

Fitzpatrick & Co Insurance Brokers
Public and Products Liability Proposal Form

Your Duty of Disclosure

A. 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 disclosure 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) gives an 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 insufficient space on this form, please use an attachment page

1. The Insured

(a) Full name of proposed Insured including subsidiaries

Company Name	ABN	% Input Tax Credit Entitlement
_____	_____	_____
_____	_____	_____
_____	_____	_____

(if insufficient space, please complete an attached Schedule of Company Name)

(b) Postal address

(c) Full description of your operations and activities

(d) Number of years in continuous business _____

2. Period of Insurance

From: / / at 4pm Local Standard Time
To: / / at 4pm Local Standard Time

3. Limit of Indemnity

- (a) \$ _____ any one Occurrence
- (b) \$ _____ in the aggregate for all injury and/or Damage during the Period of Insurance

4. Details of Premises (including overseas locations)

Details of premises occupied for the purpose of conducting the Business

	Premises 1	Premises 2	Premises 3
Location	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Occupied As	_____	_____	_____
Age of premises	_____ years	_____ years	_____ years
Please circle	Owned Leased	Owned Leased	Owned Leased

(for any additional premises please attach a schedule supplying details as above)

5. Estimated Payroll

Estimated Annual Payroll (including earnings of Principals, Directors, Partners)

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

6. Product Information / Estimated Annual Turnover

(a) Product Information

Description of Product	(M) Manufacture (I) Import (D) Distribute	Total Turnover (\$)	Exports (\$)	Destination
TOTAL				

(if applicable, attach product brochures, annual reports or other material)

- (b) Do product labels and instructions comply with jurisdictional regulations? Yes No
- (c) Do you operate a quality control/recording system? Yes No

If yes, please provide details including applicable Australian or other relevant standards

(d) Estimated turnover for USA/Canada \$ _____

(e) Do you have a product recall programme in place? Yes No

7. Pollution

(a) Does your use and storage of all toxic substances comply with all statutory regulations and by-laws? Yes No

(b) 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

(c) Does your waste disposal or waste storage comply with government regulations and by-laws? Yes No

Please give full details of any chemicals, gases, radioactive, explosive or toxic substances used and/or stored

(d) Are you required to hold EPA licenses? Yes No

If yes, please provide details

8. Care, Custody and Control

Do you require cover for property of others in your care, custody or control? (no coverage is afforded unless specifically endorsed to the policy) Yes No

If yes,

(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? \$ _____

Give a brief description of such property

(d) Is coverage afforded by any other policy of insurance? Yes No

If yes, please provide details

9. Contractual Liability

Do you assume liability under contract or hold other harmless (other than lease liability)? Yes No

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

10. Professional Exposure

Do you provide any advice, design or specification to third parties? (a) for a fee Yes No
 (no coverage is afforded unless specifically endorsed to the policy) (b) for no fee Yes No

If yes, please provide details

11. Are you currently, or have you previously been, involved in the manufacture/distribution or sale of:

Industrial Drugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Aircraft (including component parts)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ethical Drugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Class 1 dangerous goods or ammunition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Petrochemicals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Liquid or gas fuels	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pesticides	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Spacecraft or satellites	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fungicides	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Watercraft (exceeding 15 metres in length)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fertilisers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Radioactive material or any product containing asbestos	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please provide details

12. Claims and/or Loss Experience

(a) After investigation, please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered under the proposed insurance. Please show claim amount after the application of any excess.

Dates	# Claims Reported	Amount paid & outstanding	Applicable Excess	Description
From to				
From to				
From to				
From to				

(b) After investigation, are you aware of any circumstances which could give rise to a claim under the proposed Policy and which are not mentioned above? Yes No

If yes, please provide details

(c) Is there any additional information or detail of which you are aware and which may assist the Underwriter to better assess the nature of the risk? Yes No

If yes, please provide details

13. Previous Insurance History

After investigation have you 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

14. Broker Information

Broker name _____
Address _____

Declaration

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

Signature(s)

Date

Title / Position