



# WYMARK

**INSURANCE BROKERS PTY. LTD.**  
ABN 11 010 863 966 AFS Licence No. 238769  
Level 4 12 Short Street Southport QLD 4215  
PO Box 2310, Southport, QLD 4215

## FAX / EMAIL BACK TO WYMARK

Fax 07 5532 9446

Email [info@wymark.com.au](mailto:info@wymark.com.au)

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## Pest Controllers Combined Liability Insurance Application

### Notice to the Applicant

This notice must be read before you complete the application form. (Pursuant to the provisions of the Insurance Contracts Act 1984)

#### 1. DISCLOSURE OF RELEVANT 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 the same duty to disclose those matters to the insurer 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 a contract in respect of a claim or may cancel the contract. If your nondisclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

##### Comment

The requirement of full and frank disclosure is of the utmost importance with this type of insurance. This is particularly the case in respect of anything which may be relevant to the risk for which you seek cover (e.g. claims, whether founded or unfounded), or to the magnitude of the risk.

#### 2. DISCLOSURE OF RELEVANT FACTS

This policy is "claims made and notified".

This declaration is for a "claims made and notified" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover.

This policy does not provide cover in relation to:

- acts, errors or omissions actually or allegedly committed prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified or arising out of facts or circumstance notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;

- facts or circumstances of which you first became aware prior to the period of cover, and which you knew or out reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the application form for the current period of cover or on any previous application form.

Where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, you may have rights under Section 40(3) of the Insurance Contracts Act 1984 to be indemnified in respect of any claim subsequently made against you arising from those facts notwithstanding that the claim is made after the expiry of the period of cover. Any such rights arise under the legislation only. The terms of the policy and the effect of the policy is that you are not covered for claims made against you after the expiry of the period of cover.

#### 3. THE APPLICATION FOR INSURANCE

In this application the Applicants for Insurance are:

- the Corporation (that being the company of organisation named in this application and includes any Subsidiary thereof);
- the Insured Person(s) as defined in the policy wording;
- any Outside Entity or Outside Directorship for which cover is sought.

Before completing this application, enquiries should be made with each proposed Insured Person in relation to the questions and declarations to be completed on their behalf.

All terms highlighted in bold type are defined in the Insurer's standard policy wording.

You should familiarise yourself with the Insurer's standard form of policy for this type of cover before submitting this declaration.

#### 4. PRIVACY ACT 1988

The Privacy Act 1988 requires us to tell you that as an insurance broker we collect you personal and other information in order to:

- decide whether to issue a policy;
- determine the terms and conditions of your policy;
- compile data;
- handle claims.

We disclose personal information to third parties who we believe are necessary to assist us and them in providing relevant services and products. For example, in handling claims, we may have to disclose your personal and other information to third parties such as insurers, loss adjusters, investigators, agents, and others involved in the claims handling process, or as required by law. We limit the use and disclosure of any personal information provided by us to them to the specific purpose for this we supplied it. If you do not agree to the collection of you personal information then unfortunately we will be unable to process you proposal.



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## Pest Controllers Combined Liability Insurance Application

<b>Policy No.</b>		<b>Client No.</b>		<b>Intermediary No.</b>	
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*All questions are to be answered. If insufficient space, please attach additional information.*

DETAILS OF THE APPLICANT							
Name(s) of Insured(s) in full							
Licensee							
Tax Status	Registered Business	No <input type="checkbox"/>	Yes <input type="checkbox"/>	ABN		Taxable	%
Contact Number(s)	Phone No.				Fax No.		
Postal Address						State	
						Postcode	
Email Address							
Period of Insurance	From		to		at 4 p.m.		

INDEMNITY LIMIT - Limit of Indemnity required			
Section A Broadform Liability	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000
Section B Professional Indemnity	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000

ESTIMATED TURNOVER & PAYROLL									
1. Estimated Annual Turnover		\$							
Please provide turnover percentage split by state (must equal 100%)		NSW	%	VIC	%	ACT	%	QLD	%
		TAS	%	SA	%	WA	%	NT	%
2. Estimated Annual Payroll (including earnings of principals, directors, partners)					Total Payroll	\$	No. of Staff		
3. Do you employ contractors or subcontractors?					No <input type="checkbox"/>	Yes <input type="checkbox"/>	- If "Yes, please complete (a), (b), (c) and (d) below		
(a) Estimated annual payment		\$		Estimated annual payment for Labour Hire			\$		
(b) Nature of work usually carried out									
(c) Precautions taken to identify the adequacy of their liability, professional indemnity and workers compensation insurance arrangements									
(d) Do you insist on being named as principals on contractors' and/or sub-contractors' liability policies?		No <input type="checkbox"/>			Yes <input type="checkbox"/>				
(e) Do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, sub-contractors or agents?		No <input type="checkbox"/>			Yes <input type="checkbox"/>				

DETAILS OF THE BUSINESS/PREMISES						
1. Address(es) of branch / office / depots / operating bases				State		
				Postcode		
2. Number of yrs experience in the Pest Control Industry?		IF APPLICABLE - Number of yrs experience performing Building Inspections (non-pest related)?		Date on which this business was established?		
3. Do you sight qualification/s and/or certification/s of all prospective employees and contractors?					No <input type="checkbox"/>	Yes <input type="checkbox"/>
- If "No", please supply reason.						

## DETAILS OF THE BUSINESS/PREMISES

4. Do you have representation outside Australia? - If "Yes", where and what is the nature of your representation in such country (e.g. domicile employee power of attorney, branch subsidiary, agency, etc.)?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
5. Please list the professional bodies or associations to which the Applicant belongs?			
6. Please provide the approximate percentage of your estimated annual turnover split between the following activities:			
- General Pest and Weed Control			%
- Timber Pest Inspections			%
- Termite Barrier Installations			%
- Pre-Purchase House Pest Inspections			%
- Fumigation			%
- Agricultural Pest & Weed Control			%
- Tree Care, Tree Lopping and Tree Surgery			%
- Cotton Spraying			%
- Building Inspections (non-pest related)			%
- Other Activities (please supply details)			%
<b>TOTAL</b>			<b>100%</b>
7. Please provide the approximate percentage of your estimated annual turnover split between each of the following types of premises/locations:			
- Domestic Premises			%
- Agricultural Premises			%
- Commercial Premises			%
- Industrial Premises			%
- Other (please supply details)			%
<b>TOTAL</b>			<b>100%</b>

## GENERAL INFORMATION

1. Has the Applicant ever been charged with a criminal offence? - If "Yes", please supply details		No <input type="checkbox"/>	Yes <input type="checkbox"/>
2. Does the Applicant presently carry, or has the Applicant ever carried, Broadform Liability and/or Professional Indemnity Insurance? - If "Yes", please supply details			
Type of Insurance			
Insurer			
Limit of Indemnity	\$	\$	\$
Due Date			
Retroactive Date (if applicable)			
3. Has the Applicant had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or special excess imposed by an insurer? - If "Yes", please supply details		No <input type="checkbox"/>	Yes <input type="checkbox"/>
4. Does the Applicant comply with all relevant statutory and recognised industry licensing and certification requirements applicable to activities performed?			
a. Comply with all relevant statutory and recognised industry requirements in relation to risk management, quality control and Australian Standards applicable to activities performed?			
b. All personnel employed and/or engaged by the Applicant completed all appropriate statutory and recognised industry training course/s applicable to activities being performed?			
c. Comply with all relevant statutory and recognised industry requirements applicable to the use, storage, transportation, and otherwise of chemicals used in the course of your business? - If "No to any of the above", please supply reason.			
			No <input type="checkbox"/> Yes <input type="checkbox"/>

5. If Building Inspections (non-pest related) are performed, please provide full details of the qualifications of your employees that perform this activity.


<b>CLAIMS HISTORY – BROADFORM LIABILITY</b>	
Has the Applicant had any claims made against you (whether insured or not) or have you recalled any of your products during the last 7 years? - If "Yes", please supply details	No <input type="checkbox"/> Yes <input type="checkbox"/>

<b>CLAIMS HISTORY – PROFESSIONAL INDEMNITY</b>	
(a) Has any Applicant ever been subject to disciplinary proceedings for professional misconduct?	No <input type="checkbox"/> Yes <input type="checkbox"/>
(b) Have any claims for professional negligence or breach of professional duty been made in the last 10 years against any Applicant or any of their predecessors in business or any prior business of any of their present or former directors, partners, or principals?	No <input type="checkbox"/> Yes <input type="checkbox"/>
(c) Do any circumstances exist that might give rise to a claim against a Applicant for professional negligence or breach of professional duty?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If you have answered "Yes" to part (a), (b) or (c) above, please supply details	

<b>DECLARATION</b>	
This declaration applies to all the insurance that you are applying for in this proposal; by signing below I / WE declare that I / WE have (a) Checked the statements in this Proposal Form and ensure that they are true. (b) I / We have disclosed all matters which to my / our knowledge you should be aware of. (c) That I / We have read and agree to accept the terms, exclusions, conditions and limitations of the policy. (d) That any answer not in my own handwriting have been checked by me / us and are correct. (e) The signatories appearing below are authorised to sign on behalf of all Applicants. (f) Have you fully read, understood, complied with and agree to the above Important Information	
Applicant's Signature	Date
Applicant's Title	
Applicant's Signature	Date
Applicant's Title	

Insurer: QBE Insurance (Australia) Limited ABN 78 003 191 035, AFS Licence No. 239545