		3. ( ) ( )																	
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2. ( ) ( )																									
3. ( ) ( )																									
1.5 Please provide details of any permanent representation you have outside of Australia e.g. branch, agency, sales office?																									
1.6 Please advise the following:	<table border="0"> <tr> <th colspan="4">Turnover AUD\$ (last financial year)</th> <th colspan="4">Turnover AUD\$ (estimated for coming year)</th> </tr> <tr> <td>Australia</td> <td></td> <td>Australia</td> <td></td> </tr> <tr> <td>New Zealand</td> <td></td> <td>New Zealand</td> <td></td> </tr> <tr> <td>US/ Canada</td> <td></td> <td>US/ Canada</td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td>Other</td> <td></td> </tr> </table>	Turnover AUD\$ (last financial year)				Turnover AUD\$ (estimated for coming year)				Australia		Australia		New Zealand		New Zealand		US/ Canada		US/ Canada		Other		Other	
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	Australia		Australia																						
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	US/ Canada		US/ Canada																						
Other		Other																							
1.7 Turnover Split per State/Territory (%)	<table border="1"> <tr> <td>ACT</td> <td>NSW</td> <td>VIC</td> <td>QLD</td> <td>SA</td> <td>WA</td> <td>TAS</td> <td>NT</td> </tr> </table>	ACT	NSW	VIC	QLD	SA	WA	TAS	NT																
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1.8 Limits of Liability	<table border="0"> <tr> <th>Limit of Liability required (options)</th> <th>Excess required (options)</th> </tr> <tr> <td>\$</td> <td>\$</td> </tr> <tr> <td>\$</td> <td>\$</td> </tr> <tr> <td>\$</td> <td>\$</td> </tr> </table>	Limit of Liability required (options)	Excess required (options)	\$	\$	\$	\$	\$	\$																
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## 2. Risk information

### 2.1 Product information

Do you manufacture any products? If yes, please complete this question. If no, please state "NONE".

Please detail your products below. If more than 5 products, please attach a full product material literature list.

### 2.2 Imports

Do any of your products contain raw materials, parts or components which have been imported? Yes No

If yes, can you identify where such items have been imported from e.g. manufacturer or suppliers business name and address?

Yes No

(please tick appropriately) Please provide detail imports below.

Country imported from	Product/ Component detail	End product used in

### 2.3 Exports

Are any of your products exported? Yes No

If yes, please provide the following information:

Countries exported to	Product Name	Turnover derived (\$)
	<input type="checkbox"/> <input type="checkbox"/>	

### 2.4 Work away from premises

Do you operate or provide any services away from your premises e.g. installation. Yes No

If yes, please detail the services you provide below:

Service provided e.g. installation	Product(s) used	Turnover derived (\$)
		<input type="checkbox"/> <input type="checkbox"/>

<b>2.5 Hazardous goods/products</b>		
Do you transport, handle, store or use hazardous goods or products?		Yes      No
If yes, please complete the following:		

Details of good/ product	What is good/ product used for?

<b>2.6 Waste</b>		
Does your business create trade waste?		Yes      No
If yes, please detail below types of waste created and how it is disposed of.		

Type of waste	Disposal process

<b>2.7 Sub-contractors</b>		
Do you employ sub-contractors?		Yes      No
If yes, please provide the following details below:		

i) What is the usual type of work carried out by the sub-contractors?		

ii) Do you obtain a copy of the certificate of currency for your subcontractor's liability and workers compensation insurance?		Yes      No
If No, how do you identify the adequacy of the sub-contractor's insurance?		

iii) What is your estimated annual payment to contractors/subcontractors?		\$

iv) Do you always require your contractors/subcontractors to name you as a principal on their liability policy?		Yes <input type="checkbox"/> No <input type="checkbox"/>
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<b>2.8 Property in your care, custody and control</b>		
Do you wish to cover property which is left in your care, custody and control above \$500,000?		Yes      No
If yes, please complete questions below and detail how such property is protected:		

Type of Property	Value	Details of protection

### 3. Risk Management

#### 3.1 Product/ Service compliance

Please detail how you ensure that products and services supplied by you meet relevant legislative/regulatory requirements:

#### 3.2 Raw materials, parts or components

Please detail how you ensure that raw materials, parts or components utilised meet with relevant legislative/regulatory requirements:

#### 3.3 Quality control

Please detail procedures/systems in place which ensure the standards of your products or services:

#### 3.4 Premises Risk

Please detail procedures/systems in place to ensure that you meet with Occupational Health & Safety and related legislation:

#### 3.5 Agreements

Do you, in the course of your business sign, or agree to any 'hold harmless' or similar agreements?

Yes

No

If yes, please provide details below:

#### 4. Your General History

		Yes	No
1.	After investigation, are you or any principal, partner, or director aware:		
(a)	of any insurance being declined or cancelled, application / proposal rejected, renewal refused, claim rejected, or special conditions or excess imposed by any insurer?		
(b)	of any claims made against you?		
(c)	of any of your products being recalled?		
(d)	of an incident or accident which would be insured by this proposed insurance?		
(e)	anyone having been charged with or convicted of any criminal offence (excluding traffic offences)?		
2.	Have you ever, either alone or jointly with others been declared bankrupt or subject to any form of insolvency administration (eg. liquidation or receivership)?		

If you have answered 'Yes' to any of the above questions, please provide full details. For claims or uninsured losses, please detail the total cost of the claim, date of loss, how the loss occurred, the name of insurer and the policy number. (if you require further space please attach additional pages)

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#### 5. Declaration

This declaration must be completed and signed by or on behalf of the party applying for insurance.

I/We

- a) declare that:
  - i. the answers and information given by me/us in this Application are true and correct in all respects;
  - ii. no information has been withheld that would affect Vero's decision to accept this Application;
  - iii. where answers in this Application are not my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
  - iv. I/we have read and understood the clauses detailed under the Important Notices section at the front of this Application;
  - v. if there was insufficient space to fully answer any questions, I/we have attached ..... supplementary pages providing the additional information required.
- b) authorise Vero to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and claims under those insurances.
- c) have received a copy of the Policy terms and conditions and agree to be bound by the terms and conditions in it.

Proposer's Signature:

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Proposer's Title:

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Date:        /        /

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# **BROOKLYN**

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