

PUBLIC & PRODUCTS LIABILITY POLICY (PROPOSAL)

IMPORTANT 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 that same duty to disclose those matters to us 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 the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Insurer

This Policy is underwritten one hundred percent (100%) by QBE Insurance (Australia) Limited ABN 78 003 191 035 of 82 Pitt Street Sydney, NSW 2000

In arranging and effecting this Policy, InterPacific Underwriting Agencies Pty Limited trading as Australis Group Underwriting ABN 38 077 515 327 will be acting under authority given to it by the Insurer. It will be acting as agent of the Insurer not as your agent.

PRIVACY

QBE Insurance (Australia) Limited

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. We are bound by the Privacy Act 1988 (CTH) and its principles when collecting and handling your personal information. QBE Commercial has developed a privacy policy which explains what sort of personal information we hold about you and what we do with it.

We will only collect personal information from or about you for the purpose of assessing your application for insurance and administering your insurance policy, including any claims you make. We may need to disclose personal information to our reinsurers, (who may be located overseas), insurance intermediaries, insurance reference bureaus, credit reference agencies, our advisers and those involved in the claims handling process (including assessors and investigators), for the purposes of assisting us and them in providing relevant services and products, or for the purpose of litigation.

By providing your personal information to us, you consent to us making these disclosures. Without your personal information we may not be able to issue insurance cover to you or process your claim.

Contact Details for QBE Insurance (Australia) Limited are:

QBE Insurance Privacy Officer:

Telephone 02 8275 9999

Facsimile 02 8275 9033

Email compliance.manager@qbemm.com.au

PERIOD OF INSURANCE:

Cover commences: ____ / ____ / ____

Cover expires at 4.00 pm: ____ / ____ / ____

ABOUT YOU & YOUR BUSINESS

Name of all Companies proposed to be insured _____

_____ Your ABN: _____

Date first established: ____ / ____ / ____

Proposer is an: Individual Partnership Corporation Other (Specify): _____

What percentage of GST on Premium do you intend claiming as an Input Tax Credit? _____%

Principal Address(es) - *If Insufficient Space Attach List:* _____

Indemnity Limit required? PUBLIC \$ _____ any one occurrence

PRODUCTS \$ _____ any one period of insurance

Full description of Proposer's business activities _____

Type of business: Manufacturer Processor Property Owner Contractor Retailer
 Assembler Only Producer Wholesaler Other (specify): _____

Please give details of: a) Number & Type of Unregistered vehicles: _____

b) Lifts, escalators, cranes, hoists or other lifting equipment: _____

c) Boiler or other pressure vessels: _____

Do any of the above require certification? Yes No (*If 'Yes' please provide details*)

Please give details of work performed away from premises including use of welding or oxy-acetylene cutting equipment?

Are you involved in Mining, Processing, Distribution, Removal, Storage or Handling of Asbestos or Asbestos Products?

Please give full details of any chemicals, gases, explosives or radioactive substances used _____

Do you discharge or dispose of trade wastes into the atmosphere? Yes No

If 'Yes' is it by agreement with relevant local authorities? Yes No

Are all wastes treated and made safe before discharge? Yes No

If 'Yes' please provide full details: _____

Give details of any agreements you have made under which you have:

(a) Accepted Liability which would not normally be your responsibility: _____

(b) Given away your legal rights of recovery from other parties: _____

(c) Do you engage any contractors &/or subcontractors? Yes No (*If 'Yes' please provide details*): _____

Do you require cover for goods in your physical or control? Yes No If 'Yes' please answer the following:

a) Description of goods: _____

b) Value of Goods \$ _____ c) Sum Insured Required? \$ _____

PRODUCT & SALES DATA

	Detail the Product or Service	Turnover:	No. of Units Sold:	Wage Roll:
Est. Next 12 mths	_____	\$ _____	_____	\$ _____
Past 12 Mths	_____	\$ _____	_____	\$ _____
2 Years Ago	_____	\$ _____	_____	\$ _____
3 Years Ago	_____	\$ _____	_____	\$ _____

Do you operate a Quality Control Recording System? Yes No (If 'Yes' please detail): _____

Do you supply or distribute products overseas? Yes No (If 'Yes' please answer the following):

PRODUCT	COUNTRY EXPORTED TO	% OF TOTAL TURNOVER
List exports _____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

List of countries in which you have a registered office or assets or legally authorised representatives or agents:

Could any of your products or services be used on or in connection with:

- Aircraft/Missile/Aerospace? Yes No
- Watercraft or Offshore? Yes No
- Transportation? Yes No

If 'Yes' to any of the above please provide details: _____

Could any of your products be classified as:

- Pharmaceuticals? Yes No (If 'Yes' could they be considered 'Prescription')? Yes No
- Cosmetics? Yes No
- Chemicals of an explosive, toxic or noxious nature? Yes No
- Fertilisers, pesticides, fungicides? Yes No

Are any of your products sold under another's name or label? Yes No

Do you purchase materials or components from others? Yes No

Do you own or operate a watercraft? Yes No

If 'Yes' to any of the above please provide details: _____

CLAIMS & INSURANCE HISTORY

Total aggregate losses (from the ground up including legal costs)?

POLICY PERIOD	No. OF CLAIMS	TOTAL PAID	AMOUNT IN RESERVE	TOTAL INCURRED
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

Individual losses, valued \$5,000 or more (from the ground up including defence costs)?

DATE OF OCCURRENCE	PRODUCT INVOLVED	YEAR OF MANUF.	DESCRIBE OCCURRENCE & INJURY OR DAMAGE	AMOUNT PAID AND IN RESERVE
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Are you aware of any other incident which may result in claims against you? Yes No If 'Yes' give details:

Previous Insurance History

a) Name of insurer: 1. _____ Years on Risk From ____/____/____ to ____/____/____
2. _____ Years on Risk From ____/____/____ to ____/____/____
3. _____ Years on Risk From ____/____/____ to ____/____/____

b) Has any insurer cancelled, declined or refused to renew this form of coverage? Yes No

If 'Yes' give details? _____

DECLARATION

I/We declare that to the best of my/our knowledge and belief the answers given below, documents or papers submitted, represent the true position and that I have not withheld any information, material to this proposal. I agree that this proposal and accompanying documents or papers shall form or partly form the basis of the Contract Proposed

Signature(s): _____ On behalf of the Proposers

Position: _____ Date: _____

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