

Liability Renewal Declaration



Policy Number

Insured Name/s:

Website Address:

Please provide a description of your business activities and products, including details of anything that has changed or is anticipated to change in the next 12 months:

Split of Activities:

Activity:	% of turnover
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

Turnover % Split by State:

NSW	VIC	ACT	QLD	SA	WA	TAS	NT	O/S
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

List of Locations business is conducted from: (for Property Owners, please provide the asset schedule)

Location & Occupancy:	Owned or Leased	Vacant or Occupied
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do any premises owned by you have exterior walls constructed with Aluminium Composite Panelling? Yes ☐ No ☐

If yes, which premises and is the panelling compliant with building safety regulations?

	Last 12 Months	Estimated next 12 Months
Number of Full Time Equivalent Employees:	<input type="text"/>	<input type="text"/>
Annual Gross Wages:	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Annual Gross Turnover:	<input type="text" value="\$"/>	<input type="text" value="\$"/>

Do you use Contractors or Subcontractors? Yes ☐ No ☐

Are Contractors/Subcontractors required to hold their own Workers Compensation and General Liability policies prior to commencing work? Yes ☐ No ☐

Do you obtain and store evidence of Contractor/Subcontractor insurance policies, including details of policy limits and expiry dates? Yes ☐ No ☐

Please provide details of services provided and estimated annual payments to Contractors or Subcontractors:

Services:	Annual Payments
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>

Do you use hired in labour/Labour Hire? Yes ☐ No ☐

Is labour shared between any of the separate entities listed under 'Insured' that could be considered inter-company labour hire? Yes ☐ No ☐

Please provide details of services provided and estimated annual payments to Labour/Labour Hire:

Services:	Annual Payments
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>

Do you use Volunteers? Yes ☐ No ☐

If yes, please provide details of Volunteer activities.

Please outline any health & safety training, inductions and/or equipment you provide for Contractors, Subcontractors and Labour Hire workers and/or Volunteers:

Do you have documented incident reporting procedures in place? Yes ☐ No ☐

Do you under any contract or agreement, assume the liability of or hold harmless any other party (other than lease liability)? Yes ☐ No ☐

If yes, please provide details.

Do you conduct any welding or hot work? Yes ☐ No ☐

Do you perform any work away from premises? Yes ☐ No ☐

If yes, please provide details.

Do you own or operate any unregistered vehicles or mobile plant and equipment?

Yes☐No☐

If yes, please provide details.

Do you have any third-party property in your care, custody or control?

Yes☐No☐

If yes, please provide details.

PRODUCTS LIABILITY (skip if not applicable):

Please outline any products that are manufactured/assembled/modified/repackaged by you:

Product:	Intended use:	Estimated Annual Turnover:
<div></div>	<div></div>	<div>\$</div>
<div></div>	<div></div>	<div>\$</div>
<div></div>	<div></div>	<div>\$</div>
<div></div>	<div></div>	<div>\$</div>

Please outline any products that are imported by you:

Product:	Country of Origin:	Estimated Annual Turnover:
<div></div>	<div></div>	<div>\$</div>
<div></div>	<div></div>	<div>\$</div>
<div></div>	<div></div>	<div>\$</div>
<div></div>	<div></div>	<div>\$</div>

Please outline any products that are exported by you:

Product:	Destination Country:	Estimated Annual Turnover:
<div></div>	<div></div>	<div>\$</div>
<div></div>	<div></div>	<div>\$</div>
<div></div>	<div></div>	<div>\$</div>
<div></div>	<div></div>	<div>\$</div>

Please outline any relevant records that you maintain in relation to material supply, batch numbering and manufacturing processes (where relevant), and the minimum period you maintain these records:

Please outline any relevant quality control or management standard certifications you currently hold (i.e ISO, AS NZS, HACCP, etc):

Standard:	Description:
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>

Do you have a documented product recall procedure in place?

Yes☐No☐

Declaration/notices

Filling out the renewal declaration

Please ensure to complete this declaration in full. If additional space is required for any response, please provide the details on a separate sheet. If any section does not apply, please mark as 'N/A'.

The term "Insured" in this declaration refers to the insured named and all subsidiaries of that insured for which the policy cover is to be renewed. The words 'you' and 'your' in this declaration refer to the Insured.

The terms 'we', 'our', 'us' or 'Vero' refer to AAI Limited ABN 48 005 297 807 trading as Vero Insurance, unless the context provides otherwise.

Important notices

We have replicated below the notice about the Insured's duty of disclosure as well as privacy:

Your 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

Any personal information collected by Vero in the proposal form will be handled in accordance with our Privacy Statement as set out in the Broad Public & Products Liability Insurance Policy and also available at <https://www.vero.com.au/privacy.html>.

Declaration

I declare that to the best of my knowledge after making all reasonable enquiries:

- that the Insured has received notice about their duty of disclosure;
- that all information provided in this declaration and any accompanying documents is accurate and complete, and that I have not misrepresented or withheld any material information relevant to Vero's decision to provide insurance;
- that I undertake to inform Vero of any material change to the information provided in this renewal declaration or any new relevant information until the policy is renewed (up to and including the policy renewal date); and
- that where I have provided information about another individual that I have their consent and informed them of Vero's Privacy Statement.

I confirm that I am authorised on behalf of the Insured and its principals/directors/partners (if applicable) to complete this renewal declaration.

Signature	<div></div>
Name	<div></div>
Position	<div></div>
Date	<div>/ /</div>