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## FIREWORKS CONTRACTORS PUBLIC LIABILITY INSURANCE PROPOSAL

**BROKER:** \_\_\_\_\_

**POLICY No:** \_\_\_\_\_

*(Office Use Only)*

### 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 the 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 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.

#### Co-Insurance

Section 1 - Specified Events contains a co-insurance clause. This means that we require you to insure for full value. If you do not do so and you are underinsured at the time of loss, we will pay less in the event of a claim. The amount we will pay is in the proportion that the sum insured bears to eighty (80%) per cent of the full value, subject to the specific conditions of the policy.

#### Insurer

This policy is underwritten one hundred (100%) per cent by certain underwriters at Lloyds of London. Lloyds is an authorised insurer in Australia within the meaning of that term under the Insurance Act 1973.

In arranging and effecting this Policy, Australis Group (Underwriting) Pty Ltd ABN 80 082 459 372 will be acting under authority given to it by the Insurer. It will be acting as agent of the Insurer not as your agent.

### PRIVACY

We are committed to protecting you and your clients' 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.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, please see our web site: [www.ausuw.com](http://www.ausuw.com)

Contact details for Australis are:

Mail: Compliance Manager,  
Australis Group Underwriting  
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Telephone: (02) 9200 4000  
Fax: (02) 9200 4099

## PERIOD OF INSURANCE:

Cover commences: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Cover expires at 4.00 p.m.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## YOUR DETAILS:

Full Name: \_\_\_\_\_  
Your ABN: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Interested Parties: \_\_\_\_\_

What Interest do the above parties have: \_\_\_\_\_

Who is the named licence holder? \_\_\_\_\_

Years in operation This Business \_\_\_\_\_ yrs Any Similar Business: \_\_\_\_\_ yrs

What percentage of GST on Premium do you intend claiming as an Input Tax Credit? \_\_\_\_\_%

Do you maintain complete records of sales and purchases?  Yes  No

Are your books of account prepared by a public accountant each year?  Yes  No

Have you or any director/partner/manager of the business ever:

(a) had insurance declined or cancelled?  Yes  No

(b) had an insurer refuse or not invite renewal?  Yes  No

(c) had any special conditions imposed on a policy of insurance?  Yes  No

(d) had a special excess imposed on a policy of insurance?  Yes  No

(e) had a claim rejected under a policy of insurance?  Yes  No

(f) been declared bankrupt or put into receivership or liquidation?  Yes  No

(g) been charged with or convicted of a criminal offence?  Yes  No

(h) Any other matters you should disclose (see 'Your Duty of Disclosure')?  Yes  No

*If answered 'Yes' to any of the above question provide complete details on a separate piece of paper*

## YOUR CLAIMS HISTORY:

In the last 5 years have you sustained loss or damage (insured or not) of a type against which insurance is now being sought?  Yes  No (If 'Yes', please provide details)

DATE: \_\_\_\_\_ INSURER: \_\_\_\_\_ DETAILS: \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_

*(If insufficient space, please provide full details on a separate sheet of paper)*

## YOUR PREMISES:

Your Business Address: \_\_\_\_\_

Are you the owner of the premises?  Yes  No

Describe the business carried out by the occupants of the premises:

(a) Your own business \_\_\_\_\_

(b) Other occupants \_\_\_\_\_

Construction of the building:

Walls:  Brick/Concrete  Wood  Iron  Other: \_\_\_\_\_

Roof:  Iron  Timber  Concrete  Other: \_\_\_\_\_

Floors:  Timber  Concrete  Other: \_\_\_\_\_

Are inflammable liquids, fireworks or explosives stored on the premises?

Yes

No

If Yes, please list types: \_\_\_\_\_

If Yes', how much (litres/ kilograms)? \_\_\_\_\_

Are they stored in?  tanks  drums  bottles

Are they kept in an approved flammable goods cabinet or store?  Yes  No

Is the Store?  internal  external

It is Bunded?  Yes  No

If No, how are they stored? \_\_\_\_\_

Are the premises protected by?

(a) Sprinkler System?  Yes  No

Total Area of premises  Partial (*Describe*) \_\_\_\_\_

(b) Automatic fire alarm and/or Smoke Alarm?  Yes  No

Connected to a Fire Station?  Yes  No

Connected to Alarm Monitoring Company?  Yes  No

Local Only  Yes  No

(c) Hose Reels?  Yes  No

(d) Extinguishers  
What Type? \_\_\_\_\_

How Many? \_\_\_\_\_

Is there a maintenance agreement in place?  Yes  No

Date Last Serviced? \_\_\_\_\_

(e) Fire blankets?  Yes  No

(e) Reticulated/mains water supply (non- metropolitan areas)?  Yes  No

(f) Deadlocks and/or padlocks to all external doors?  Yes  No

(g) Bars and/or key operated locks to all external windows?  Yes  No

(h) Burglar Alarms (please tick the appropriate type below)  Yes  No

Back to Base (dedicated line)  Securitel

Dialler/Radio  Audible Local Alarm?

Which of the following are present and activate the Alarm?

Reed Switches  Motion Detectors (PIR)  Tremblers  IR Beam

Pressure Pads  Heat Sensors  Panic Buttons

(g)

## SECTION 1 - SPECIFIED EVENTS

What Limit of Indemnity do you require? \_\_\_\_\_

How Many Events do you perform at each year ? \_\_\_\_\_

List 5 of those events ? \_\_\_\_\_

\_\_\_\_\_

What Turnover is generated annually from Fireworks Displays? \$\_\_\_\_\_

Which state/s legislation are you licensed under? \_\_\_\_\_

Please list all safety precautions adopted by your business for a fireworks display \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (attach operating procedures if that is easier)

Who is the supplier of the fireworks? \_\_\_\_\_

Do you manufacture any fireworks? \_\_\_\_\_

Do you transport any fireworks other than those that you will use for your own displays? Y / N

What first aid facilities are provided as a minimum at a display? \_\_\_\_\_

\_\_\_\_\_

Please provide full experience and qualifications of the fireworks supervisor? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DECLARATION

I/We have read and understood the Important Facts on page 1 of this Proposal Form and confirm that this advice was provided to me/us prior to entering into the contract of insurance. The information I/We have provided is true and correct.

I/We understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance.

Signature: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_