

AUSTRALIS GROUP (UNDERWRITING) PTY LTD (ABN 80 082 459 372, AFSL 238170)

Level 3, 117 Clarence St, Sydney NSW 2000 Australia  
GPO Box 247 Sydney NSW 2001 Australia  
Suite 14, 333 Canterbury Road, Canterbury VIC 3126 Australia  
PO Box 79 Balwyn, VIC 3103 Australia

E-Mail: [australis\\_underwriters@ausuw.com](mailto:australis_underwriters@ausuw.com)  
Website: [www.ausuw.com](http://www.ausuw.com)  
Telephone: (02) 9200 4000  
Facsimile: (02) 9200 4099  
Telephone: (03) 8629 8800  
Facsimile: (03) 8629 8829

## PUBLIC / PRODUCTS LIABILITY - (PROPOSAL)

UNDERWRITTEN AT LLOYD'S OF LONDON

### 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.

#### Insurer

This policy is underwritten one hundred (100%) per cent by Certain Underwriters at Lloyd's of London. Lloyd's 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 Limited 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, visit our web site: [www.ausuw.com](http://www.ausuw.com)

Contact details for Australis Group Underwriting are:

Mail: Compliance Manager,  
Australis Group Underwriting  
GPO Box 247, Sydney, NSW 2001  
Telephone: (02) 9200 4000  
Fax: (02) 9200 4099

### PERIOD OF INSURANCE:

Cover commences: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Cover expires at 4.00 pm: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## ABOUT YOU & YOUR BUSINESS

Name of all Companies proposed to be insured \_\_\_\_\_  
Your ABN: \_\_\_\_\_

Date first established: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Proposer is an:  Individual  Partnership  Corporation Other (Specify): \_\_\_\_\_

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

Principal Address(es) - *If Insufficient Space Attach List:* \_\_\_\_\_  
\_\_\_\_\_

Indemnity Limit required? PUBLIC \$ \_\_\_\_\_ any one occurrence  
PRODUCTS \$ \_\_\_\_\_ any one period of insurance

Full description of Proposer's business activities  
\_\_\_\_\_  
\_\_\_\_\_

Type of business:  Manufacturer  Processor  Property Owner  Contractor  Retailer  
 Assembler Only  Producer  Wholesaler  Other (specify): \_\_\_\_\_

Please give details of: a) Number & Type of Unregistered vehicles: \_\_\_\_\_

b) Lifts, escalators, cranes, hoists or other lifting equipment: \_\_\_\_\_

c) Boiler or other pressure vessels: \_\_\_\_\_

Do any of the above require certification?  Yes  No (*If 'Yes' please provide details*)

Please give details of work performed away from premises including use of welding or oxy-acetylene cutting equipment?  
\_\_\_\_\_  
\_\_\_\_\_

Are you involved in Mining, Processing, Distribution, Removal, Storage or Handling of Asbestos or Asbestos Products?  
\_\_\_\_\_

Please give full details of any chemicals, gases, explosives or radioactive substances used  
\_\_\_\_\_  
\_\_\_\_\_

Do you discharge or dispose of trade wastes into the atmosphere?  Yes  No

If 'Yes' is it by agreement with relevant local authorities?  Yes  No

Are all wastes treated and made safe before discharge?  Yes  No

If 'Yes' please provide full details:  
\_\_\_\_\_

Give details of any agreements you have made under which you have:

(a) Accepted Liability which would not normally be your responsibility:  
\_\_\_\_\_

(b) Given away your legal rights of recovery from other parties: \_\_\_\_\_

(c) Do you engage any contractors &/or subcontractors?  Yes  No (*If 'Yes' please provide details:*) \_\_\_\_\_

Do you require cover for goods in your physical or control?  Yes  No If 'Yes' please answer the following:

a) Description of goods: \_\_\_\_\_

b) Value of Goods \$ \_\_\_\_\_ c) Sum Insured Required? \$ \_\_\_\_\_

**PRODUCT & SALES DATA**

	Detail the Product or Service	Turnover:	No. of Units Sold:	Wage Roll:
Est. Next 12 mnths	_____	\$ _____	_____	\$ _____
Past 12 mnths	_____	\$ _____	_____	\$ _____
2 Years Ago	_____	\$ _____	_____	\$ _____
3 Years Ago	_____	\$ _____	_____	\$ _____

Do you operate a Quality Control Recording System?  Yes  No (If 'Yes' please detail): \_\_\_\_\_

Do you supply or distribute products overseas?  Yes  No (If 'Yes' please answer the following):

PRODUCT	COUNTRY EXPORTED TO	% OF TOTAL TURNOVER
List exports _____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

List of countries in which you have a registered office or assets or legally authorised representatives or agents: \_\_\_\_\_

Could any of your products or services be used on or in connection with?

- Aircraft/Missile/Aerospace?  Yes  No
- Watercraft or Offshore?  Yes  No
- Transportation?  Yes  No

If 'Yes' to any of the above please provide details: \_\_\_\_\_

Could any of your products be classified as:

- Pharmaceuticals?  Yes  No (If 'Yes' could they be considered 'Prescription')?  Yes  No
- Cosmetics?  Yes  No
- Chemicals of an explosive, toxic or noxious nature?  Yes  No
- Fertilisers, pesticides, fungicides?  Yes  No

Are any of your products sold under another's name or label?  Yes  No

Do you purchase materials or components from others?  Yes  No

Do you own or operate a watercraft?  Yes  No

If 'Yes' to any of the above please provide details: \_\_\_\_\_

**CLAIMS & INSURANCE HISTORY**

Total aggregate losses (from the ground up including legal costs)?

POLICY PERIOD	No. OF CLAIMS	TOTAL PAID	AMOUNT IN RESERVE	TOTAL INCURRED
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

Individual losses, valued \$5,000 or more (from the ground up including defence costs)?

DATE OF OCCURRENCE	PRODUCT INVOLVED	YEAR OF MANUF.	DESCRIBE OCCURRENCE & INJURY OR DAMAGE	AMOUNT PAID AND IN RESERVE
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Are you aware of any other incident which may result in claims against you?  Yes  No If 'Yes' give details:

\_\_\_\_\_

\_\_\_\_\_

**Previous Insurance History**

- a) Name of insurer: 1. \_\_\_\_\_ Years on Risk From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
2. \_\_\_\_\_ Years on Risk From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
3. \_\_\_\_\_ Years on Risk From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

b) Has any insurer cancelled, declined or refused to renew this form of coverage?  Yes  No

If 'Yes'

give details? \_\_\_\_\_

\_\_\_\_\_

**DECLARATION**

I/We declare that to the best of my/our knowledge and belief the answers given below, documents or papers submitted, represent the true position and that I have not withheld any information, material to this proposal. I agree that this proposal and accompanying documents or papers shall form or partly form the basis of the Contract Proposed

Signature(s): \_\_\_\_\_ On behalf of the Proposers

Position: \_\_\_\_\_

Date: \_\_\_\_\_