



## General Liability Proposal Form

### 1. Insured's Details

<b>Insured Entity:</b>		
<b>ABN:</b>		
<b>Trading Name:</b>		
<b>Tax Registered Business:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Postal Address:</b>		
<b>Website:</b>		

### Notice to Insured

Before you enter into a contract of general insurance with us, you have a duty, under the Insurance Contracts Act 1984, to disclose to us every matter which you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms. You have this duty until we agree to insure you.

Your duty however does not require disclosure of a matter:-

- that diminishes the risk to be undertaken by us;
- that is common knowledge;
- that we know or, in the ordinary course of business as an insurer, ought to know.

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

### 2. Policy Details

Period of Insurance		Limit of Indemnity		
<b>From:</b>		<b>To:</b>		
			\$5,000,000 <input type="checkbox"/>	\$10,000,000 <input type="checkbox"/>
				\$20,000,000 <input type="checkbox"/>

### 3. Business Activities

<b>Description of all business activities:</b>	
<b>How long have you been established in this business?</b>	
<b>If less than 3 years, how many years of prior relevant experience do you have?</b>	
<b>Location of premises:</b>	
1.	
2.	
3.	

### 4. Turnover Split by Business Activity

<b>Business Activity:</b>	<b>State %</b>	<b>Estimated next 12 months:</b>
		\$
		\$
		\$
		\$
		\$

### 5. Contractors/Subcontractors

<b>Do you engage contractors/subcontractors?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Do they hold their own liability insurance?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>How is this checked?</b>	Certificate of Currency sighted <input type="checkbox"/>	Certificate of Currency on file <input type="checkbox"/>
Estimated payments this year for contractors/subcontractors that:		
<b>work on the same site as you:</b>	\$	
<b>work separately to you:</b>	\$	
What work is performed by contractors/subcontractors that:		
<b>work on the same site as you?</b>		
<b>work separately to you?</b>		

### 6. Labour Hire Personnel

<b>Do you engage personnel from labour hire companies?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Estimated payments this year:</b>	\$	
<b>What work do they do?</b>		

## 7. Plant or Equipment

<b>Lifting Equipment</b> <i>(Lifts, escalators, travelators, cranes, hoists, other lifting equipment)</i>	
<b>Unregistered Vehicles including forklifts</b>	

## 8. Quality Assurance

Have you obtained ISO9001 certification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have quality control or risk management procedures in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide full details:		

## 9. Claims and Insurance Information

<b>In the last 5 years are you or any principal, partner or director aware:</b>			
<b>1.</b>	<b>of any insurance being declined or cancelled, application rejected, renewal refused, claim rejected, or special conditions or excess imposed by any insurer?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>2.</b>	<b>of any claims made against you?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>3.</b>	<b>of any products being recalled?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>4.</b>	<b>of any incident or accident which would be insured by this proposed insurance?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>5.</b>	<b>of you or any principal, partner or director been charged with or convicted of any criminal offences?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>6.</b>	<b>of either alone or jointly with others been declared bankrupt or subject to any form of insolvency administration (e.g. liquidation or receivership)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered Yes to any of the above questions, please provide full details below. For claims or uninsured losses, please detail the cost of the claim, date of loss, how the loss occurred and the name of the insurer:			
	<b>Date of Loss</b>	<b>Cause of Claim/Incident</b>	<b>Amount of Claim</b>

## Declaration

I declare that I have read the important notices in this proposal form and that the statements and particulars contained in this proposal together with any other information supplied shall form the basis of any contract of insurance. I undertake to inform Woodina of any material alteration to these facts occurring before the inception of the contract of insurance.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

## **PRIVACY ACT CLAUSE**

Woodina Underwriting Agency Pty Ltd is committed to protecting the privacy of the personal information you provide us. Woodina collects, uses and retains your personal information in accordance with the National Privacy Principles.

We need to collect the personal information on the applicable proposal form to consider your application for insurance and to determine the premium (if your application is accepted) when you are applying for, changing or renewing an insurance policy with us. This information will also be used if you lodge a claim under your policy. We may also need to request additional information from you in connection with your application or a claim.

If you do not provide us with this information, or any additional information we request, we may not be able to process your application or offer you insurance cover or respond to any claim.

We may disclose the personal information we collect:

- To our relevant employees involved in delivering our services;
- If your insurance broker collects this form from you, to that broker;
- To facilitators such as legal firms, professional experts such as accountants, actuaries, engineers and technology experts;
- To the insurance companies with whom we transact business;
- To the Lloyd's Syndicates we represent (which are located in the United Kingdom);
- To insurance reference bordereau or credit reference bordereau;
- To reinsurers or reinsurance brokers (which may include insurance reinsurers located outside of Australia).

Where we disclose this information as above the recipient may hold the information in accordance with its own privacy statement/policies. Those may include, by way of example, disclosing the information to and storage of that information by its associated entities which may be located overseas. Full details can be found on the recipient's website. However, we can also provide a copy to you on request.

We may also be required to provide your personal information to others for purposes of public safety and law enforcement and if required by law or by a law enforcement body to do so. You may request access to your personal information, and where necessary, correct any errors in this information (some restrictions and costs may apply).

By completing and returning the proposal form and/or providing us with any additional information in connection with your application, you agree to us using and disclosing your information as set out above.

This consent to the use and disclosure of your personal information remains valid unless you alter or revoke it by giving us written notice.

From time to time, we may use your personal information to send you details of new insurance products or other insurance related information that may be of interest to you. If you do not wish to receive such information, please contact our General Manager or Operations Manager on (07) 3222 9400.

If you would like to access a copy of your personal information or you wish to correct or update your personal information, please also contact us on (07) 3222 9400.