

Liability insurance application

OBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

Please return the completed form to your Financial Services provider

Policy No. Client No. Intermediary No.

Details of the insured

Name of insured	<input type="text"/>			
Tax status	Registered business	ABN	<input type="text"/>	Taxable % <input type="text"/>
Postal address	<input type="text"/>			<input type="text"/>
		State	<input type="text"/>	Postcode <input type="text"/>
Contact number(s)	Private phone No.	(<input type="text"/>)	Business phone No.	(<input type="text"/>)
Period of insurance	From (dd/mm/yyyy)	<input type="text"/>	to (dd/mm/yyyy)	<input type="text"/> at 4 p.m.

Details of business/premises

1. Please provide a description of your business activities and products (including subsidiary companies) and attach product brochures and latest annual reports.

2. Do you have representation outside Australia? – If 'Yes', where and what is the nature of your representation in such Country (e.g. domicile employee, power of attorney, branch subsidiary, agency etc.)?

Yes No

3. Number of years in this business

years

4. Location of premises occupied for the purpose of conducting the business

Owned Leased

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>

Location of premises owned but not occupied by you for which property owners cover is required

Type of building e.g. shopping centre, office block etc.

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>

Estimated turnover/payments

5. Turnover split by business activity. (Where the business is conducted over more than one State required a split of turnover by State).

Business activity	State	Estimate for next 12months	\$
Business activity	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business activity	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business activity	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business activity	<input type="text"/>	<input type="text"/>	<input type="text"/>
Where you are a property owner, please provide details of gross rentals.		\$	<input type="text"/>

	Estimate for next 12 months	\$
6. Estimated wages (including earnings of principals, directors & partners, and excluding payments to labour hire companies).		

7. Do you engage personnel from labour hire companies other than contractors mentioned in question 8. Below? Note: Question must be answered "Yes" or "No". In absence of information a personal injury to labour hire personnel exclusion may be applied.	Yes No	Estimate for next 12 months	\$
Payment to labour hire companies or other parties.			
(a) Number of people?			
(b) Type of work undertaken?			

8. Do you engage contractors or sub-contractors? Note: Question must be answered 'Yes' or 'No'. In absence of information a personal injury to contractors, subcontractors exclusion may be applied	Yes No	Estimate for next 12 months	\$
If 'Yes', please estimate annual contract value split between:			
(a) Labour only			
(b) Labour and services			
(c) Labour and materials			
(d) Type of work carried out:			

Product Information

9. Give details of all products in respect of which insurance is required. Attach brochures and other product literature. If more than four (4) products, please attach an additional list.				
	1.	2.	3.	4.
Product name				
Product description				
Product use				
Est. annual turnover	\$			

	Product and destination	Estimate for next 12 months	\$
10. (a) If you import products, please provide details of products and revenue generated			
(b) If you have exports, please provide details by products and revenue generated			

Coverage for PRODUCTS EXPORTED TO USA or CANADA is excluded from this insurance. Coverage will be provided only if specifically agreed by QBE and then subject to additional terms and conditions and payment of an extra premium. It will be necessary to complete a USA/Canada Export Questionnaire. Any additional information supplied in respect of such exports shall be deemed to form part of this application.

11. Can you with certainty, identify the source of every item used in the manufacture of the products?	Yes No	If 'No', please provide reason

12. Is your product range relatively stable or changing frequently?	Yes	No	If 'Yes', please provide full details
13. Do you have quality control procedures in place?	Yes	No	If 'Yes', please provide full details
14. Are your products subject to any Australian or International standard?	Yes	No	If 'Yes', please provide full details
15. Do you have re-call procedures in place?	Yes	No	If 'Yes', please provide full details
16. Have you discontinued manufacturing, processing or handling any products?	Yes	No	If 'Yes', please provide full details of reason, type of product, year etc.
17. Are any products specifically designed, manufactured, imported or handled for use in aircraft or other aerial devices or watercraft?	Yes	No	If 'Yes', please provide full details
18. Do you or anyone on your behalf operate, manage, own or offer services/advice connected with any of the following?			
	Yes	No	If 'Yes', please provide details
(a) First aid facility	Yes	No	
(b) Pressure vessels	Yes	No	
(c) Car parks	Yes	No	
(d) Lifts, escalators, hoists, cranes	Yes	No	
(e) Unregistered vehicles	Yes	No	
(f) Railway e.g. sidings	Yes	No	
19. Is welding performed by you?	Yes	No	If 'Yes', do you operate to AS 1674 - Part 1
			Yes No
20. Do you store, transport, use or handle any hazardous goods, e.g. chemicals, radioactive materials, gases etc.? - If 'Yes', please provide details.			Yes No

21. Does your operation/business create trade waste? - If 'Yes', please provide details (e.g. type of waste, how it is disposed of etc.)	Yes	No

22. Is work performed away from your premises?	Yes	No	If 'Yes', please provide -	Estimate for next 12 months %
(a) Percentage of turnover?				
(b) Type of work?				

Care custody and control

23. Coverage is provided for property (excluding any vehicle which is registered or which is required to be registered) in your physical or legal control for the purpose of repair, service, maintenance or alteration or which is on temporary hire or loan to you, subject to a maximum indemnity of \$100,000 for any one occurrence and in the aggregated for any one period of insurance.

Do you require an amount in addition to the above limit? Yes No If 'Yes', please answer questions 1 - 5

(a) What Limit of indemnity do you require? \$

(b) What is the total value of such property? \$

(c) What is the maximum value at any one time? \$

(d) Please provide brief details of the property

(e) Is the property insured under any other policy? Yes No If 'Yes', please provide details

Contractual liability

24. Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality as regards your products, or specifically agreed contracts.

Do you assume liability under contract or hold others harmless (other than lease liability)? -
If 'Yes', please provide details and attach copies of all agreements (other than lease liability).

Yes No

Note: Coverage will be provided only if specifically agreed by QBE.

Indemnity limit

25. Limit of indemnity required

Public liability (any one occurrence) \$	<input type="text"/>	Products liability (In the aggregate per period of insurance) \$	<input type="text"/>
Deductible \$	<input type="text"/>		

General information

26. Have you had any claims made against you (whether insured or not) or have you recalled any of your products during the last 5 years? Yes No If 'Yes', please give details

27. Have you had any incident or accident occur which would have been covered by the proposed insurance policy? Yes No If 'Yes', please give details

28. Have you had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected, special conditions or special excess imposed by an insured? Yes No If 'Yes', please give details

Please provide your website address:

Note: Provision of website does not alleviate any requirements you have as a duty of disclosure.

www.

Duty of Disclosure - What you must tell us

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

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our **Privacy Policy** at www.qbe.com.au/privacy, or to obtain a copy by phoning us on **133 723** or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.

Declaration and authorisation

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/we have received a copy of the Policy Terms and Conditions.
2. I/we declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/we authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Applicant's signature	X	<div style="border: 1px solid black; width: 460px; height: 25px;"></div>	Date (dd/mm/yyyy)	<div style="border: 1px solid black; width: 160px; height: 25px;"></div>
Applicant's title		<div style="border: 1px solid black; width: 460px; height: 25px;"></div>		

Inadequate space to answer

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your duty of disclosure, please attach a separate piece of paper to this Application giving full details of additional information.