



PROPOSAL FOR PUBLIC AND PRODUCTS LIABILITY INSURANCE

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 that you know is relevant to the Insurer's decision whether to accept the risk of 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 general insurance.

Your duty, however, does not require disclosure of matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of business, ought to know; or
- 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 his 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.

AGREEMENT AFFECTING SUBROGATION

If you have entered into any agreement which excludes or limits a right which you may have to recover damages from any person other than us, then - subject to the Insurance Contracts Act, 1984 - we will not be liable for any claim under the proposed insurance to the extent of such exclusion or limitation.

In accordance with the provisions of the Corporations Act, 2001 (Chapter 7), Pacific Underwriting Corporation Pty Limited hereby gives notice that this contract will be effected under an Authority, given to Pacific Underwriting Corporation Pty Limited by the Insurance Companies named in the Policy. Pacific Underwriting Corporation Pty Limited will effect the Contract as an agent of the Insurance Companies and not an agent of the Insured.



PROPOSAL FOR PUBLIC AND PRODUCTS LIABILITY INSURANCE

In order to calculate the premium, we take various key factors into account. These key factors include the limits of liability, the scope of cover, annual wages/salaries and turnover, your previous insurance history and the nature of your business activities.

Please answer all the following questions carefully. In order to avoid delay it is important no blank spaces are left. Answers may be continued on a separate sheet of paper if designated space proves insufficient.

GENERAL

Full name of Proponent:

Business Address:

Web Site Address:

Please provide a full description of your business/activities and attach any relevant brochure(s) or copy of your latest Annual Report

If your business description has undergone any changes please describe previous operation(s)

INSURANCE HISTORY

Are you at present insured, or have you ever been insured, in respect of the classes of insurance now proposed?
If so please state the name of insurer:

Has any insurer ever declined your proposal, cancelled or declined to renew your policy or imposed special terms?
If so please provide full details.

PREMISES

How many premises are located within Australia?

What is the address of your major location?

How many premises are located outside Australia for which cover is required under this proposed insurance?

LIMITS OF LIABILITY

Please state the limits of liability required for:

Public Liability:	any one Occurrence
Products Liability:	annual aggregate
Pollution Liability:	annual aggregate

PERIOD OF INSURANCE

From: at 4:00pm To: at 4:00pm

ANNUAL WAGES AND SALARIES (including earnings of principals, directors and partners)

	Within Australia	Outside Australia
Clerical and Managerial (non-manual)	\$	\$
Manufacturing	\$	\$
Installation	\$	\$
Other	\$	\$
Total	\$	\$

Is the design of these products frequently changing If Yes, please provide details:	Yes	No
Do you design any products for others If Yes, please give full details of quality control procedures and laboratory testing used:	Yes	No
Can you identify the source of supply of every item used in the manufacture of the products? If No, give details:	Yes	No
Do you supply any products for nuclear, petrochemical, pharmaceutical, aviation, motor, marine or any other high risk industries If Yes, please provide details:	Yes	No
Do you plan to manufacture/supply or introduce any new products in the next 12 months? If Yes, please provide details:	Yes	No
Have any of you products ever been the subject of a Recall? If Yes, please provide details:	Yes	No

Please provide a percentage split in your expected annual turnover between:		
Imported products or components	%	
Exported products	%	
Do you retain all rights of recourse against manufacturers/suppliers?	Yes	No

FOREIGN OPERATIONS

Please provide the following details in respect of all overseas operations for which cover is required under this proposed insurance:

Country	Operations	Annual turnover (AUD)
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Do you export any of your products? If Yes, please detail which products and to which countries	Yes	No
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In respect of products exported to the USA or Canada, please advise:

Type(s) of products exported	Annual turnover (AUD)
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Are you represented or do you have assets within the USA or Canada? If Yes, give full details (including copies of contracts, etc.) of all contractual agreements, terms and conditions existing between you and any USA or Canadian importer, distributor, agent or purchaser of the products exported thereto	Yes	No
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Is the USA or Canadian importer, distributor, agent or purchaser insured for Products Liability?	Yes	No
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Are you included as a named insured on such insurance?	Yes	No
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How are the products exported (e.g. F.O.B.)?

For how long have you been exporting such products to the USA or Canada?

NOTE: This insurance does not apply to claims made within the USA or Canada or other countries to which the laws of the USA or Canada apply other than for liability arising from specified products exported thereto and/or travelling executives or salespersons. This cover will only be provided if specifically agreed by us and then subject to payment of an additional premium

SMOKING

Is smoking banned at premises occupied by you? Yes No

ASBESTOS

Have you ever or are you likely to produce, import, install or remove any products containing asbestos? Yes No

If Yes, please provide full details:

FIRST AID

What first aid facilities, if any, do you maintain at your locations?

Please indicate the numbers and qualifications of persons you employ:

CLAIMS HISTORY during past five (5) years – Public and Products Liability

Please indicate details of all claims (whether insured or not)		Claims					
		Paid		Outstanding		Total	
Year	Total Turnover	No	Amount	No	Amount	No	Amount

Please supply any further information you may feel may be of use on a separate sheet of paper

DECLARATION

I/We hereby declare that the above statements and particulars which We/I have read over and checked are true and that no information has been withheld which might increase the risk or influence acceptance by the Insurers and that should the above particulars alter in any way I/We will advise the Underwriters immediately. I/We have not suppressed, misrepresented or mis-stated any material fact and have fairly estimated our Wages and Salaries expenditure and Turnover and agree that this proposal shall hold promissory and form the basis of the contract between me/us and the Insurers. I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the proposal may result in the Insurers refusing to provide indemnity or voiding the policy in every respect

Signature of Proponent

Full Name (please print)

Title

Date of Proposal:

PRIVACY STATEMENT AND CONSENT CLAUSES

Pacific Underwriting Corporation Pty Limited is committed to protecting the privacy of the personal information you provide to us.

We will use the personal information requested on this form to consider your application for public and products liability insurance. The information will also be used if you lodge a claim under your policy and to determine the premium. We may request additional information from you in connection with your application.

If you do not provide us with the information in this form or any additional information we request, we may not be able to process your application or offer you insurance cover.

We may disclose your personal information we collect on this form and any additional information that you provide to us in connection with this application:

- to our relevant staff and contractors involved in delivering our services;
- if a broker collects this form from you, to that broker;
- to the Insurance Companies named in the Policy;
- to any finance company, bank or other party with an interest in the business or property;
- to insurance reference bureaus or credit reference bureaus;
- to reinsurers or reinsurance brokers (which may include reinsurers located outside Australia);
- to facilitators such as legal firms, accountants, actuaries, engineers, valuers and others;
- to agents engaged by us; and
- if required to do so by a law enforcement body or by law.

We may be required to provide your personal information to others for purposes of public safety and law enforcement.

You may request access to your personal information, and where necessary, correct any errors in this information (some restrictions and costs may apply).

By completing and returning this application form and/or providing us with any additional information in connection with your application, you agree to us using and disclosing your information as set out above.

This consent to the use and disclosure of your personal information remains valid unless you alter or revoke it by giving us written notice.

If any of your personal information changes in the future, please notify us of these changes so we can ensure that the information we hold about you is accurate, complete and up-to-date.