



# LIBERTY INTERNATIONAL UNDERWRITERS

## Public and Products Liability Proposal

### 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 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:
- (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. Quality Control & Product Information**

- (a) Are you ISO9001:2000 certified? (If yes, please attach copy of certificate)      Yes      No
- (b) Product Information

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

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

- (c) In each of the countries where they are sold, do product labels and instructions comply with jurisdictional regulations?      Yes      No
- (d) Are there any Australian or international standards to which your products should comply?      Yes      No

If so please list the standards your products comply with.

\_\_\_\_\_

\_\_\_\_\_

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

**7. Pollution**

- (a) Does your use and storage of all toxic and hazardous substances comply with all statutory regulations and by-laws? Yes  No
- (b) Do any of your trade processes produce 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 or other relevant State or local council licenses in relation to discharges from your processes or operations? 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 storage/blending/manufacture/distribution or sale of:**

Australian Pesticides & Veterinary Medicines Authority (APVMA) registered products	Yes	No
Therapeutic Goods Administration (TGA) registered products	Yes	No
Aircraft (including component parts)	Yes	No
Spacecraft or satellites	Yes	No
Watercraft (exceeding 15 metres in length)	Yes	No
Class 1 dangerous goods or ammunition	Yes	No
Liquid or gas fuels	Yes	No
Radioactive material or any product containing asbestos	Yes	No
Fertilisers	Yes	No
Carcinogens (IARC Group 1, 2A or 2B), teratogens, mutagens, and/or chemicals which can adversely affect the human reproductive system/process	Yes	No
Chemicals identified as having a long term detrimental effect on human health (e.g. liver damage, neurological impairment etc.)	Yes	No

If yes, please provide details

---



---



---

**12. Claims and/or Loss Experience**

(a) Have you had any insured and/or uninsured claims in the last five years? Yes No

If yes, please provide details below

Dates	# Claims Reported	Amount paid & outstanding	Applicable Excess	Description
From            to				
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 <input type="checkbox"/>	No <input type="checkbox"/>
(b) Renewal refused?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Special conditions imposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d) Increased excess imposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(e) Claims denied for this class of insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**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

**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."