

Liability Proposal Form



Proposed Period of Insurance: From To

Insured Name/s:

Website Address:

Business Description:

What year did the business commence?

Estimated Annual Gross Turnover:

\$

Split of Activities:

% of turnover

<input type="text"/>	<input type="text" value=""/>
<input type="text"/>	<input type="text" value=""/>
<input type="text"/>	<input type="text" value=""/>

Turnover % Split by State:

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

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"/>

Are there any overseas domiciled operations?

Yes ☐

No ☐

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?

Number of Full Time Equivalent Employees:

Estimated Annual Gross Wages:

\$

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
	\$
	\$
	\$

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
	\$
	\$
	\$

What is your current Injury to Contractor, Subcontractor and/or Labour Hire deductible

\$

Do you use Volunteers?

Yes☐No☐

Please provide details of Volunteer activities:

Please outline any health & safety training, inductions and/or equipment you provide for Contractors, Subcontractors, Labour Hire 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 (please skip to next section 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:

Do you have a documented product recall procedure in place? Yes ☐ No ☐

In the last five years, have you had any products recalled? Yes ☐ No ☐

DETAILS OF COVER REQUIRED:

Limit of Liability required:	<input type="checkbox"/> \$10M	<input type="checkbox"/> \$20M	<input type="checkbox"/> \$50M	<input type="checkbox"/> \$100M	Other	\$	
Deductible:	<input type="checkbox"/> \$1k	<input type="checkbox"/> \$2.5k	<input type="checkbox"/> \$5k	<input type="checkbox"/> \$10k	<input type="checkbox"/> \$25k	Other	\$
Property in Care, Custody and Control:	<input type="checkbox"/> \$500k	Other	\$				

Product Recall Expense Coverage: Yes ☐ No ☐

Product Errors or Omissions Coverage: Yes ☐ No ☐

CLAIMS:

Please outline any losses reported over the last 5 years from any current or previous insurer: or provide claims history report on insurer letterhead where available

Date:	Description:	Paid:	Outstanding:
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

Have you had any uninsured losses over the last 5 years that would have otherwise been covered by this proposed insurance? Yes ☐ No ☐

Are you aware of any circumstance that has not yet been reported, which may give rise to a claim or allegation made against you? Yes ☐ No ☐

Declaration/notices

Filling out the proposal form

Please ensure to complete the application 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" refers to the insured named in this proposal form and all subsidiaries of that insured for which coverage is being requested. The words 'you' and 'your' in this proposal form 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 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 proposal including any accompanying documents is true and complete, and that I have not misrepresented or withheld any material information relevant to Vero's decision to provide insurance;
- that this proposal including any accompanying documents will form the basis of the proposed insurance contract with the Insured;
- that I undertake to inform Vero of any material change to the information provided in this proposal or any new relevant information until the insurance contract is entered into (up to and including the policy inception date);
- that where I have provided information about another individual in this proposal that I have their consent and informed them of Vero's Privacy Statement; and
- that no insurance coverage is in effect until the insurance contract is entered into and accepted by the Insured.

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

Signature

Name

Position

Date

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