

# Public & Products Liability

## Application Form



### Completing the Proposal Form

1. This application must be completed in full including all required attachments
2. If more space is needed to answer a question, please attach a separate sheet with details.
3. The terms proposer, whenever used in this proposal form shall mean the insured listed and all subsidiary companies of the insured for which coverage is proposed under this proposal.
4. The terms insured and subsidiaries have the same meaning in this proposal form as in the policy.
5. All questions in this proposal form must be answered.

### 1. Proposed Period of Insurance

Period of Insurance: From  /  /  To  /  /  at 4pm, local time

### 2. Details of those proposed to be insured

Full names of all companies to be insured (hereinafter called the proposer and/or you)

Name  Year the business was established   
Trading name  ABN

What proportion of this insurance premium are you claiming as in Input Tax Credit %

Postal address  State  Postcode

Website address

Please describe the main activities of the business and any anticipated changes

### 3. Limit of liability

1. Tick (✓) Indemnity Limit required for both General Liability any one occurrence and Products Liability any one Period of Insurance  
\$5 Million  \$10 Million  \$20 Million  \$30 Million  Other \$

2. Deductible applicable to General & Products Liability  
\$1,000  \$2,500  \$5,000  \$10,000   
\$25,000  \$50,000  \$75,000  \$100,000  Other \$

3. Annual gross turnover for all activities  
Estimated turnover (next 12 months) \$  Actual turnover (previous 12 months) \$

4. Please advise percentage of annual revenue by State/Territory  
ACT  % NSW  % NT  % QLD  % SA  % TAS  % VIC  % WA  % OVERSEAS  %

#### 4. General information

Has any insurance company refused to meet a claim lodged by you or any person names as the proposer herein, in respect of these classes of insurance)

No  Yes  If 'Yes' please provide details

Is there any additional information or detail of which you are aware and which may assist us to better assess the nature of the risks?

No  Yes  If 'Yes' please provide details

Has any insurance company

(a) declined to accept a proposal?

No  Yes  If 'Yes' please provide details

(b) cancelled a policy, contrary to the proposer's wishes?

No  Yes  If 'Yes' please provide details

(c) declined to renew a policy, contrary to the proposer's wishes?

No  Yes  If 'Yes' please provide details

Details of all claims and uninsured losses, damage or liabilities that have involved the proposer's Business during the past five (5) years.

Item	Date of notification of loss	Description	Insurer	Amount Paid	Amount Outstanding	Deductible applicable
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

(a) What is your current policy deductible?

\$

(b) Please provide the prior 4 years deductible if different

Year		Deductible	\$	Year		Deductible	\$
Year		Deductible	\$	Year		Deductible	\$

(c) Is your deductible applying to all claims? Yes  No  If 'No' please provide details

## 5. Product information

1. Give details of all products in respect of which insurance is required. Attach brochure and descriptive documents.

Product	Date first marketed	Brand name	How packed	Description of product & use	Estimated annual turnover
					\$
					\$
					\$
					\$
					\$

What is the proposer's actual turnover this financial year?

What was the proposer's actual turnover for the previous financial years?

Year  Deductible \$  Year  Deductible \$

Year  Deductible \$  Year  Deductible \$

Is the proposer's product range relatively static? Yes  No  If 'No' please provide details

Give details of quality control procedures and laboratory testing used.

Are any products specifically designed or manufactured for use in aircraft or other aerial or hovercraft or watercraft?

No  Yes

2. Give following details of any operations outside Australia/New Zealand

Product	Country sold to	Estimated annual turnover	Define representation a. Power of attorney b. Branch c. Representative d. Other
		\$	
		\$	
		\$	
		\$	
		\$	

(a) What are the conditions of sale and at what time does the liability of the seller cease or importer attach?

(b) Give full details (including copies of contracts etc) of all contractual agreements, terms and conditions existing between the proposer and any USA/Canada importer, distributor, agent or purchaser of the products for sale in USA or Canada

(c) Is the product modified in any way after arrival? No  Yes

(d) Is it part of a machine where additional assembly is necessary? No  Yes

(e) Does the proposer have any assets permanently in the USA? No  Yes

(f) Is the importer, distributor, agent or purchaser insured for Products Liability and is the proposer included as named insured in such contract? No  Yes

## 5. Product information (continued)

3. Estimated Annual Payroll (including earnings of principals, directors, partners). Supply overseas figures for each country.

Type	Australia	Overseas countries (enter each country)			
Managerial, Clerical & Sales					
Manufacturing					
Installation					
Other					
TOTAL					

4. Does the proposer hire the services of contractors, sub-contractors, labour hire or other people engaged on the proposer's premises?

If 'Yes',

- (a) Does the proposer strictly maintain a programme to ensure control over contractors/subcontractors/labour hire? No  Yes
- (b) Does the proposer insist that all contractors/subcontractors have Liability Insurance for at least \$10 million? No  Yes
- (c) Does the proposer insist to be named either as Principle or as a joint insured in liability policies of contractor/subcontractors and do you obtain a certificate of Currency of such Insurance? No  Yes
- (d) What is the forecasted annual turnover or waggeroll for contractors/subcontractors, labour hire or people engaged on the proposer's premises? No  Yes
- Contractors \$  SubContractors \$  Labour Hire \$

(e) If you employ subcontractors, please state Nature of work usually carried out — split between contractors/subcontractors/labour hire

Payroll

Actual for previous years \$  Actual for previous years \$

Actual for previous years \$  Actual for previous years \$

If wage split into different occupations, please provide split by such occupations

## 6. General Liability information

1. Will the proposer's annual advertising budget exceed \$50,000? No  Yes  If 'Yes', please state
- (a) number of staff involved in advertising
- (b) what type of media used newspaper  periodicals  radio  television  other
- (c) whether the proposer engages in advertising agency No  Yes  If 'Yes', please advise
- name of agency
- liability insurance limits of agency (if known)
2. Website
- (a) Does the proposer own a website? No  Yes
- (b) Does the proposer sell products by website? No  Yes
3. Does the use and storage of all toxic substances comply with all the Statutory Regulations and By-Laws No  Yes
4. Does the proposer have its own fuel supply? No  Yes
- If 'Yes', please supply type of fuels, how stored, capacity and if banded (include capacity of band)
- 
5. Do any of the proposer's trade processes produce toxic waste or other pollutants which have the potential to cause injury or damage to property or to otherwise harm the environment? No  Yes
- If 'Yes', please provide details (including the method of disposal and storage)
- 
6. During the last five years, has the proposer been cited or prosecuted for any violation of any standard or law relating to the release of a substance into the environment? No  Yes
- If 'Yes', please provide details
- 
7. Describe any environmental incidents (spills or releases) which have occurred within the last five years?
- 
8. Does the proposer own or use any unregistered vehicle or mobile plant and equipment? No  Yes
- If 'Yes', please provide details of the type of vehicles and number of vehicles
- 
9. Describe all the proposer's products past present and anticipated for which indemnity is required under the proposed policy. If possible attach catalogues, annual reports, other literature of such products.
- 
10. Does the proposer import raw materials, components or finished products from abroad? No  Yes
- If 'Yes', state countries from which you import and the type of quality control you apply on such products
-

## 6. General Liability information (continued)

11. Do you strictly maintain a quality control programme for all the proposer's products? No  Yes   
If 'Yes', please provide a copy of your manual

12. Does the proposer strictly maintain a product recall programme? No  Yes

13. Are there any of the proposer's products used in aircraft, watercraft, hovercraft, power stations, chemical plants, petrochemical plants, pharmaceuticals, mining or drilling sites? No  Yes   
If 'Yes', please provide a copy of your manual

14. Do you assume any liability under contract or hold harmless other parties under contract? No  Yes

15. Do you have any in-house legal counsel and/or engage external legal providers to vet or contractual agreements? No  Yes   
If 'Yes', please provide full details

16. Is there a documented escalation process which deals with any contractual obligations that are in dispute? No  Yes

17. Do you use any standard contract to transfer liabilities to other parties? No  Yes   
If 'Yes', please provide a copy

18. Do you maintain full rights or recourse against all other parties? No  Yes

## 7. Health and Safety

1. Please specify any accreditations you hold (e.g. ISO 9000 series)

2. Do you have a written Health and Safety policy? No  Yes

If 'Yes', please confirm:

(a) The year that it was originally prepared

(b) The date of the last review

3. Who is responsible for Health and Safety within your company?

(a) Name of director/employee

(b) Position within the company

(c) Formal health and safety training qualifications

4. Do you engage an external organisation for advice/audit of your Health and Safety policy systems? No  Yes

If 'Yes', provide details

5. Have you carried out formal risk assessments, documented with relevant Safe Systems of Work? No  Yes

6. Do you have a formal plan for review of risk assessments? No  Yes

7. Do you have formal safety-training plan for employees? No  Yes

8. Do you have a formal plan for the provision of Personal Protective Equipment (PPE)? No  Yes

9. Do employees sign for PPE and are records kept? No  Yes

## 7. Health and Safety (continued)

10. Have you documented procedures for high risk activities? No  Yes
11. Do you operate a formal Permit to Work scheme for high risk activities? No  Yes
12. Do you have a formal documented accident investigation plan? No  Yes
13. Describe any other Health and Safety activity or any additional comment as necessary
- 
14. Does the insured person perform any work at heights? No  Yes   
If 'Yes', provide confirm what activities are being carried out at heights?
- 
15. Are payments to contractors/sub-contractors greter than 25% of turnover for work at heights? No  Yes
16. Are labour hire payments greater than 10% for working at heights? No  Yes

## 8. NSW stamp duty exemption declaration

Complete if applicable

- (i) If the insured's business is a small business owner within the meaning of Section 152-10 (1AA) of the ITAA 1997 of the Commonwealth for the income year in which the insurance is effected or renewed. No  Yes
- (ii) The insured is carrying on a business with a turnover of less than \$2 million in the last financial year. No  Yes
- (iii) The insured will undertake to inform you if the insured's small business status changes in the future, i.e. if the insured's turnover exceeds \$2 million per annum. No  Yes

## 9. Declaration

The proposer in effecting ifnsurance in accordance with the information furnished in this proposal declares and warrants:

- (a) the statments in this Proposal Form are true.
- (b) the proposer haviang disclosed all matters which to its knowledge AFA Insurance should be aware of.
- (c) no Insurance Company has ever cancelled, declined, or refused to renew or imposed special terms or cancelled any policy held by the proposer.
- (d) to accept the terms, exclusions, conditions and limitations of the AFA Trades Liability and Loss of Tools wording

Signature of Proposer(s)

Date

 /  /  /  /

## PRIVACY NOTICE

At AFA Pty Ltd (AFA) (ABN 83 067 084 333) we are committed to protecting your privacy in accordance with the *Privacy Act 1998* (Cth) and the Australian Privacy Principles (APPs).

This privacy notice details how we collect, disclose and handle your personal information as defined in the Act.

Personal information is essentially information or an opinion about an identified individual or an individual who is reasonably identifiable, whether the information or opinion is true or not and whether recorded in a material form or not.

### Why we collect your personal information

We collect your personal information (including sensitive information) so we can:

- identify you and conduct necessary checks;
- determine what service or products we can provide to you e.g offer our insurance products;
- issue, manage and administer services and products provided to you or others, including claims investigation, handling and settlement;
- improve our services and products e.g training and development of our representatives, product and service research and data analysis and business strategy development.
- improve our services and products e.g training and development of our representatives, product and service research and data analysis and business strategy development.

### What happens if you don't give us your personal information?

If you choose not to provide us with the information we have requested, we may not be able to provide you with our services or products or properly manage and administer services and products provided to you or others.

### How we collect your personal information

Collection can take place through websites (from data you input directly or through cookies and other web analytic tools), email, by telephone or in writing. We collect it directly from you unless you have consented to collection from someone other than you, it is unreasonable or impracticable for us to do so or the law permits us to.

If you provide us with personal information about another person you must only do so with their consent and agree to make them aware of this privacy notice.

### Who we disclose your personal information to

We share your personal information with third parties for the collection purposes noted above.

The third parties include: our related companies and our representatives who provide services for us, our agents or contractors, our insurers, other insurers and reinsurers, your agents, premium funders, other insurance intermediaries, underwriting agents, our legal, accounting and other professional advisers, data warehouses and consultants, providers of medical and non-medical assistance and services, translators, investigators, loss assessors and adjusters, credit agencies, credit card providers and other parties we may be able to claim or recover against, your employer (if a corporate policy), anyone either of us appoint to review and handle complaints or disputes, other companies in the event of a corporate sale, merger, re-organisation, dissolution or similar event and our alliance and other business partners and any other parties where permitted or required by law.

We may need to disclose information to persons located overseas. Who they are may change from time to time. You can contact us for details or refer to our Privacy Policy available at our website [afainsurance.com.au](http://afainsurance.com.au).

In some cases we may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us (to the extent permitted by law) and may not be able to seek redress overseas.

### More information, access, correction or complaints

For more information about our Privacy practices including how we collect, use or disclose information, how to access or seek correction to your information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to our Privacy Policy. It is available at our website [afainsurance.com.au](http://afainsurance.com.au) or by contacting us or our Privacy Officer at AFA, PO Box 3763, Australia Fair QLD 4215 or by email to [privacy@afainsurance.com.au](mailto:privacy@afainsurance.com.au), or by telephone on 1300 760 377.

### Your Choices

You consent to this use and these disclosures unless you tell us otherwise. If you wish to withdraw your consent, including for things such as receiving information on products and offers by us or persons we have an association with, please contact us.

### Contact us

By phone: 1300 760 377

By email: [privacy@afainsurance.com.au](mailto:privacy@afainsurance.com.au)

In writing: PO Box 3763, Australia Fair QLD 4215

