**Public and Products Liability Proposal Form**

**Applicants Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Entities to be insured | | Date established | | | ABN or ACN | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
| 2. Address |  | | | | | |
| 3. Phone number |  | | | | | |
| 4.Website |  | | | | | |
| 5. Directors names | Age | | Years with this business | Qualifications | | Year qualified | |
|  |  | |  |  | |  | |
|  |  | |  |  | |  | |
|  |  | |  |  | |  | |
|  |  | |  |  | |  | |
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|  |  |
| --- | --- |
| 6. Location of premises occupied for the purposes of conducting your business. Owned Leased | |
|  |  |
|  |  |
|  |  |
|  |  |

7. Location of premises owned by you BUT not occupied by you for which you require property owner cover

|  |
| --- |
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|  |
| 8. Please provide a list of occupations of your tenants |
|  |

**Financial**

9. Please confirm you revenue for the following periods

|  |  |  |  |
| --- | --- | --- | --- |
| Last 12 months | $ | Estimated for next 12 months | $ |

10. Please confirm the estimated payroll including earnings of principals, partners and directors No. of staff

|  |  |  |
| --- | --- | --- |
| Managerial, clerical and sales | $ |  |
| Manufacturing | $ |  |
| Installation | $ |  |
| Other | $ |  |
| Total | $ |  |

**Risk Details**

|  |  |
| --- | --- |
| 11. Please provide details of your business activities including any details of designs, formulation, manufacture, distribution, servicing, welding and hot work. | |
|  | |
| 12. Do you have representation outside of Australia? If yes, please provide details | Yes No |
|  | |
| 13. Do you perform services away from your premises? | Yes No |
|  | |
| 14. Do you transport, use or handle any hazardous goods? If yes, please provide details | Yes No |
|  | |
| 15. Does your business create any trade waste? If yes, please provide details of type of was and how it is disposed of. | Yes No |
|  | |
| 16. Do you ever have customers goods in your physical or legal control? If yes, please provide details. | Yes No |
|  | |
| 17. Do you import any goods? If yes, please provide details | Yes No |
|  | |
| 18. Do you manufacture any goods? If yes, please provide details | Yes No |
|  | |

**Contractors**

|  |  |
| --- | --- |
| 19. Do you engage contractor or sub-contractors? If yes please complete 18a,b | Yes No |

a. Estimated annual payments to:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Labour only | $ | Labour & services | $ | Labour & materials | | $ |
| b. Please provide details of the nature of work undertaken by contractors & sub-contractors | | | | | | |
|  | | | | | | |
| 20. Do you ask contractors and sub-contractors for proof of liability and workers compensation insurance? | | | | | Yes No | |

**Claims History**

|  |  |
| --- | --- |
| 21.In the last 5 years have circumstances been notified to insurers that might give rise to a claim? | Yes No |
| 22. Has the insured or any principal partner or director ever been subject to disciplinary action for professional misconduct? | Yes No |
| 23. Has the insured or any principal partner or director ever been charged with a criminal offence, other than minor traffic convictions? | Yes No |
| 24. Has the insured or any principal partner or director ever been declared bankrupt? | Yes No |
| 25. Has the insured or any principal partner or director ever been refused this type of insurance or had similar insurance cancelled, renewal declined, or had special conditions imposed? | Yes No |
| **If you have answered yes to questions 21 to 25 please provide additional information regarding the circumstances and any amounts paid by yourself or the insurer.** | |

**Limit of Indemnity**

|  |  |  |
| --- | --- | --- |
| 26. What limit of indemnity do you require? | | |
| **$5,000,000** | **$10,000,000** | **$20,000,000** |

**IMPORTANT NOTICES**

**Duty of disclosure**

Before **you** enter into an insurance contract, **you** have a duty to tell **us** anything that **you** know, or could reasonably be expected to know, may affect **our** decision to insure **you** and on what terms. **You** have this duty until **we** agree to insure **you**.

**You** have the same duty before you renew, extend, vary or reinstate an insurance contract.

**You** do not need to tell us anything that:

• reduces the risk we insure **you** for; or

• is common knowledge; or

• **we** know or should know as an **insurer**; or

• **we** waive your duty to tell **us** about.

**If you do not tell us something**

If **you** do not tell **us** anything you are required to, we may cancel your contract or reduce the amount we will pay **you** if you make a claim, or both. If **your** failure to tell **us** is fraudulent, **we** may refuse to pay a claim and treat the contract as if it never existed.

**Privacy**

IBL Limited, trading as Focus Underwriting (Focus), is committed to protecting **your** privacy in accordance with the Privacy Act 1998 (Cth) and the Australian Privacy Principles. Our Privacy Policy describes our current policies and practices in relation to the collection, handling, use and disclosure of personal information. It also deals with how **you** can complain about a breach of the privacy laws and how you can access the personal information we hold and how to have that information corrected.

Our contact details for all privacy enquiries are:

IBL Limited t/as Focus Underwriting

Level 21 41 Exhibition Street Melbourne 3000

Phone: 1800 234 338

Email: enquiries@focusuw.com.au

Web: [www.focusuw.com.au](http://www.focusuw.com.au)

ABN: 65005754718

AFSL: 231203

**What information do we collect and how do we use it?**

We collect from **you** all information we need to assess **your** application for insurance and to administer **your** insurance policy and any claims **you** may make. We provide any information that the **insurer** who provide our capacity require to enable them to decide whether to insure **you** and on what terms. This **insurer** may in turn pass on this information to their reinsurers. Some of these companies are located outside Australia.

When **you** make a claim under your policy, we assist you by collecting information about your claim. Sometimes we also need to collect information about **you** from others. We provide this information to **your insurer** (or anyone **your insurer** has appointed to assist it to consider your claim, e.g. loss adjusters or legal advisers etc) to enable it to consider your claim. Again this information may be passed on to reinsurers.

**What if you don’t provide some information to us?**

We can only fully consider your risk if we have all relevant information. The insurance laws also require **you** to provide **your insurers** with all the information they need in order to be able to decide whether to insure **you** and on what terms. **You** have a duty to disclose the information which relevant to the **insurer’s** decision to insure **you**. If **you** provide inaccurate or incomplete information we may not be able to provide you with our products or services.

**Your consent**

By asking us to assist with your insurance needs, you consent to the collection and use of the information you have provided to us for the purposes described above.

**Declaration**

I/We hereby declare that:

I/We have read and understood the important notices in this proposal form. The undersigned are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this proposal and that I/we complete this proposal on their behalf.

The above statements are true, that I/we have not suppressed or misstated any facts, and that should any of the information given by me/us alter between the date of this proposal and the inception date of the insurance to which this proposal relates I/we will give immediate notice thereof.

Enquiry should be made of all principals/partners/directors and staff to ensure full disclosure. Signing the form does not bind the practice to accept the insurance or the insurers to provide a quotation.

|  |  |
| --- | --- |
| **Signature** | **Date** |
| **Name** | **Title** |