



## C-Pack Proposal Form – Contractors Plant, Liability & Road Risk

### IMPORTANT NOTICES

#### Your Duty Of Disclosure

This Policy is subject to the Insurance Contracts Act 1984. Under that Act you have a duty of disclosure.

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, that is relevant to our decision to insure you and to the terms of that insurance. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance.

Your duty however does not require disclosure of matters that:

- Reduce the risk
- Are common knowledge
- We know or, in the ordinary course of our business, ought to know
- We have indicated we do not want to know

If you do not comply with your duty of disclosure, we may be entitled to:

- Reduce our liability for any claim
- Cancel the contract
- Refuse to pay the claim
- Avoid the contract from its beginning, if your non-disclosure was fraudulent

#### We Are An Agent

Sterling Insurance Pty Limited (Sterling) is an authorised agent for the underwriters (i.e. insurers), for the purpose of entering into contracts of insurance with intending insured parties and for the dealing with and settling of claims thereunder. At no time do we act in the capacity of agent for the insured or intending insured parties, in either capacity or any other capacity.

#### Insufficient Space in this Proposal Form

If there is insufficient space in this proposal form for you to fully answer any questions or provide the requested information, please attach a page with the additional information.

#### Privacy Notice

We are bound by the Privacy Act and its associated National Privacy Principles when we collect and handle your personal information.

We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as our reinsurers, agents, loss adjusters and other service providers.

You can seek access to and if necessary, correct your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information.

#### Precautions and Compliance With Systems and Procedures

You are required to ensure that You, Your employees and all persons operating the insured machinery comply with:

- (a) manufacturers' and distributors' recommendations and guidelines; and
  - (b) systems and procedures imposed or recommended by law and international, Australian and industry standards;
- in servicing, maintaining, using and operating the insured machinery.

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#### Sterling Insurance Pty Limited

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## IMPORTANT NOTICES (Cont'd)

### Under-Insurance (or Average)

A co-insurance (or average) applies to the Material Loss//Damage and Consequential Loss sections of this Policy. This means that:

- For an insured machine, if the Sum Insured for it is less than 85% of its Market Value immediately prior to the any loss, damage or breakdown, then indemnity shall be reduced according to the formula:

$$\frac{(\text{Indemnity} \times \text{Sum Insured})}{(85/100) \times \text{Market Value}}$$

- For Consequential Loss, if the Sum Insured is less than 85% of the Annual Income, the indemnity payable under Coverage 2.3 (Consequential Loss) shall be reduced according to the formula:

$$\frac{(\text{Indemnity} \times \text{Sum Insured})}{(85/100) \times \text{Annual Income}}$$

### Interests of Third Parties

The interest of any third parties (e.g. financiers, lessors, etc) in the insured machinery will not be covered unless they are identified in the schedule of the contract of insurance as third party interests to be covered. If You wish a third party's interest to be included in the insurance, it is necessary for You to nominate the third party and identify its interest to be insured in the Master Schedule of Machines in this Proposal.

### Don't Prevent Our Right of Recovery

This policy contains a provision which states that if you surrender your right to seek recovery from another party for a loss covered by the policy, we have a right to reject any claim from you in relation to that loss.

### Reasonable Care

You must take reasonable precautions to prevent injury and/or damage to third party property, prevent the manufacture and/or sale and/or supply of defective products, comply with all statutory obligations, by-laws or regulations imposed by any public authority for the safety of persons or property. The same requirement applies to all your workers, servants and agents.

### Claims Made Notice for Asbestos Liability & Statutory Liability Extensions

The Asbestos Liability & Statutory Liability extensions are 'claims made' covers. This means that these extensions cover you for claims first made against you during the period of insurance and notified to the underwriter during such period of insurance.

These extensions do not provide cover in relation to:

- Events which occurred prior to the period of insurance or such earlier retroactive date as may be stipulated in the schedule;
- Claims made against you after the expiry of the period of insurance even though the event giving rise to the claim may have occurred during the period of insurance;
- Claims where the possibility of the claim was intimated in any way prior to the commencement of the period of insurance;
- Claims arising from or attributable to any facts, circumstances or occurrences noted on the proposal for the current period of insurance or on any previous proposal or of which notice had been given under any previous policy;
- Claims arising from or attributable to any facts, circumstances or occurrences of which you were aware and knew (or ought reasonably to have realised) prior to the commencement of the period of insurance may give rise to a claim.

As explained above, these extensions, by their terms, do not provide cover for claims made after the expiry of the period of insurance provided by the extensions.

Section 40(3) of the Insurance Contracts Act 1984 however provides that an underwriter is not relieved from liability under a contract of insurance in respect of a claim by reason only that the claim was made after the expiry of the period of insurance cover provided by the contract where the insured has given notice in writing to the underwriter:

- of the facts that might give rise to a claim against the insured;
- as soon as was reasonably practicable after the insured became aware of those facts, and
- before the expiry of the period of insurance.

It is therefore important that you advise us of any circumstances that could result in a claim during the period of insurance to protect your position in case the circumstances develop into a claim after the expiry of the period of insurance.

### Policy Structure

The C-Pack product is structured as follows:

- Policy 1 – Material Loss or Damage to Plant:
- Material Loss or Damage to Plant (section 2.1 of Policy 1)
  - Hired-in Plant (section 2.2 of Policy 1) – Optional Coverage
  - Consequential Loss (section 2.3 of Policy 1) – Optional Coverage
  - Breakdown (section 2.4 of Policy 1) – Optional Coverage
- Policy 2 – Liability:
- General and Products Liability
  - Road Risk Liability (section 2.5 of Policy 2) – Optional Coverage
  - Statutory Liability Extension (by endorsement applying to Policy 2) – Optional Coverage

Each policy (i.e. Policy 1 and Policy 2) is independent of each other.

**1. THE INSURED**

a) Full name/s of proposed Insured including subsidiaries

Company Name(s)	A.B.N.	I.T.C.%
_____	_____	_____
_____	_____	_____
_____	_____	_____

b) Postal Address: \_\_\_\_\_

c) Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

d) Please state your website address: www. \_\_\_\_\_

**2. PERIOD OF INSURANCE**

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at 4pm\* To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at 4pm\* \* denotes Local Standard Time.

**3. DETAILS OF PREMISES & GEOGRAPHICAL OPERATIONS**

a) Please provide details of premises occupied for the purpose of conducting your business.

Location	Postcode	Occupied As
_____	_____	_____
_____	_____	_____

b) Please state the geographical area of your operation/s: \_\_\_\_\_

Postcode: \_\_\_\_\_

**4. CLAIMS AND/OR LOSS EXPERIENCE**

a) After investigation, have you, your partners, shareholders or directors of the business:

- i. In the past 7 years, been fined or required to pay a penalty? YES / NO
- ii. In the past 7 years, could be required to pay a fine or penalty? YES / NO
- iii. Ever been subject to disciplinary proceedings for professional misconduct? YES / NO

If "YES" to any of the above, please provide full details. \_\_\_\_\_

b) After investigation, have there been any claims and/or uninsured losses? YES / NO

If "YES", please complete the table below.

Date of Loss	Circumstance of the Loss (incl. the cause, the activity, & when it was reported)	Is the claim Open or Closed – circle one	Incurred Loss (i.e. Amount Paid and Outstanding)	Excess
___ / ___ / ___		Open or Closed	\$ _____	\$ _____
___ / ___ / ___		Open or Closed	\$ _____	\$ _____
___ / ___ / ___		Open or Closed	\$ _____	\$ _____

- c) After investigation, are there any circumstances of which you are aware which could give rise to a claim under the proposed insurance & which are not mentioned in 4. a) or 4. b)? YES / NO

If "YES", please provide full details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. PREVIOUS HISTORY**

- a) Have you, your partners, shareholders or directors of the business ever:
- i. Had any insurance declined or cancelled? YES / NO
  - ii. Had any renewal refused? YES / NO
  - iii. Had any special conditions imposed on your insurance? YES / NO
  - iv. Had any increased excess imposed on your insurance? YES / NO
  - v. Had any claims denied for this class of insurance? YES / NO
  - vi. Been convicted of a criminal offence? YES / NO
  - vii. Been charged with a criminal offence relating to fraud, theft, burglary, dishonesty, drugs, handling stolen goods, &/or willful/malicious damage of property? YES / NO
  - viii. Been made bankrupt or placed in receivership, administration or liquidation? YES / NO
  - ix. Been involved with a business which has been made bankrupt or placed in receivership, administration or liquidation? YES / NO

If "YES" to any of the above, please provide full details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- b) In the past 5 years, have you, your partners, shareholders, directors or employees of the business who will (or do) operate any of the plant/machines to be insured under this policy ever:
- i. Had their motor vehicle (including any motorcycle) license suspended, cancelled, renewal declined, downgraded, &/or surrendered to the licensing authority? YES / NO
  - ii. Been charged with and/or convicted of a offence relating to the ownership, use or control of any motor vehicle &/or mobile plant/machinery? YES / NO

If "YES" to any of the above, please provide full details. \_\_\_\_\_  
 \_\_\_\_\_

- c) Please state your current:
- i. Machinery/plant underwriter/insurer: \_\_\_\_\_
  - ii. Liability underwriter/insurer: \_\_\_\_\_

**6. YOUR BUSINESS ACTIVITIES**

- a) Are you a member of any professional association, body or society? YES / NO  
 If "YES", please provide full details. \_\_\_\_\_
- b) Please state the number of years in continuous business: \_\_\_\_\_ years
- c) Please state the number of years which you have owned the business: \_\_\_\_\_ years
- d) If you are new to this business, please describe your experience in the industry/ies in which you will be operating:

\_\_\_\_\_  
 \_\_\_\_\_

e) Please state the industry/ies (e.g. construction, mining, forestry, civil works/engineering, telecommunications, rail, energy, etc) in which you operate & the type of work which you do:

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f) Are any of your machines used for:

i. Wet-hire (i.e. hired with an operator)	YES / NO	If YES, please % of use: _____%
ii. Dry-hire (i.e. hired without an operator)	YES / NO	If YES, please % of use: _____%

g) Will you be engaged in any Re-hire (i.e. you hiring a plant/machine from another party & then hiring it to a third party hirer. This practices is also known as On-hire &/or Cross-hire)? YES / NO

If "YES", please state:

i. The gross annual turnover derived from this activity:	\$ _____
ii. The approximate number of units involved per annum:	_____
iii. The number of units which have been Re-hired by you at any one time:	_____
iv. The highest valued plant which has been Re-hired:	\$ _____

h) In respect of dry-hired plant,

i. Do you offer the hirer of dry-hired plant a Damage Waiver option in respect of damage to the hired plant/machines?	YES / NO
ii. Please attach a copy of your formal conditions of hire to this Proposal.	

i) Are your plant expected to be used:

i. Underground?	YES / NO
ii. In connection with the exploration for oil, gas &/or any other hazardous substances?	YES / NO
iii. In the demolition industry?	YES / NO
iv. On, in &/or over water &/or in tidal areas?	YES / NO

If "YES", please provide full details. \_\_\_\_\_

j) Do you propose to insure any road transport/goods carrying vehicles under this Policy? YES / NO  
 If YES, please state the operating radius of these vehicles from their garaging address: \_\_\_\_\_ klm

k) What is your estimated total gross annual turnover? \$ \_\_\_\_\_

l) What is your estimated total gross annual wage roll? \$ \_\_\_\_\_

m) What is the total number of all employees (including principals, partners & directors)? \_\_\_\_\_

n) What is the total number of employees who are plant operators? \_\_\_\_\_

**7. SCHEDULE OF PLANT**

Please complete the following table of all the plant/.machines to be insured under this policy. (NOTE: Only include a Current Market Value if the plant/machine is to be insured for Damage)

Item No.	Details of Year, Make, Model & Attachments	Rego No.	Serial No. & Engine No.	Lift/Carry Capacity (Tonnes)	Description of Plant	Full name of third party interests & reason for interest (e.g. finance, hired-in, etc)	Current Market Value (NOTE: only for items to be insured for Damage)	Agreed Value Option	Breakdown Option	Road Risk Option (Liability)
1								Yes/No	Yes/No	Yes/No
2								Yes/No	Yes/No	Yes/No
3								Yes/No	Yes/No	Yes/No
4								Yes/No	Yes/No	Yes/No
5								Yes/No	Yes/No	Yes/No
6								Yes/No	Yes/No	Yes/No
7								Yes/No	Yes/No	Yes/No

**Note:** Please attach a current licensed valuers' certificate/valuation to this Proposal for all Plant where the Agreed Value Option has been elected. All certificates/ valuations **must** be less than 3 months old. **Please note Market Value cover will be provided for Plant without current certificates/valuations.**

# POLICY 1: MATERIAL LOSS OR DAMAGE TO PLANT

## 8. DAMAGE (PER SECTION 2.1 OF THE POLICY WORDING)

a) Do You wish to insure Your own machines against Damage? YES / NO

If "Yes", please identify these machines by stating their Current Market Value in the Schedule of Plant (refer to page 6 of this Proposal).

For Plant which you requested to insure with the Agreed Value Option, please attach a current licensed valuers' certificate/valuation to this Proposal for all such Plant. All certificates/ valuations **must** be less than 3 months old. **Please note that Market Value cover will be provided for Plant without current certificates/valuations.**

## 9. HIRED-IN PLANT – OPTIONAL COVERAGE (PER SECTION 2.2 OF THE POLICY WORDING)

a) Do You wish to insure Hired-in machines against Damage? YES / NO

If "Yes",

- i. Please attach a copy of the hire agreement.
- ii. For Specified cover, please provide details of hired-in machines to be covered identifying hired-in plant in the Schedule of Plant under "Third Party Interests".

Item No. (refer to the Schedule of Plant, page 6)	Full name of owner of the Plant	Length of hire period	Hiring charges/fees under the contract of hire

iii. For blanket cover, please complete the following table

General description of the nature & type of Plant to be Hired-in	Estimated No. of Plant hired-in	Estimated total annual hiring fees	Estimated market value of all hired-in Plant at any one time	Estimated market value of the valuable hired-in Plant

**10. CONSEQUENTIAL LOSS – OPTIONAL COVERAGE (PER SECTION 2.3 OF THE POLICY WORDING)**

- a) Do You wish to insure Your business under Section 2.3 against loss of revenue consequent upon Damage to your machines own machines against Damage? YES / NO

**Note:** the Plant must be insured against Damage under Section 2.1 of the policy, or similar insurance with another insurer before this section responds to a loss/claim.

- b) If "YES" to a), please provide the following details:

- i. Amount of cover required: \$ \_\_\_\_\_
- ii. Indemnity Period required (in weeks):  4  12  26  Other – please specify: \_\_\_\_\_ weeks
- iii. The total revenue of the business from all insured Plant for the last 12 months, after deducting total costs of working: \$ \_\_\_\_\_
- iv. The estimated total revenue of the business from all insured machines for the proposed Period of Insurance, after deducting total costs of working: \$ \_\_\_\_\_
- v. The estimated maximum time to obtain a replacement for a damaged machine: weeks

- c) Could any Plant (including any parts of any Plant) be difficult to replace if damaged during the proposed Period of Insurance? YES NO

If "YES", please provide details of the Plant (i.e. Item No.) including the part/s which are difficult to repair/source.

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**11. BREAKDOWN OPTIONAL COVERAGE (PER SECTION 2.4 OF THE POLICY WORDING)**

- a) Do You wish to insure Your Plant against Breakdown Damage under Section 2.4? YES / NO

- b) If "YES", please identify these by selecting "Yes" in the Breakdown Option column of the Schedule of Plant, page 6.

- c) Have any of the Plant selected for Breakdown Option cover any major components of these machines been replaced, reconditioned or otherwise undergone major work in the last 3 years? YES / NO

If "YES", please provide details of the Plant (i.e. Item No.) including the work done and date it was completed.

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**12. ADDITIONAL BENEFITS APPLYING TO POLICY 1**

The following Additional Benefits apply to this Policy:

- |                                       |   |
|---------------------------------------|---|
| 1. Damage to Lifted Goods Sum Insured | \$5,000   |
| 2. Multiple Crane Operation           |   |
| 3. Expediting Costs Sum Insured       | \$10,000 or 20% of indemnity, whichever is the lesser   |
| 4. Recovery Costs                     | \$50,000 or the net expense incurred by you using your own equipment, whichever is the lesser |
| 5. Indemnity to Hirer                 |   |
| 6. Appreciation in Value              | Up to 25% above the Market Value  |
| 7. Additions/Deletions of Machines    | Sum Insured \$50,000 – notification required within 30 days                                   |
| 8. Agreed Value                       | 10. Owner's Protection Plus (dry hire only)   |
| 9. Owner's Protection (wet hire only) | 11. Hired-Out Plant (Damage Waiver for dry hirer)   |

Please note that:

- Additional Benefits 1-6 apply automatically to the Damage & Hired-in sections (i.e. sections 2.1 & 2.2).
- Additional Benefit 7 applies to Damage (i.e. section 2.1), but does not apply to Hired-in Plant (i.e. section 2.2).
- Additional Benefits 8, 9, 10 and 11 are optional for both Damage & Hired-in sections (i.e. sections 2.1 & 2.2) and are available for an additional premium.
- Optional Additional Benefits apply to the relevant section only if the Policy Schedule states that they apply to that Section.

- a) For additional premium, the following limits for these Additional Benefits can be increased. If You require an increased limit, please complete the following:

Additional Benefit No. & Title	Required Limit
1. Damage to Lifted Goods Sum Insured	Increase to: \$ _____
3. Expediting Costs Sum Insured	Increase to: \$ _____
7. Additions/Deletions of Machines	Increase to: \$ _____

- b) Do You wish Additional Benefit 9, Owner's Protection, to apply? YES / NO  
 c) Do You wish Additional Benefit 10, Owner's Protection Plus, to apply? YES / NO  
 d) Do You wish Additional Benefit 11, Hired-Out Plant-Damage Waivers, to apply? YES / NO

If "YES", please:

- i. State the total revenue of Your business, derived from dry hiring plant? \$ \_\_\_\_\_  
 ii. State the total revenue raised from the damage waiver provision? \$ \_\_\_\_\_  
 iii. Attach a copy of your formal conditions of hire to this Proposal.

## POLICY 2: LIABILITY ONLY

Do you wish to insure your legal Liability arising from your business activities? YES / NO \* \* If No, go to "Declaration", page 12

### 13. DETAILS OF YOUR BUSINESS ACTIVITIES

- a) Please state your estimated gross annual turnover/income for each activity below.

	Gross Annual Turnover/Income	Staff Numbers
Demolition – excluding Asbestos Liability for Removal	\$ _____	_____
Strip-outs – excluding Asbestos Liability for Removal	\$ _____	_____
Asbestos Liability for Asbestos Removal – excl Demolition	\$ _____	_____
Excavation, earthmoving & digging – excluding Underground	\$ _____	_____
Shoring &/or underpinning	\$ _____	_____
Underground work (but excluding Mining)	\$ _____	_____
Salvage sales	\$ _____	_____
Waste or landfill management/operation – excluding Asbestos	\$ _____	_____
Mining – above-ground	\$ _____	_____
Mining – underground in hard-rock mines	\$ _____	_____
Mining – underground in OTHER types of mines	\$ _____	_____
Cranes	\$ _____	_____
Rail industry	\$ _____	_____
Other – please specify: _____	\$ _____	_____
<b>Total</b>	\$ _____	_____

- b) Do you hire out any employees to third parties on a labour-hire basis? YES / NO

If "YES", please state your estimated gross annual turnover/income: \$ \_\_\_\_\_

Please state their activities: \_\_\_\_\_

- c) Do you conduct business operations or activities:
- i. Overseas? YES / NO
  - ii. Underground but only in addition to the activities referred to above in a)? YES / NO
  - iii. Involving off-shore work platforms, &/or work on &/or over water? YES / NO
  - iv. Involving watercraft, aircraft &/or hovercraft? YES / NO
  - v. Involving welding? YES / NO
  - vi. Involving blasting? YES / NO

If "YES", please provide full details including the overseas locations, circumstances & type of work.

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#### 14. ESTIMATED PAYROLL & CONTRACTOR FEES

- a) Please state your estimated annual payroll including the remuneration of Principals, Directors, & Partners

	Payroll &/or Fees	Staff Numbers
Management, Clerical and Sales	\$ _____	_____
Manufacturing	\$ _____	_____
Work away from your premises	\$ _____	_____
Contractors/subcontractors fees – material only	\$ _____	_____
Contractors/subcontractors fees – labour only	\$ _____	_____
Contractors/subcontractors fees – labour & material	\$ _____	_____
Other – please specify: _____	\$ _____	_____
<b>Total</b>	<b>\$ _____</b>	_____

- b) Please state the activities of the contractors/subcontractors you engage: \_\_\_\_\_

- c) For all contractors/subcontractors, do you always confirm they hold a current policy for:
- i. Liability insurance? YES / NO  
If so, what is the Limit of Indemnity? \$ \_\_\_\_\_
  - ii. Asbestos Liability insurance? YES / NO  
If so, what is the Limit of Indemnity? \$ \_\_\_\_\_
  - iii. Workers Compensation insurance? YES / NO
- d) Are you always named as Principal on a contractor's/subcontractors insurance policy for:
- i. Liability insurance policy? YES / NO
  - ii. Asbestos Liability insurance policy? YES / NO

#### 15. DETAILS OF YOUR PRODUCTS

- a) Do you manufacture, import, export, re-package &/or distribute any product? YES / NO

If "YES", please complete the following questions.

- i. Please complete the following table.

Product Description	Your Role *	Total Annual Turnover	Origin (for imports)	Destination (for exports)
		\$ _____		
		\$ _____		

\* denotes (M) = Manufacture, (I) = Import, (E) = Export, (R) = Re-package, (D) = Distribute

- ii. Do you modify products which you import, export, re-package or distribute? YES / NO
- iii. For all products which you manufacture, can you with certainty identify the source of every item used in their manufacture? YES / NO
- iv. Are any of your products used in aircraft, vehicles, watercraft, or hovercraft, or at power stations, chemical/petrochemical plants, or mining/drilling sites? YES / NO
- v. Do you manufacture any petrochemicals, industrial chemicals (including pesticides/fungicides), fertilizers, pharmaceuticals, or radioactive/asbestos material? YES / NO
- vi. Do you have quality control procedures in place for all your products? YES / NO
- vii. Have you ever recalled a product because of a potential safety hazard? YES / NO

If "YES" to the above, ii. to vii., please full provide details: \_\_\_\_\_

\_\_\_\_\_

## 16. POLLUTION

- a) Do any of your trade processes produce toxic wastes & other pollutants which have the potential to injure people or damage property or otherwise harm the environment? YES / NO

If "YES", please provide full details including quantities & how they are stored/handled.

\_\_\_\_\_

- b) Are you required to hold EPA licenses? YES / NO

If "YES", please provide full details: \_\_\_\_\_

- c) Would you require this insurance to include Asbestos Removal Liability? YES / NO

If "YES", please advise:

- i. What year did you commence removing Asbestos? \_\_\_\_\_

- ii. What type of Asbestos will you be removing? Bonded / Friable

- iii. Do you currently have Asbestos Liability insurance? YES / NO

If "YES", please advise:

Insurer: \_\_\_\_\_ Expiry date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Limit of Indemnity \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

Retroactive date (if applicable): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NOTE:** Cover for Asbestos Liability insurance is offered as an endorsement to the Policy & the endorsement is on a "Claims Made" basis. Please refer to the "Important Notices" for details on "Claims Made" contracts.

## 17. PROFESSIONAL INDEMNITY EXPOSURE

- a) Do you provide any advice, design or specification to third parties for:
- i. a fee? YES / NO
  - ii. no fee? YES / NO

If "YES", please provide full details: \_\_\_\_\_

- b) Do you require a quote for Professional Indemnity insurance? YES / NO

- i. If "YES", do you currently have Professional Indemnity insurance? YES / NO

- ii. If "YES", please advise the following details about your current policy:

Insurer: \_\_\_\_\_ Expiry date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Limit of Indemnity \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

Retroactive date (if applicable): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Premium: \$ \_\_\_\_\_

**NOTE:** We will review this proposal & where possible, provide indicative terms. A separate proposal form specifically for Professional Indemnity insurance must be completed before quoting and/or issuing cover.

**18. CONTRACTUAL LIABILITY**

Do you assume liability under contract or hold others harmless (other than lease liability)? YES / NO  
If "YES", please provide full details and attach copies of all applicable agreements (other than leases).

**19. LIMIT OF INDEMNITY**

- a) Public Liability (any one Occurrence) \$ \_\_\_\_\_
- b) Products Liability (in the aggregate for all Injury/Damage during the Period of Insurance) \$ \_\_\_\_\_
- c) Care, Custody & Control (any one Occurrence) \$ \_\_\_\_\_
- d) Asbestos Liability (in the aggregate during the Period of Insurance) \$ \_\_\_\_\_
- e) Statutory Liability up to \$1 million (in the aggregate during the Period of Insurance)? YES / NO

**20. CARE, CUSTODY AND CONTROL, & GOODS ON HOOK**

- a) What is the total value at all your locations of property owned by others in your care, custody or control (but excluding Goods on Hook)? \$ \_\_\_\_\_
- b) What is the maximum value of Goods on Hook which you require? \$ \_\_\_\_\_
- c) What is the maximum value of any one item? \$ \_\_\_\_\_
- d) Please provide a brief description of the property: \_\_\_\_\_
- e) Is this property covered by a material damage or any other policy of insurance? YES / NO  
If "YES", please provide full details including the insurer, policy type, policy number & policy period.

**DECLARATION – APPLIES TO ALL SECTIONS OF THIS PROPOSAL**

I/We

- a) declare that:
  - i. I/we have read and understood the clauses detailed under the Important Notices section at the front of this Proposal;
  - ii. the answers and information given by me/us in this Proposal are true and correct in all respects;
  - iii. no information has been withheld that would affect the underwriter's decision to accept this Proposal;
  - iv. where answers in this Proposal are not in my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
- b) authorise the Underwriters to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and claims under those insurances.
- c) understand that, if this Proposal is accepted, my/our insurance cover will be subject to the terms and conditions set out in the policy wording.
- d) acknowledge that the underwriters & their agents reserve the right to decline this Proposal.

Proposer's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Proposer's Title: \_\_\_\_\_

