



Your Insurance Partner - Worldwide

**Excavation, Earthmoving, Demolition, & other Activities
Public & Products Liability Proposal Form**

*Once this proposal form has been completed,
please fax to 02 9954 9580 or via email lindak@ius.com.au*

YOUR DUTY OF DISCLOSURE

Your attention is drawn to Section 21 of the Insurance Contracts Act 1984 (Commonwealth) which provides, in relation to your duty of disclosure, as follows:

- Section 21 (1) Subject to this Act, an Insured has a duty to disclose to the Insurer, before the relevant contract of insurance is entered into, every matter that is known to the Insured being a matter that:
- (a) the Insured knows to be a matter relevant to the decision of the Insurer whether to accept the risk, and if so, on what terms, or
 - (b) a reasonable person in the circumstances could be expected to know to be a matter so relevant.
- (2) The duty of disclosure does not require the disclosure of a matter:
- (a) that diminishes the risk,
 - (b) that is of common knowledge
 - (c) that the Insurer knows or in the ordinary course of his/her business as an insurer ought to know, or
 - (d) as to which compliance with the duty of disclosure is waived by the Insurer.
- (3) Where a person:
- (a) fails to give an answer, or
 - (b) obviously incomplete or irrelevant answer to a question included in a proposal form about a matter, the Insurer shall be deemed to have waived compliance with the duty of disclosure in relation to the matter.

**IF THERE IS INSUFFICIENT SPACE IN THIS FORM,
PLEASE USE AN ATTACHMENT PAGE**

1. THE INSURED

(a) Full name/s of proposed Insured including subsidiaries

Company Name(s)	A.B.N.	Input Tax Credit (%)

Who are the director(s) and/or owner(s) of these companies?

Name(s)	Title	Company
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) Postal Address

(c) Full description of your business activities (if applicable, include demolition methods)

(d) Do you require cover for Shoring and Underpinning YES/NO

(e) Number of years in continuous business _____ years

(f) Please advise your website address www. _____

NOTE: To ensure a competitive quotation, please attach a one (1) page summary of the Insured/s Risk Management Procedures.

2. PERIOD OF INSURANCE

From: / / at 4pm Local Standard Time

To: / / at 4pm Local Standard Time

3. LIMIT OF INDEMNITY

(a) Public Liability \$ _____ any one Occurrence

(b) Products Liability \$ _____ in the aggregate for all Injury/Damage during the Period of Insurance

(d) Asbestos Removal Liability \$ _____ any one Claim and in the aggregate during the Period of Insurance

NOTE: For insurance coverage to be valid, the Insured must comply with all statutory regulations and by-laws.

4. DETAILS OF PREMISES

Details of premises occupied for the purpose of conducting the Business (if there is more than one location, please attach Schedule of Premises showing: Location; Occupied As; Age of Premises; Owned/Leased)

Location	Occupied As	Age of Premise	Owned or Leased

5. ESTIMATED PAYROLL

Estimated Annual Payroll (includes Principals, Directors, Partners remuneration)

	Payroll	Number of Staff
Management, Clerical and Sales	\$ _____	_____
Manufacturing	\$ _____	_____
Work away from premises	\$ _____	_____
Payment to contractors and/or subcontractors	\$ _____	_____
Other (please specify)	\$ _____	_____
TOTAL	\$ _____	_____

6. ESTIMATED ANNUAL TURNOVER

(a) Please indicate estimated annual turnover/annual gross income for the following categories:

Description of Product/Work	Annual Turnover/Annual Gross Income
Demolition	\$ _____
Excavation	\$ _____
Earthmoving, salvage, salvage sales	\$ _____
Asbestos removal	\$ _____
Others (Please Specify)	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

NOTE: This declaration is subject to audit

(b) Does your company conduct business operations or activities overseas? YES / NO

If "YES", please advise what activities and where

(c) Do you manufacture, import, supply and/or distribute any product? YES / NO

If "YES", an additional "Products Questionnaire" will need to be completed.

(e) Does your business operations or activities involve any type of underground work (eg. Digging, excavating, quarrying, etc.)? YES / NO

If "YES", please advise what activities and what you do prior to commencing underground work as to avoid damage to underground services (eg. water, gas, sewerage, sewage, fuel pipes, electric and telephone cables)

7. CARE, CUSTODY AND CONTROL

Do you require cover for property of others in your care, custody or control? YES / NO

If "YES", please advise:

(a) What limit of indemnity do you require? \$ _____

(b) What is the total value of such property at all locations? \$ _____

(c) What is the maximum value of any one item? \$ _____

(d) Brief Description of such property

(e) Is this property covered by a material damage or any other policy of insurance? YES / NO

If "YES", please provide details
(including Insurer, Policy type, Policy Number and Period of Insurance)

9. ASBESTOS & POLLUTION

- (a) Do any of your trade processes produce toxic wastes and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment?

YES / NO

If "YES", please provide details

- (b) If applicable, please give full details of any chemicals, gases, radioactive, explosive or toxic substances used or stored

- (c) Are you required to hold EPA licenses?

YES / NO

If "YES", please provide details

- (d) Would you require this insurance to include Asbestos Liability?

YES / NO

If "YES", an additional "Asbestos Questionnaire" will need to be completed and also a Separate Completed Proposal Form may be required.

10. PROFESSIONAL INDEMNITY EXPOSURE

- (a) Do you provide any advice, design or specification to third parties for:

(i) a fee? YES / NO

(ii) no fee? YES / NO

If "YES", please provide details: _____

- (b) Do you currently have professional indemnity insurance? YES / NO

If "YES", please advise

Current Insurer _____

Expiry date ____/____/____

11. CONTRACTUAL LIABILITY

Do you assume liability under contract or hold others harmless (other than lease liability)? YES / NO

If "YES", please provide full details and attach copies of all agreements (other than lease liability)

12. CLAIMS AND/OR LOSS EXPERIENCE

Over the last five years, has the Insured experienced any incidents or losses (including claims losses, uninsured losses, reported possible losses or any unreported incidents that could become a loss) that would have been covered under this proposed insurance? YES / NO

If "YES", please attach the loss experience to this proposal form which gives the following information for each incident

- (a) Date of loss
- (b) Date Reported
- (c) Amount Paid (\$)
- (d) Amount Outstanding (\$)
- (e) Applicable Excess
- (f) Description of Incident
- (g) What type of business activity
- (h) How did this loss occur
- (i) Why did this loss occur
- (j) What action was taken to reduce this claim amount
- (k) What action has been implemented with risk management as to reduce or avoid reoccurrence of this loss in the future

14. PREVIOUS INSURANCE HISTORY

Has the Insured ever had any

- (a) Insurance declined or cancelled? YES / NO
- (b) Renewal refused? YES / NO
- (c) Special conditions imposed? YES / NO
- (d) Increased excess imposed? YES / NO
- (e) Claims denied for this class of insurance? YES / NO

If "YES" to any of the above, please provide details

Please advise your current Insurer and expiry date
(NOTE: if the same insurer as for Question 9(e) Asbestos Liability in this proposal form, then write "same")

Current Insurer _____

Expiry date ____/____/____

PRIVACY NOTICE

We are bound by the Privacy Act and its associated National Privacy Principles when we collect and handle your personal information.

We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as our reinsurers, agents, loss adjusters and other service providers.

You can seek access to and if necessary, correct your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information.

15. DECLARATION

I/We:

- 15.1 have received the Duty of Disclosure and other notices accompanying this Proposal and agree to be bound by the terms of the Policy.
- 15.2 State that the information given in this proposal and any attachments to it is true and correct and all information relevant to the decision and terms of insurance has been given.
- 15.3 Authorise the Underwriter or any of the Underwriter's agents to give to, or obtain from other insurers or any insurance broker or any financial institution or any credit reference service any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that:

- (a) The Underwriter or any of the Underwriter's agents is collecting the information on this proposal to evaluate my/our insurance requirements;
- (b) Failure to provide any of this information may result in the Underwriter or any of the Underwriter's agents refusing to provide insurance;
- (c) I/We am/are obliged to advise any information to the Underwriter or any of the Underwriter's agents which may be material to its consideration of this application;
- (d) I/We have certain rights of access to and correction of this information.

(Signature/s)

(Title/Position)

____/____/____
(Date signed)

CHECKLIST FOR ATTACHMENTS (if applicable)

Please

Tick ✓

Information

- Risk Management Summary
- Claims Details
- Detailed Turnover Split between Business Activities
- Labour Hire Agreements
- Products Questionnaire
- Asbestos Questionnaire