

# Application Form / Renewal Declaration



## Notice to the Applicant:

You must read this notice before you complete this Proposal Form / Renewal Declaration.

### 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, that 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

We take the security of your personal information seriously.

We'll collect personal information when you deal with us, our agents, other companies in the QBE group or suppliers acting on our behalf. We use your personal information so we can do business with you, which includes issuing and administering our products and services and processing claims. Sometimes we might send your personal information overseas. The locations we send it to can vary but include the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.

Our Privacy Policy describes in detail where and from whom we collect personal information, as well as where we store it and the ways we could use it. To get a copy at no charge by us, please visit [qbe.com.au/privacy](http://qbe.com.au/privacy) or contact QBE Customer Care.

It's up to you to decide whether to give us your personal information, but without it we might not be able to do business with you, including not paying your claim.

### Claims made

Section 2 (Professional Services) of this Policy operates on a 'Claims made and notified' basis. This means that the Policy covers you for Claims made against you and notified to us during the Policy Period.

#### Claims not covered under this policy

The Policy does not provide cover in relation to:

- acts, errors or omissions actually or allegedly committed before:
  - the Policy's 'retroactive date', if one is specified on Your Certificate of Insurance, or
  - the start of the original Policy Period (subject to the Continuous Cover automatic extension) if Your Certificate of Insurance doesn't have a retroactive date.
- Claims made after the Policy Period even though the event that gives rise to the Claim may have occurred during the Policy Period
- Claims, facts or circumstances that were notified (or should reasonably to have been notified) under any previous policy
- Claims made, threatened or intimated against You before the retroactive date or your original Policy Period
- facts or circumstances:
  - You first became aware of before the retroactive date or your original Policy Period and
  - You knew or should reasonably have known could lead to a Claim under this Policy
- Claims arising out of circumstances noted on the proposal form for the current Policy Period or on any previous proposal form.

#### Section 40(3) of the Insurance Contracts Act 1984

Section 40(3) of the Insurance Contracts Act 1984 may give You rights to be covered for a Claim made against You after the Policy Period ends if You give Us written notice of facts that might give rise to the Claim:

- as soon as reasonably practicable after You become aware of those facts and
- before the Policy Period ends.

These rights arise under the legislation only. The terms and effect of Section 2 of this Policy are that You are not covered for Claims made against You after the Policy Period ends.

## The applicants for insurance

In this application the applicants for insurance are:

- the corporation (that being the company of organisation named in this application and includes any subsidiary thereof);
- the insured person(s) as defined within the applicable Policy Wording;

Before completing this application, enquiries should be made with each proposed insured person in relation to the questions and declarations to be completed on their behalf.

All capitalised terms are defined within the applicable policy wording. You should familiarise yourself with our standard form of policy for this type of cover before submitting this declaration.

## Details of the applicant

To enable us to consider providing insurance terms and conditions please provide us with the following information 21 days prior to the expiry date of your existing policy.

Upon receipt of the required information our offer of insurance will be prepared and provided to your financial service provider. If this is a renewal declaration for the renewal of your existing Policy, cover will cease at 4:00pm on the expiry date shown on your current Policy Schedule unless you have provided us with the renewal information requested and we have agreed to renew your Policy.

If insufficient space, please attach separate sheet with information.

## The Insured

Policy number		ABN	
Insured name			

## Cover details

Period of Insurance Please explain the reason for your application.	From 4.00pm on the (dd/mm/yyyy)		to 4.00pm on the (dd/mm/yyyy)	
<b>Section 1 -</b> Broadform Liability	Limit of Liability			
	Deductible			
<b>Section 2 -</b> Professional Indemnity	Limit of Liability			
	Deductible			
	Retroactive date (dd/mm/yyyy)			

## Section 1 - Operational Business information

1. Please provide a description of your Business activities and products. If your Business activities have changed or they are anticipated to change in the next 12 months, please provide full details of such changes:

2. How long have you been in Business?		
3. How many Employees do you have?		
4. How many Business locations do you have?		

Please provide the following information as relevant, if your Business insured is as 'Property Owner' of buildings or vacant land leased to Third Parties refer to Appendix A - Property Owner Schedule of Assets and/or Appendix B - Vacant Land Schedule of Assets as relevant.

5. Please provide your turnover split by major Business activity or product (where the Business is conducted in more than one State, we need your turnover to be declared by State)

Business Activity or product	State	Actual for the last 12 months	Estimate for next 12 months

6. If you engage contractors, sub-contractors or labour hire, please provide your payments made split between:

Type	Type of Work	No. of People	Actual for the last 12 months	Estimate for next 12 months
Contractors				
Sub-contractors				
Labour hire <sup>1</sup>				

1. The use of or provision of labour hire is subject to licensing regimes in various States across Australia. Being an unlicensed provider or sourcing of labour from unlicensed provider could result in both criminal and/or financial penalties.

7. If you utilise labour hire, do you source from a licensed labour hire provider/s?	Yes	No	N/A
8. If you utilise contractors, subcontractors, or labour hire do you insist they carry their own:	Public liability insurance Professional Indemnity Insurance		
If 'Yes', do you maintain a record and/or copies of these insurances	Yes	No	N/A

9. If you import Products, please provide details of the Products, their origin and percentage of turnover:

Details of products	Origin	Actual for the last 12 months	Estimate for next 12 months

10. If you export Products, please provide details of the Products, their destination and percentage of turnover:

Details of products	Destination	Actual for the last 12 months	Estimate for next 12 months

<b>11.</b>	Do you have third party property in your care custody or control (CCC)? If 'Yes', please provide details of the property and the total value of the property.	Yes	No
<b>12.</b>	Do you require CCC cover above \$500,000? If yes, please specify	\$	
<b>13.</b>	Please detail your five (5) largest contracts/projects completed or tendered for within the past 12 months, including your scope of works and their contract value(s).		
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			
<b>4.</b>			
<b>5.</b>			
<b>14.</b>	Do you in the course of your business, directly or through third party work force, engage in hot work operations or use spark producing equipment?	Yes	No
	If 'Yes', Do you have an internal hot work permit?	Yes	No N/A
	Are all persons required to comply with Australian Standard AS 1674 Safety in Welding and Allied Processes?	Yes	No N/A

### Section 2 - Professional and corporate information

<b>15.</b>	What advice, design or specification do you provide to other parties?		
<b>16.</b>	Is the advice, design or specification you provide to other parties charged for a separate fee? If 'Yes', please provide details of the precise nature of such advice or design service	Yes	No
<b>17.</b>	Do you provide written reports to clients? If 'Yes', please provide details of the precise nature of such reports including any disclaimers and/or warranties in respect of such reports.	Yes	No

### Accreditation and Risk Management

<b>18.</b>	Do you have a written current Quality Assurance Plan or Program in place?	Yes	No
<b>19.</b>	Do you carry any Quality Assurance/Control accreditation or certification? If 'Yes', please confirm details -	Yes	No

<b>20. What Industry Standards do you comply with?</b>			
<b>21. Are Quality Assurance audits performed?</b>	Inhouse	Independent Third Party	No
<b>22. Do Products undergo any formal inhouse or external testing? If so, please specify what and who the testing is carried out by.</b>			

**Claims Information**

If 'Yes' to any of the following questions, please provide the full details in a separate attachment.

<b>23. Have there been any claims against the Business, directors or Employees in the last 10 years?</b>	Yes	No
<b>24. Are there any claims against the Business, directors or Employees pending?</b>	Yes	No
<b>25. Are there or have there been any investigations, examinations, inquiries or other proceedings in respect of the affairs of the Business? <sup>2</sup></b>	Yes	No
<i>2. Including any action, litigation or other proceedings brought under or pursuant to any Commonwealth, State or Territory legislation.</i>		
<b>26. Are there or have there been any investigations, examinations, inquiries or other proceedings in respect of the affairs of the Business?</b>	Yes	No
<b>27. Have there been or is there any pending claims for negligence or breach of professional duty against You, or circumstances that have been notified to Insurers that may give rise to a claim?</b>	Yes	No
<b>28. Has an insurer ever refused to insure, cancelled or refused to renew an insurance Policy for your Business?</b>	Yes	No

**If your liability cover has been with another Insurer other than QBE during the last 5 years, please provide a copy of the current claims experience for this preceding period on Insurer letterhead.**

**Declaration and authorisation**

I, the Insured, the undersigned duly authorised person(s) declare that:

- I, the Insured, after enquiry, are authorised by all persons or entities seeking insurance to sign this Application Form/Renewal Declaration;
- I, the Insured, understand that any statement made in this Application Form/Renewal Declaration will be treated by QBE Insurance (Australia) Limited ABN 78 003 191 035 (QBE) as a statement made by all persons to be insured;
- I, the Insured, have read and understood the Notice on the front of this Application Form/Renewal Declaration;
- I, the Insured, have carefully reviewed all answers and statements made in the Application Form/Renewal Declaration and declare that all answers and statements are true, correct and complete in every respect;
- I, the Insured, understand that no insurance is in force until such time as QBE has confirmed acceptance of the proposed insurance;
- I, the Insured, agree that should any of the information given in this Application Form/Renewal Declaration alter between the date of this application and the inception date of the Policy that this application relates to, I will give immediate notice to my financial service provider; and
- I, the Insured, authorise QBE to give or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance held by the Business including this completed Application Form/Renewal Declaration and the Business's claims history and credit history.

**Declaration**

By completing this form and providing it to us, you confirm the information you've provided is true and correct.

Signature		Name	
Title/Designation		Date (dd/mm/yyyy)	

If you require more space, please provide details in separate document.

APPENDIX A - Property Owner Schedule of Assets									
	Address of property	Tenant	Tenant's Occupation	Construction of property		CCTV at property		Building value	Rental income
1.				Fire Resistive Mixed	Combustible Non-combustible	Yes No	Other		
2.				Fire Resistive Mixed	Combustible Non-combustible	Yes No	Other		
3.				Fire Resistive Mixed	Combustible Non-combustible	Yes No	Other		
4.				Fire Resistive Mixed	Combustible Non-combustible	Yes No	Other		
5.				Fire Resistive Mixed	Combustible Non-combustible	Yes No	Other		
6.				Fire Resistive Mixed	Combustible Non-combustible	Yes No	Other		
7.				Fire Resistive Mixed	Combustible Non-combustible	Yes No	Other		
8.				Fire Resistive Mixed	Combustible Non-combustible	Yes No	Other		
9.				Fire Resistive Mixed	Combustible Non-combustible	Yes No	Other		
10.				Fire Resistive Mixed	Combustible Non-combustible	Yes No	Other		
11.				Fire Resistive Mixed	Combustible Non-combustible	Yes No	Other		
12.				Fire Resistive Mixed	Combustible Non-combustible	Yes No	Other		
13.				Fire Resistive Mixed	Combustible Non-combustible	Yes No	Other		
14.				Fire Resistive Mixed	Combustible Non-combustible	Yes No	Other		
15.				Fire Resistive Mixed	Combustible Non-combustible	Yes No	Other		
16.				Fire Resistive Mixed	Combustible Non-combustible	Yes No	Other		

If you require more space, please provide details in separate document.

## APPENDIX B - Vacant Land Schedule of Assets

	Address of property	Location type	Type of vacant land	Current state of vacant land		Size of land (SQM, ha or ac)	Is the land fenced?	Are there hazards <sup>2</sup> on the land?	
				Cleared Land	Virgin Land			Developed Land	Developed Land
1.		Urban Rural	Residential Land Development / Subdivision	Cleared Land	Virgin Land		Yes No	Yes - please specify No	
2.		Urban Rural	Residential Land Development / Subdivision	Cleared Land	Virgin Land		Yes No	Yes - please specify No	
3.		Urban Rural	Residential Land Development / Subdivision	Cleared Land	Virgin Land		Yes No	Yes - please specify No	
4.		Urban Rural	Residential Land Development / Subdivision	Cleared Land	Virgin Land		Yes No	Yes - please specify No	
5.		Urban Rural	Residential Land Development / Subdivision	Cleared Land	Virgin Land		Yes No	Yes - please specify No	
6.		Urban Rural	Residential Land Development / Subdivision	Cleared Land	Virgin Land		Yes No	Yes - please specify No	
7.		Urban Rural	Residential Land Development / Subdivision	Cleared Land	Virgin Land		Yes No	Yes - please specify No	
8.		Urban Rural	Residential Land Development / Subdivision	Cleared Land	Virgin Land		Yes No	Yes - please specify No	
9.		Urban Rural	Residential Land Development / Subdivision	Cleared Land	Virgin Land		Yes No	Yes - please specify No	
10.		Urban Rural	Residential Land Development / Subdivision	Cleared Land	Virgin Land		Yes No	Yes - please specify No	
11.		Urban Rural	Residential Land Development / Subdivision	Cleared Land	Virgin Land		Yes No	Yes - please specify No	
12.		Urban Rural	Residential Land Development / Subdivision	Cleared Land	Virgin Land		Yes No	Yes - please specify No	
13.		Urban Rural	Residential Land Development / Subdivision	Cleared Land	Virgin Land		Yes No	Yes - please specify No	
14.		Urban Rural	Residential Land Development / Subdivision	Cleared Land	Virgin Land		Yes No	Yes - please specify No	
15.		Urban Rural	Residential Land Development / Subdivision	Cleared Land	Virgin Land		Yes No	Yes - please specify No	
16.		Urban Rural	Residential Land Development / Subdivision	Cleared Land	Virgin Land		Yes No	Yes - please specify No	

1 square metre (SQM) = 0.0001 hectare (ha) = 0.000247 acre (ac)

2 hazards on land could include (but not limited to): holes, mine shafts, reclaimed landfill site or reclaimed chemical storage sites