Public and Products Liability Proposal Form
**Important Facts**

**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, to disclose to the insurer every matter which you know or could reasonably be expected to know, is relevant to the insurer’s decision whether to accept the risk of this insurance and if so, on what terms. You have that same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

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

**Non-Disclosure**

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its 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.

**Privacy**

We are committed to protecting your privacy. We only use the personal information you provide to us to quote on and insure your risks. We only provide personal information to our Insurers and reinsurers (and their representatives) and those we appoint to assist us with claims under your policy. We will not trade, rent or sell your information.

If you don’t provide us with complete information, we cannot properly quote for your clients’ insurance and we cannot insure them. You can check the personal information we hold about you and your clients at any time.

For more information about our Privacy Policy, visit our web site: www.solutionunderwriting.com.au
About you

Name in full of all entities to be insured including subsidiaries:

<table>
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<tr>
<th>Company Name(s):</th>
<th>A.B.N:</th>
<th>I.T.C%:</th>
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Postal Address:

__________________________________________________________________________

Full description of your business:

__________________________________________________________________________

__________________________________________________________________________

Number of years in continuous operation:

[ ]

Your website:

__________________________________________________________________________

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

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<th>Premises 1:</th>
<th>Premises 2:</th>
<th>Premises 3:</th>
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[ ] Owned   [ ] Leased   [ ] Owned   [ ] Leased   [ ] Owned   [ ] Leased
Period of Insurance

From: At 4pm
To: At 4pm

Limit of Indemnity

Public Liability:

$ any one Occurrence

Product Liability:

$ annual aggregate

Goods in your physical and legal control:

$ annual aggregate

Turnover

Annual turnover past 12 months:

$

Estimated turnover coming 12 months:

$

NSW: VIC: QLD: SA: WA: TAS: NT: ACT: Other:
Payroll

Managerial, clerical and sales:

Payments: 
Staff Numbers:

Manufacturing:

Payments: 
Staff Numbers:

Installation/work away from premises:

Payments: 
Staff Numbers:

Other:

Payments: 
Staff Numbers:

Contractors

Do you use contractors and/or sub-contractors to perform work in you business? Yes No

If yes, do they work under your direct supervision or control? Yes No

What are the estimated annual payments?:

What are the nature of work they carry out?:

Are they required to carry their own insurance for;

a) Public Liability Yes No Minimum Limit: $ b) Workers Compensation Yes No

How is this checked?:


Labour Hire

Do you use labour hire personnel supplied by labour hire companies in your business?  
- [ ] Yes  
- [ ] No

If yes:

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<tr>
<th>Company:</th>
<th>Type of Work:</th>
<th>Annual Payments:</th>
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Are you required to insure these personnel for Workers Compensation?  
- [ ] Yes  
- [ ] No

Do you hire out your employees to third parties on a labour hire basis?  
- [ ] Yes  
- [ ] No

If yes, what is the estimated annual turnover received?:

What is the type of work they perform?:

Please provide details of any of the following used in your business:

- Boiler/pressure vessels:
- Car parks:
- Unregistered vehicles (number and type):
- Lifting equipment (lifts, escalators, hoists, cranes etc):
Hazardous or dangerous substances stored at your premises;

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<th>Substance</th>
<th>Quantity</th>
<th>Storage Method</th>
<th>Use of Substance</th>
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Products

Please provide full details of all products for which insurance is required. (Please attach product brochures and any other appropriate documents).

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<tr>
<th>Description</th>
<th>Function</th>
<th>Manufactured (M)</th>
<th>Imported (I)</th>
<th>Distributed (D)</th>
<th>Exported (E)</th>
<th>Turnover</th>
<th>Origin / Destination</th>
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Do you modify, re-label or re-package any of the products you import, export or distribute?  ○ Yes  ○ No

If yes, please provide details:

Are any of your products used in motor vehicles, aircraft, watercraft, hovercraft, rail equipment, power stations, chemical plants or mines?  ○ Yes  ○ No

If yes, please provide details:
Do you manufacture any petrochemicals, industrial chemicals, pesticides, fungicides, fertilizers or radioactive materials?  ○ Yes  ○ No

If yes, please provide details:

Please provide details of the quality control procedures for all your products (including relevant industry codes or standards, testing details and frequency, recall procedures and record keeping):

Have you ever recalled a product due to potential safety issues?  ○ Yes  ○ No

If yes, please provide details:

Property of others in your physical and legal control

In the course of your business, do you have in your possession the property of others in your physical and legal control?  ○ Yes  ○ No

If yes, please give a description of the property:

What is the value at all your locations at any one time:

What is the maximum value of any one item:

Is this property covered by any other policy?  ○ Yes  ○ No

If yes, please give details including type of policy, policy number, insurer and policy period:
Contractual

Do you assume the liability of others under contract or hold others harmless?  

- [ ] Yes  
- [ ] No

If yes, please provide details and attach copies of agreements:

Insurance and other history

Has any insurer ever declined, refused to renew, cancelled or imposed special terms or conditions on any proposal, renewal or policy held by you?  

- [ ] Yes  
- [ ] No

If yes, please provide details:

Have you ever had any criminal charges and/or convictions?  

- [ ] Yes  
- [ ] No

If yes, please provide details:

Have you ever had financial trouble resulting in the appointment of an administrator and/or liquidator and or being declared bankrupt?  

- [ ] Yes  
- [ ] No

If yes, please provide details:

Claims

After investigation, have there in the past 7 years, been any claims and/or uninsured losses and/or circumstances which could give rise to a claim?  

- [ ] Yes  
- [ ] No

If yes, please provide details (including the date of loss, a full description of the circumstances of the claim, amount paid and the amount outstanding, amount of excess and whether or not the claim has been finalized):

________________________________________________________________________

________________________________________________________________________
Declaration

I/We declare that to the best of my/our knowledge and belief the answers given above, documents or papers submitted, represent the true position and that we have not withheld any information, material to this proposal.

I/we acknowledge that no cover is provided unless and until;

- Solution Underwriting advise in writing of the cover and terms which they can provide, and
- this cover and terms is then accepted by me/us, and
- Solution Underwriting are advised by me/us of acceptance of their cover and terms offered, and
- Solution Underwriting acknowledges to me/us that cover is provided.

Where answers in this proposal are not in my/our own handwriting, they have been checked by me/us and I/we agree that they are correct.

I/we have read and understood the Important Facts at the beginning of this proposal.

I/we authorize Solution Underwriting to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to or which may impact on this insurance cover, and any other insurances held by me/us and claims under those insurances.

I/we agree that this proposal and accompanying documents or papers shall form part of this proposal and are the basis of the insurance contract proposed.

Signature(s) on behalf of the Proposers:

\[
X
\]

Position:

Date:

/ / /