

Fitzpatrick & Company

Insurance Brokers Pty Ltd

ABN 25 050 242 914

PO Box 2230, Mount Waverley, Victoria 3149

631 Waverley Road, Glen Waverley Victoria 3150

Telephone (03) 8544 1600 **Facsimile** (03) 8544 1699**Toll Free** 1800 672 146

Liability Renewal Questionnaire

YOUR DUTY OF DISCLOSURE

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

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 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 a reasonable person in the circumstances could be expected to know to be a matter relevant.
2. The duty of disclosure does not require the disclosure of a matter that diminishes the risk, that is of common knowledge, that the Insurer knows or in the ordinary course of his/her business as an Insurer ought to know, or as to which compliance with the duty of disclosure is waived by the Insurer.

Name		
Trading Name		
Your ABN:	Date First Established	
Residential Address (Must be Completed)		
	State	Post Code
Postal Address (Complete if preferred for mail)		
	State	Post Code
Telephone number:	Fax Number:	
Mobile Number:	Email:	
Full description of your operations and activities		

Period of Insurance	From	/	/	to	/	/
Limit of Indemnity (Please tick)	<input type="checkbox"/>	\$5,000,000	<input type="checkbox"/>	\$10,000,000	<input type="checkbox"/>	\$20,000,000

No of full time field operators (including Principal)	
No of part time operators	

MUST BE COMPLETED Estimated Annual Turnover	\$
Estimated Annual Wages paid to Employees	\$

Please See Over

Type of Work Total 100%	Domestic	%	Powerline Clearing	%
	Commercial	%	Chemical Spraying	%

Number of years in continuous business:		
A.	Number of employees	
	Est. total annual wages	
B.	Do you use subcontractors?	
	If "Yes", est. annual wages	

Loss History				
A.	Please provide details of all liability claims made by you.		Please complete – (if yes) <input type="checkbox"/> with details below, or (if no) indicate with none <input type="checkbox"/>	
	Date	Description of circumstances	Amount Paid	Amount in Reserve
B.	Are you aware of any other incident which may result in claims against you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If "YES", give details			
C.	Has a claim ever been made against you alleging a breach of duty committed in providing of advice? (Not for Fee)		<input type="checkbox"/> No <input type="checkbox"/> Yes – Give details	
D.	Have you had any Statutory Fines and Penalties over the past 5 years?		<input type="checkbox"/> No <input type="checkbox"/> Yes – Give details	

Have you entered in to any agreement which changes the terms of your Liability policy? (e.g. Waiver of Subrogation)	<input type="checkbox"/> No <input type="checkbox"/> Yes – Give details
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Important Notice - Please note that this is a Claims Made Policy. Accordingly, LIU will only cover the Insured in respect of Claims which are first made against the Insured during the Period of Insurance and reported to LIU during the Period of Insurance. The Insured should carefully read all of this Policy, including all definitions and, in particular, the exclusions, to ascertain the precise scope of cover afforded by this Policy. The Insured is advised to consult its insurance agent or broker to ensure a clear understanding of the Insured's rights and obligations under this Policy.

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."

Declaration

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

Signed	Position	Date
Print Name		

