



# Pyrotechnics 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: .....

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

If New, give details of experience:.....

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

4. Are you a member of any industry associations or lobby groups?  Yes or  No

If Yes, please provide details: .....

5. Please provide projected twelve months totals for gross receipts: \$ .....

6. Please advise the specific location of five previous fireworks displays

1.....

2.....

3.....

4.....

5.....

7. What is the Estimated Average spectator attendance?.....

8. List names of individuals who shoot fireworks and their experience (bodily injury to shooters excluded):

<i>Name</i>	<i>Experience</i>
.....	.....
.....	.....
.....	.....

9. Describe fire fighting equipment used on site:.....

10. Do you have a licensed DMT staffed ambulance on site during all fireworks displays?  Yes or  No

If No, give distances in kilometres to nearest medical facility and response time in minutes:

Distance: ..... (kilometres) Response Time: ..... (minutes)

11. Have you displayed fireworks before?  Yes or  No

If Yes, describe any claims / losses that have occurred and the amount of the loss:

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

12. Who is your supplier of the fireworks? .....

13. What is the size of the largest shell to be fired? .....

14. What is the average value of the largest display? .....

15. List all safety precautions used (eg. distance between displays and spectators):.....

.....  
.....

16. What is the name of the fireworks supervisor?.....

17. What experience and qualifications does the fireworks supervisor have? .....

.....  
.....

18. What is the estimated number of displays per year?.....

**19. 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? \$.....

**20. 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.

21. List all claims history and / or accidents relating to the supervisor of the fireworks and / or company (for at least 10 years):

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

22. Please provide transport details (eg. Own Vehicle, etc):

.....  
.....

23. Please provide storage details (eg. do you store the fireworks until used and if so how?):

.....  
.....

24. Do you perform any overseas displays?  Yes or  No

If Yes, please provide details: .....

.....

25. Do you alter fireworks?  Yes or  No

If Yes, please provide details: .....

.....

26. Have you previously been declared bankrupt?  Yes or  No  
 If Yes, please provide details: .....

27. Please provide a percentage split in your projected turnover for the next twelve months:  
 Goods imported from EEC .....%  
 Goods imported from outside EEC .....%

28. Do you anticipate any direct or indirect exports to the USA or Canada in the next 12 months?  Yes or  No  
 If Yes, please provide:  
 Anticipated Turnover: \$.....  
 End Use: .....

29. Have you exported either directly or indirectly any products to the USA or Canada in the last 5 years?  Yes or  No  
 If Yes, please provide projected annual turnover for the next 12 months and products supplied:.....

30. Do you provide any service or treatment other than Products?  Yes or  No  
 If Yes, please provide projected annual turnover for the next 12 months and details: .....

31. Do you retain rights of recovery against suppliers / manufacturers?  Yes or  No  
 If Yes, please provide details: .....

32. Do you undertake any design work?  Yes or  No  
 If Yes, please provide details: .....

**33. Claims**

After investigation with present and past insurers, please provide the following information relating to your claim record over the last five years (arising out of business and where you may be legally liable). Do not include any motor claims.

Public and Products Liability (death, disease, illness or injury to other parties and loss or damage to their property and attendant financial loss)

Year	Excess	Turnover	Paid Claims		Outstanding Claims	
			Total	Number	Total	Number

34. (a) Have you been prosecuted during the last five years under any safety legislation?  Yes or  No  
 (b) Have you or any of your directors or partners ever been charged with a criminal offence (other than a motor offence)?  Yes or  No  
 If Yes to any of the above, please provide full details (including identity of Insurers is responding to (b)):

35. Have you ever been the subject of a Health and Safety Investigation?  Yes or  No  
 If Yes, please provide details: .....

**36. 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: .....  
.....  
.....

**37. 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: .....  
.....

**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:** .....