



# Public and Products Liability (Claims Made) Proposal Form

## Important Notices:

Please read the following advice before completion of this Proposal Form

- The persons whose interests are to be insured under this policy should understand the terms, definitions and cover provided by this policy by reference to our Policy Wording. It is available from Your Insurance Adviser or our Website.
- When SRS Underwriting Agency Pty Ltd place this policy of insurance under an authority given to us by the Insurer, we will be effecting the contract as Agent of the Insurer.

## Your Duty of Disclosure.

When we provide Insurance terms for you, whether for a new policy, renewal of a policy or changes to or reinstatement of your policy, we rely on the information you provide to us. You must tell us anything that you know, or should know, that could affect

- Our decision to insure you,
- the amount of the premium we charge you or
- whether we should impose special conditions to this cover.

You do not need to tell us about anything which:

- Reduces the likelihood of a claim
- Is of common knowledge
- We know, or as an Insurer should know
- We indicate that we do not want to know

**What you must tell us.** When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

**Who needs to tell us.** It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

**If you do not tell us.** If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having existed

## Privacy Statement

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 underwriters 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 do not provide us with complete information, we cannot properly quote for your insurance and we cannot insure you. You can check the personal information we hold about you 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, ask us for a copy or visit our website.

## No Cover if Rights "Signed Away"

This policy does not cover loss, destruction, damage or legal liability in respect of which any right which you may otherwise have had against any person, company or partnership is excluded or limited by reason of any agreement you may enter into.

Please be careful before you sign anything that you do not jeopardise your entitlement to be covered under this Policy.

## Persons Covered

Unless this insurance is otherwise extended, the insurance proposed here will, when incepted, cover only the interests of those persons/entities specifically named in this proposal and accepted by us. It will not cover the interests of any other persons / entities.

**Please note if there is insufficient space** provided to fully answer any question, please attach an additional sheet of paper with the extra information as required. All such attachments will form part of your application for insurance and be subject to the Declaration on the last page of this Proposal.

**Please answer all questions.** Any question left unanswered or answered as known to broker or insurer or otherwise answered in an incomplete way may delay the processing of your request for this insurance. **Ensure the cover you request is adequate for your requirements.**

**Your Insurance adviser** can assist you to complete this form. They will send it to us so that we may quote on your insurance request.

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Please print and/or tick the appropriate answers to the all questions below.

This application is for  New Business  Renewal - Policy Number (if known) is: .....

**1. Proposer(s)**

Name(s) in full of Principals/Partners/Directors: .....

Trading Name: .....

Postal Address: ..... Postcode: .....

**2. Business**

Description: .....

*(Please attach any relevant brochure(s) or Annual Report)*

If your business description has undergone any changes in the last 12 months please describe past and present operation(s)

.....  
 .....

How long have you been established in this business? .....

**3. Premises**

How many premises are located within Australia? .....

Please provide address of your major location: .....

List number of premises by country where located outside Australia and for which cover is required under this proposed insurance:

.....

**4. Period of Insurance** From: ..... at 4pm To: ..... at 4pm

**5. Cover Required** Public Liability \$ ..... any one occurrence

Products Liability \$ ..... annual aggregate

**6. Estimated Annual Turnover** \$ .....

**7. Estimated Annual Gross Rentals** \$ .....

**8. Estimated Annual Payroll** *(Including earnings of principals, directors and partners)*

Please provide the name of each overseas country and corresponding payroll figures:

Type	Country	Country	Country	Country	Country
	Australia				
Managerial					
Manufacturing					
Installation					
Other					
Total					

**9. Contractors / Sub-Contractors**

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

If Yes,

Do they work under your direct supervision or control?  Yes or  No

What is the estimated annual Payment: \$ .....

What is the nature of work carried out: .....

Are contractors / sub-contractors required to carry their own insurance for;

i) Public liability  Yes or  No

ii) Workers' compensation  Yes or  No

If yes, how is this checked? .....

.....

What is the minimum limit for their public liability insurance? \$ .....

**10. Labour Hire**

Do you use personnel supplied by labour hire companies to perform work in your business operations?  Yes or  No

If Yes, please advise

<i>Company</i>	<i>Type of Works</i>	<i>Annual Payments</i>
.....	.....	.....
.....	.....	.....
.....	.....	.....

Are you required to insure these labour hire personnel for Workers Compensation?  Yes or  No

Please provide copies of the indemnity and insurance clauses of agreements entered into with the labour hire company.

**11. Give details of any of the following used in your business**

Boiler / Pressure Vessels .....

Car Parks .....

Lifting Equipment – Passenger/goods lift, escalators, hoists, cranes or other lifting equipment.....

Railway Sidings.....

Unregistered Vehicles – Number & Type .....

Hazardous Substances - What hazardous substances are stored by you or used in your processes?

Substance	Quantity	Storage Method	Use by you

**12. Products**

Please give details of all products in respect of which insurance is required.

(Please attach any product brochure(s), other descriptive documents).

Description of Product	Function/Use of product	(M) Manufacture (I) Import (D) Distribute	Turnover \$	Exports \$	Destination

**13. Design / Manufacturing**

Are any of your products designed or formulated by your own staff?  Yes or  No

Do you design any parts or components for others?  Yes or  No

Is there a separate design team / department?  Yes or  No

If yes, please provide staff numbers, qualifications and experience:.....

Is there a formal product design / safety review process?  Yes or  No

Do you manufacture to the designs, formulas, plans or specifications of others?  Yes or  No

Is the design of these products static or frequently changing? .....

Please give full details of quality control procedures and laboratory testing used.....

.....  
.....

Can you identify the source of supply of every item in the manufacture of the products?  Yes or  No

If yes, details are .....

.....

With any imported products, do they all meet Australian Standards?  Yes or  No

If no, details are.....

.....

Are the products designed or manufactured for use in watercraft, aircraft or other aerial devices?  Yes or  No

If yes, details are .....

.....

Please note that this insurance does not apply to claims made within the **USA** or **Canada** or other countries to which the laws of the USA or Canada apply unless granted by Underwriters and specifically endorsed onto the policy.

Are you represented or do you have assets within the USA or Canada?  Yes or  No

Give full details (**including** copies of contracts etc.) of all contractual agreements, terms and conditions existing between you and any USA or Canadian importer, distributor, agent or purchaser of the products exported thereto:

.....  
.....

Is the importer, distributor, agent or purchaser insured for Products Liability for these products?  Yes or  No

If yes, is the Proposer of this application included as a named insured in that Policy?  Yes or  No

How are the products exported (e.g. F.O.B.)?.....

How long have such products been exported to the USA or Canada? .....

**14. Property of others in your Physical or Legal Control**

Cover will be excluded from this insurance other than for leased premises, vehicles in car parks and employee's property. Cover for this property will be provided only if specifically agreed by us and then subject to payment of an extra premium and a policy limit.

Do you in the normal course of business have the property of others in your care, custody and control?  Yes or  No

If yes, what is; the total value? \$ .....

maximum value at any one time? \$ .....

Please provide brief details of that property .....

.....  
.....

Are the goods insured under another policy (eg. ISR, Property Insurance)?  Yes or  No

If yes, please provide; Insurance Company.....

Policy Number ..... Type of Policy.....

Sum Insured / Sub Limit.....

**15. Contractual Liability**

Cover for liability assumed under contract or agreement will be limited to public liability (but excluding liability assumed in respect of the failure of the Proposer to effect insurances over leased property, penalties or liquidated damages or arising from the sole negligence of the Indemnatee) or liability assumed under a warranty of fitness or quality as regards your products, or specifically agreed contracts. Please give full details and attach copies of all agreements where you assume liability under contract or hold others harmless:

.....  
.....  
.....

**16. Premises You Lease** - As regards non-owned premises, please advise the following per situation:

<b>Location</b>					
<b>Occupancy</b>					
<b>Construction</b>					
<b>Fire Protection</b>					
<b>Value of Building</b>					

Do you arrange for and pay the cost of insurance for damage to these Buildings as a result of fire?  Yes or  No

**17. Foreign**

Please supply the following details as regards overseas operations for which cover is required under this insurance

<b>Country</b>	<b>Operations</b>	<b>Annual Turnover AUD\$</b>

**18. Smoking**

Is smoking banned within premises occupied by you?  Yes or  No

**19. Asbestos**

Have you ever or are you likely to produce, import, install or remove any products or substances containing asbestos?  Yes or  No

If yes, please provide full details: .....  
 .....  
 .....

**20. First Aid**

What first aid facilities, if any, do you maintain at the locations stated?  
 .....

Indicate the numbers and qualifications of persons you employ to administer first aid:  
 .....

**21. Claims**

After investigation with present and past insurers, have you in the last 7 years had a liability claim made against you (whether insured or not)?  Yes or  No

If yes, please provide full details: .....  
 .....  
 .....

**22. Insurance 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 or  No

If yes, please provide details: .....  
 .....  
 .....

**23. Duty of Disclosure**

Are there any other matters to disclose to us to fulfil your Duty of Disclosure?  Yes or  No

If yes, please provide relevant details: .....  
 .....  
 .....

**24. Continuity with Prior Coverage**

This section applies only if you currently have coverage and requested continuity of coverage.

Retroactive Date on existing "Claims Made" liability policy: .....

Continuity Date requested:.....

If continuity coverage is requested,

- (a) attach a copy of the prior proposal with which continuity of cover is to be maintained.
- (b) We will be relying upon the declarations and statements contained in such prior proposal and those declarations and statements shall be considered to be incorporated in and form a part of the Policy.

**25. Prior Knowledge / Warranty**

This section applies if you have requested continuity of cover and you request has not been accepted or granted, or if there is no prior cover. In addition, this section need not be completed if this proposal forms part of a renewal of a current SRS Underwriting Agency Pty Ltd Public and Products Liability policy.

Do any of the Proposers of the insurance have knowledge of any facts or circumstances

- (a) which he or she has reason to suppose might result in a future Claim(s) such as would fall within the scope of the proposed cover; or  Yes or  No
- (b) which indicate the probability of any such Claim(s)?  Yes or  No

If Yes, please advise brief details of any and all circumstances

Date Notified to You	Claimant	Brief Details of Matter	Estimated Loss or Potential Loss
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

It is agreed that if such facts or circumstances exist, any Claim or action arising therefrom is excluded from this proposed cover.

**Declaration and agreement:**

I/We agree to make the property to be insured by this policy available for inspection by SRS or their representatives.

I/We acknowledge that no cover is provided unless and until, underwriters advise in writing of the cover and terms which they can provide, this cover and terms is then accepted by the Insured, Underwriters are advised of acceptance of their cover and terms offer and SRS acknowledges to the Insured that Cover is provided.

If additional pages are attached for inclusion in this proposal they form part of this proposal.

The answers and information given by me/us in this proposal are true and correct in all respects.

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 and that the other person who completed this form did so as my Agent.

I/We acknowledge having been clearly informed of and understand the effect of all of the Notices on Page 1 of this Form.

I/We authorise SRS 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.

By signing this application, I/We agree to SRS collecting, using and disclosing my/our personal information, including sensitive information if applicable, in accordance with the Privacy Statement and the SRS Privacy policy.

**Signature/s:**..... **Date:** .....

**Full Name of such Person:** ..... **Title:** .....