



# Public & Products Liability Proposal Form – Standard

## IMPORTANT NOTICES

### Your Duty Of Disclosure

This Policy is subject to the Insurance Contracts Act 1984. Under that Act you have a duty of disclosure.

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, that is relevant to our decision to insure you and to the terms of that insurance. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance.

Your duty however does not require disclosure of matters that:

- Reduce the risk
- Are common knowledge
- We know or, in the ordinary course of our business, ought to know
- We have indicated we do not want to know

If you do not comply with your duty of disclosure, we may be entitled to:

- Reduce our liability for any claim
- Cancel the contract
- Refuse to pay the claim
- Avoid the contract from its beginning, if your non-disclosure was fraudulent

### Don't Prevent Our Right of Recovery

This policy contains a provision which states that if you surrender your right to seek recovery from another party for a loss covered by the policy, we have a right to reject any claim from you in relation to that loss.

### We Are An Agent

Sterling Insurance Pty Limited (Sterling) is an authorised agent for the underwriters (i.e. insurers), for the purpose of entering into contracts of insurance with intending insured parties and for the dealing with and settling of claims thereunder. At no time do we act in the capacity of agent for the insured or intending insured parties, in either capacity or any other capacity.

### Insufficient Space in this Proposal Form

If there is insufficient space in this proposal form for you to fully answer any questions or provide the requested information, please attach a page with the additional information.

### Reasonable Care

You must take reasonable precautions to prevent injury and/or damage to third party property, prevent the manufacture and/or sale and/or supply of defective products, comply with all statutory obligations, by-laws or regulations imposed by any public authority for the safety of persons or property. The same requirement applies to all your workers, servants and agents.

### Privacy Notice

We are bound by the Privacy Act and its associated National Privacy Principles when we collect and handle your personal information.

We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as our reinsurers, agents, loss adjusters and other service providers.

You can seek access to and if necessary, correct your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information.

#### Sydney

Ph: 02 9950 4000  
Fx: 02 9950 4001

#### Brisbane

Ph: 07 3369 9569

#### Perth

Ph: 08 9480 0405

#### Sterling Insurance Pty Limited

ABN: 12 084 296 168, AFSL: 237880

[www.sterlinginsurance.com.au](http://www.sterlinginsurance.com.au)

PO Box 286, Nth Sydney NSW 2059



**1. THE INSURED**

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a) Full name/s of proposed Insured including subsidiaries

<b>Company Name(s)</b>	<b>A.B.N.</b>	<b>I.T.C.%</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b) Postal Address: \_\_\_\_\_

c) Please provide a full description of your business activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) Are you a member of any professional association, body or society? YES / NO  
If "YES", please provide full details. \_\_\_\_\_

e) Please state the number of years in continuous business: \_\_\_\_\_ years

f) Please state your website address: www. \_\_\_\_\_

**2. PERIOD OF INSURANCE**

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From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at 4pm\* To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at 4pm\* \* denotes Local Standard Time.

**3. LIMIT OF INDEMNITY**

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- a) Public Liability (any one Occurrence) \$ \_\_\_\_\_
- b) Products Liability (in the aggregate for all Injury/Damage during the Period of Insurance) \$ \_\_\_\_\_
- c) Care, Custody & Control (any one Occurrence) \$ \_\_\_\_\_

**4. DETAILS OF PREMISES**

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Please provide details of premises occupied for the purpose of conducting your business.

<b>Location</b>	<b>Occupied As</b>	<b>Owned or Leased</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**5. ESTIMATED PAYROLL & CONTRACTOR FEES**

a) Please state your estimated annual payroll including the remuneration of Principals, Directors, & Partners

	Payroll	Staff Numbers
Management, Clerical and Sales	\$ _____	_____
Manufacturing	\$ _____	_____
Work away from your premises	\$ _____	_____
Contractors/subcontractors fees – material only	\$ _____	_____
Contractors/subcontractors fees – labour only	\$ _____	_____
Contractors/subcontractors fees – labour & material	\$ _____	_____
Other – please specify: _____	\$ _____	_____
<b>Total</b>	<b>\$ _____</b>	_____

b) Please state the activities of the contractors/subcontractors you engage: \_\_\_\_\_

c) Do you always confirm the existence of Workers Compensation & Liability insurance policies for all contractors/subcontractors? YES / NO

d) Are you always named as Principal on the Contractor's Liability insurance policies? YES / NO

**6. DETAILS OF YOUR BUSINESS ACTIVITIES**

a) Please state your estimated gross annual turnover/income for all activities: \$ \_\_\_\_\_

b) Do you hire out any employees to third parties on a labour-hire basis? YES / NO

If "YES", please state your estimated gross annual turnover/income: \$ \_\_\_\_\_

Please state their activities: \_\_\_\_\_

c) Do you conduct business operations or activities:

- i. Overseas? YES / NO
- ii. Underground? YES / NO
- iii. Involving off-shore work platforms? YES / NO
- iv. Involving or around watercraft, aircraft, &/or hovercraft? YES / NO
- v. Involving rail equipment &/or within the rail corridor? YES / NO
- vi. Involving welding? YES / NO
- vii. Involving demolition? YES / NO
- viii. Involving blasting? YES / NO
- ix. Handling waste in any way (including the storage, processing, or transport)? YES / NO

If "YES", please provide full details including the overseas locations, circumstances & type of work.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d) Do you manufacture, import, export, re-package &/or distribute any product? YES / NO

If "YES", please complete the following questions.

i. Please complete the following table.

Product Description	Your Role*	Total Annual Turnover	Origin (for imports)	Destination (for exports)
		\$		
		\$		
		\$		

\* denotes (M) = Manufacture, (I) = Import, (E) = Export, (R) = Re-package, (D) = Distribute

ii. Do you modify products which you import, export, re-package or distribute? YES / NO

If "YES", please provide full details: \_\_\_\_\_

iii. For all products which you manufacture, can you with certainty identify the source of every item used in their manufacture? YES / NO

If "YES", please provide full details: \_\_\_\_\_

iv. Are any of your products used in aircraft, vehicles, watercraft, hovercraft or rail equipment, or at power stations, chemical/petrochemical plants, or mining/drilling sites? YES / NO

If "YES", please provide full details: \_\_\_\_\_

v. Do you manufacture any petrochemicals, industrial chemicals (including pesticides/fungicides), fertilizers, pharmaceuticals, or radioactive/asbestos material? YES / NO

If "YES", please provide full details: \_\_\_\_\_

vi. Do you have quality control procedures in place for all your products? YES / NO

If "YES", please provide full details for each product including any relevant industry codes or standards, testing frequency, who does the testing, & what records are kept.

vii. Have you ever recalled a product because of a potential safety hazard? YES / NO

If "YES", please full provide details: \_\_\_\_\_

**7. CARE, CUSTODY AND CONTROL**

a) What is the total value at all your locations of property owned by others in your care, custody or control? \$ \_\_\_\_\_

b) What is the maximum value of any one item? \$ \_\_\_\_\_

c) Please provide a brief description of the property: \_\_\_\_\_

- d) Is this property covered by a material damage or any other policy of insurance? YES / NO  
If "YES", please provide full details including the insurer, policy type, policy number & policy period.

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**8. POLLUTION**

- a) Do any of your trade processes produce toxic waste & other pollutants which have the potential to injure people or damage property or otherwise harm the environment? YES / NO  
If "YES", please provide full details including quantities & how they are stored/handled.

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- b) Are you required to hold EPA licenses? YES / NO  
If "YES", please provide full details: \_\_\_\_\_

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**9. PROFESSIONAL INDEMNITY EXPOSURE**

- a) Do you provide any advice, design or specification to third parties for:  
i. a fee? YES / NO  
ii. no fee? YES / NO

If "YES", please provide full details: \_\_\_\_\_

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- b) Do you require a quote for Professional Indemnity insurance? YES / NO  
i. If "YES", do you currently have Professional Indemnity insurance? YES / NO  
ii. If "YES", please advise the following details about your current policy:

Insurer: \_\_\_\_\_ Expiry date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Limit of Indemnity \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_  
Retroactive date (if applicable): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**NOTE:** We will review this proposal & where possible, provide indicative terms. A separate proposal form specifically for Professional Indemnity insurance must be completed before quoting and/or issuing cover.

**10. CONTRACTUAL LIABILITY**

- Do you assume liability under contract or hold others harmless (other than lease liability)? YES / NO  
If "YES", please provide full details and attach copies of all applicable agreements (other than leases).

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**11. CLAIMS AND/OR LOSS EXPERIENCE**

After investigation, have there been any claims &/or uninsured losses, &/or circumstances of which could give rise to a claim? YES / NO

If "YES", please complete the table below.

Date of Loss	Details of the claim/loss or circumstance (incl. the cause, the activity, & when it was reported)	If a claim, is it Open or Closed – circle one	Incurred Loss (i.e. Amount Paid and Outstanding)	Excess
___ / ___ / ___		Open or Closed	\$ _____	\$ _____
___ / ___ / ___		Open or Closed	\$ _____	\$ _____
___ / ___ / ___		Open or Closed	\$ _____	\$ _____

**12. PREVIOUS INSURANCE & OTHER HISTORY**

Have you ever had any:

- a) Insurance declined or cancelled? YES / NO
- b) Renewal refused? YES / NO
- c) Special conditions imposed on your insurance? YES / NO
- d) Increased excess imposed on your insurance? YES / NO
- e) Claims denied for this class of insurance? YES / NO
- f) Criminal charges &/or convictions? YES / NO
- g) Financial trouble resulting in an administrator being appointed &/or being declared bankrupt? YES / NO

If "YES" to any of the above, please provide full details. \_\_\_\_\_

**13. DECLARATION**

I/We

- a) declare that:
  - i. I/we have read and understood the clauses detailed under the Important Notices section at the front of this Proposal;
  - ii. the answers and information given by me/us in this Proposal are true and correct in all respects;
  - iii. no information has been withheld that would affect the underwriter's decision to accept this Proposal;
  - iv. where answers in this Proposal are not in my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
- b) authorise the Underwriters 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) understand that, if this Proposal is accepted, my/our insurance cover will be subject to the terms and conditions set out in the Policy and not necessarily what I have elected on this Proposal.
- d) acknowledge that the underwriters & their agents reserve the right to decline this Proposal.

Proposer's Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Proposer's Title: \_\_\_\_\_