



Public and Products Liability for Scaffolding 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?

Number of Years in Continuous Business.....

3. Current Insurer:

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 in respect of

Scaffolding manufacture \$

Supply / hire only \$

Erection / dismantling only \$

Other (please specify) \$

TOTAL \$

7. Estimated Annual Payroll (including earnings of principals, directors and partners)

Management / office staff \$

Scaffolding / associated work \$

Other (please specify) \$

TOTAL \$

8. (i) What is the maximum height scaffolding is erected to: metres

(ii) Please split work as follows: 2 storeys or less %

2 to 5 storeys..... %

5 to 10 storeys..... %

Above 10 storeys..... %

9. Area of Operations (as a percentage of turnover)

CBD %

Other Commercial %

Residential %

10. Is any scaffold erection or dismantling conducted on:

- (i) Aircraft or within Federal airport grounds Yes or No
- (ii) On any bridges or railway structures Yes or No
- (iii) On any mines or dams Yes or No
- (iv) On any power, chemical or petrochemical plants Yes or No

If Yes to any of the above, please provide full details:

11. Do you

- (i) Manufacture any scaffolding products? Yes or No
- (ii) Regularly hire out scaffolding for long term contracts (over six months)? Yes or No
- (iii) Make regular maintenance / safety inspections of the above mentioned equipment? Yes or No
- (iv) Have a regular documented repair, maintenance and safety inspection program in place for all of your equipment? Yes or No
- (v) Sell any used or second hand equipment? Yes or No
- (vi) Have any written instructions regarding use, maintenance and safety of hire equipment? Yes or No
- (vii) Insist in the lease agreement that hirers effect their own liability insurance with your interest noted on their policy? Yes or No
- (viii) Have a formal training process in place for staff? Yes or No
- (ix) Own or hire cranes or other lifting equipment for the erection / assembly of scaffolding? Yes or No

12. Does your Product and / or services comply with the relevant Australian Standards? Yes or No

13. Do you assume liability under contract or hold other harmless (other than lease liability)? Yes or No

If Yes, please provide details:

14. Are you responsible for installation protection over sidewalks, footpaths and public areas? Yes or No

15. Have you or anyone in your employ ever been charged with any breaches of the relevant Occupational and / or Workplace Health and Safety Acts in respect of your business activities? Yes or No

If Yes, please provide details:

16. 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? \$.....

17. 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.

18. Are you responsible for repair and/or maintenance of your equipment? Yes or No

If No, please provide details:

19. 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:

20. 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:

21. 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:**