

Important Notices

It is important that you make proper disclosure (see **Duty of Disclosure**, below) so that your cover under any new policy with us is not compromised.

Pursuant to the *Insurance Contracts Act* your duty to disclose all relevant information is set out below.

Duty of Disclosure

Before entering into a contract of general insurance, you have a duty, under the Insurance Contracts Act, to disclose to us every matter that you are aware of, or could reasonably be expected to be aware of, that is relevant to our decision about insuring you and if so, on what terms. You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know;
- as to which compliance with your duty is waived by us.

You should note that your duty continues after the proposal form has been completed until the policy is entered into, i.e. until the date we receive instructions to bind cover.

Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the insured, including senior staff, before completing the proposal form and before you sign any declaration confirming no change in the information disclosed.

Average Provision

One of the insuring provisions of the proposed insurance may provide that where the amount required to dispose of a claim exceeds the limit of the sum insured in the policy then Pacific Indemnity Underwriting Solutions Pty Ltd shall be liable only for a proportion of the total costs and expenses. This shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

Surrender of Waiver of any Right of Contribution or Indemnity

If another person or company is liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by our policy, but you agree with that person or company (either before or after the inception of our policy) that you would not seek to recover any loss or damage from them, we will not cover you for this loss or damage.

Wholesale only

Pacific Indemnity Underwriting Solutions Pty Ltd is only licensed to offer or provide General Insurance products or services which do not include any of the following types of General Insurance (which are defined by the Corporations Act as "retail"): Motor Vehicle, Home Building, Home Contents, Sickness and Accident, Consumer Credit, Travel, Personal or Domestic Property, Medical Indemnity or any other kind of General Insurance which has been prescribed by the Corporations Regulations.

About Pacific Indemnity Underwriting Solutions Pty Ltd

Pacific Indemnity Underwriting Solutions Pty Ltd, ABN 14 606 511 639, specialises in Professional Risk insurance (including Professional Indemnity Insurance, Malpractice Insurance, Information & Communication Technology Insurance, Management Liability Insurance and similar products).

Pacific Indemnity's Australian Financial Service Licence number is 480863.

Broadform Public and Products Liability

1. Full legal name of each company including trading name to be insured:

2. Please list all business activities conducted and the Postcode:

3. Is manual work undertaken away from the Insured's premises?

YES NO

If Yes, please specify what manual work is undertaken and show the percentage (%) of total working time related to such work

 %

4. Business details - please provide the following information:

| | Past 12 months | Estimate Next 12 months |
|---|--|-------------------------|
| a) Number of persons engaged in the business | <input type="text"/> | <input type="text"/> |
| b) Annual gross salaries / wages | \$ <input type="text"/> | \$ <input type="text"/> |
| c) Annual gross turnover / sales / revenue | \$ <input type="text"/> | \$ <input type="text"/> |
| d) Annual total of amounts paid to contractors and sub-contractors (excluding payments to labour hire firms) for: | Labour and materials \$ <input type="text"/> | \$ <input type="text"/> |
| | Labour Only \$ <input type="text"/> | \$ <input type="text"/> |

5. Please describe the nature of work undertaken by the contractors and sub-contractors:

6. Do you ensure that contractors and sub-contractors have their own liability insurance?

YES NO

If Yes, do you insist on a minimum limit?

YES NO

If Yes, what is the limit?

7. Is labour hire used?

YES NO

If Yes, please advise the following:

Past 12 months

Estimate Next 12 months

What is the annual amounts paid to labour hire firms?

Please describe below the nature of work undertaken by the staff obtained from labour hire firms:

8. Do you have property in Physical or Legal Control?

YES NO

If "Yes", please provide details

9. Do you own or use any unregistered vehicles, cranes or mobile plant and equipment?

YES NO

If "Yes", please provide details

10. Do you assume any liability under contract or hold harmless other parties under contract?

YES NO

If "Yes", please provide details

11. Do you manufacture or import Products?

YES NO

If Yes, list all Products manufactured or imported (please attach any product brochures available)

| Product | Manufactured or Imported | | Intended Application | Source Country | % of total turnover |
|----------------------|--------------------------|----------|----------------------|----------------------|---|
| | Manufact. | Imported | | | |
| <input type="text"/> | | | <input type="text"/> | <input type="text"/> | <input style="width: 20px;" type="text" value="%"/> |
| <input type="text"/> | | | <input type="text"/> | <input type="text"/> | <input style="width: 20px;" type="text" value="%"/> |
| <input type="text"/> | | | <input type="text"/> | <input type="text"/> | <input style="width: 20px;" type="text" value="%"/> |

12. Will any Products be exported in the next 12 months?

YES NO

If Yes, please provide an estimate of the total value of the Products to be exported over the next 12 months

\$

| Product | Destination Country | Estimated Value of Exports |
|----------------------|----------------------|----------------------------|
| <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"/> |

13. Do you strictly maintain a quality control program for all of your Products?

YES NO

If Yes, please provide a copy of your manual

14. Are any of your products used in aircraft, watercraft, hovercraft, power stations, chemical plants, petrochemical plants, pharmaceuticals, mining or drilling sites?

YES NO

If "Yes", please provide details

15. Do you strictly maintain a product recall program?

YES NO

If "Yes", please provide details

16. Are any of the Proposed Insured's business activities performed outside of Australia or provided to clients based outside of Australia?

YES NO

If "Yes", please give details of the name of the client(s), the country they are located within and what service(s) are provided

| Name of client(s) | Country | Services provided |
|----------------------|----------------------|----------------------|
| <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"/> |

17. Does the Proposed Insured issue any brochures (or other promotional material)?

YES NO

If "Yes", please provide copies of each

Claims Information

18. After enquiry of the Partners/Principals/Directors and employees, has there been or is there now pending a claim against the Proposed Insured, its Subsidiaries, its predecessors in business or its current or former Partners/ Principals/Directors or employees for a Public or Products Liability claim in the performance of the Proposed Insured's Business Activities?

YES NO

If "Yes", please give details

| Date of Claim | Details of each Claim | Claimant | Amount Paid and/or Outstanding |
|----------------------|-----------------------|----------------------|--------------------------------|
| <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"/> |

19. Has the Proposed Insured ever had any Insurer decline a proposal, imposed any Special terms, cancelled or refused to renew a Public or Products Liability Insurance Policy?

YES NO

If "Yes", please give details

20. Please advise the preferred Policy Limit and Excess

Policy Limit

| | | | |
|-------------|--------------|--------------|--------------|
| \$5,000,000 | \$10,000,000 | \$20,000,000 | \$50,000,000 |
|-------------|--------------|--------------|--------------|

Other \$

Excess

| | | | |
|---------|---------|----------|----------|
| \$1,000 | \$5,000 | \$10,000 | \$20,000 |
|---------|---------|----------|----------|

Other \$

Other Limits

Product Recall Expenses

| | | | | |
|-----------|-----------|-------------|-------|-------------------------|
| \$250,000 | \$500,000 | \$1,000,000 | Other | \$ <input type="text"/> |
|-----------|-----------|-------------|-------|-------------------------|

Errors and Omissions

| | | | | |
|-----------|-----------|-------------|-------|-------------------------|
| \$250,000 | \$500,000 | \$1,000,000 | Other | \$ <input type="text"/> |
|-----------|-----------|-------------|-------|-------------------------|

Physical or Legal Control (the standard limit is \$500,000)

| | | | | |
|-----------|-------------|-------------|-------|-------------------------|
| \$500,000 | \$1,000,000 | \$2,000,000 | Other | \$ <input type="text"/> |
|-----------|-------------|-------------|-------|-------------------------|

Stamp Duty

21. For the purpose of calculating Stamp Duty please state the percentage of the Proposed Insured's gross income that was earned in each state in the last 12 months:

| NSW | VIC | QLD | SA | WA | TAS | ACT | NT | Overseas | Total |
|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| <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"/> % |

Additional information and accompanying documents

Please provide any additional information that is material to this application and list any accompanying documents below.

Declaration

I/We hereby declare that:

My/Our attention has been drawn to the Important Notice accompanying this Proposal form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature/s below.

The above statements are true, and I/we have not suppressed or mis-stated any facts and should any information given by me/us alter between the date of this Proposal form and the inception date of the insurance to which this Proposal relates I/we shall give immediately notice thereof.

I/we agree that, by submitting this form, the personal information I/we provide to Pacific Indemnity Underwriting Solutions Pty Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in the Pacific Indemnity Privacy Policy including for processing this application and providing me/us with cover.

I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal form and I/we complete this Proposal form on their behalf.

To be signed by the Chairman/President/Managing Partner/Managing Director/Principal of the association/partnership/ company/ practice/business.

Name:

Title:

Signature:

Date:

It is important the signatory/signatories to the Declaration is/are fully aware of the scope of this insurance so that all questions can be answered. If in doubt, please contact your insurance broker since non-disclosure may affect an Insured's right of recovery under the policy or lead to it being avoided.