Liability Proposal

Period of Insurance



CONTACT AND INFORMATION DETAILS				
Brokerage				
Contact details for G	enesis Underwriting Agency are:			
Genesis Underwriti	ing Pty Ltd			
Po Box 1369, Manly N	SW 1655			
Phone - 02 8412 3500				
Fax - 02 8412 3599				
Genesis Underwriting	g respects your privacy and complies with the Privacy Act and the Australian Privacy Principles. A copy of Genesis			
	y information is available from our website at www.genesisuw.com.au			
Your Duty of Disclo	sure			
have a duty to disclos decision whether to a	rance Contracts Act 1984 provides that before You enter into a contract of general insurance with an Insurer, You se to the Insurer every matter that You know, or could reasonably be expected to know, is relevant to the Insurer's accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the new, extend, vary or reinstate a contract of general insurance.			
However, Your duty o	f disclosure does not require You to disclose matters that:			
that are of commothat Your Insurer k	be undertaken by the Insurer; in knowledge; knows or, in the ordinary course of its business, ought to know; fance with Your duty is waived by the Insurer.			
This duty of disclosur	e continues after this application form has been completed up until the Period of Insurance commences.			
Consequences of N	on-Disclosure			
	with Your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect cel the contract. If Your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the nning.			
Material Change in	Risk:			
You should advise Ge	enesis of any material change to the risk, for example moving to a different location.			
BUSINESS				
Named Insured	First Name			
	Last Name			
Company Name				
ΔRN	Current Insurer			

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SITUATIONAL DETAILS

Situation Address	Number, Street Address					
	City / Suburb State	Postcode				
Full description of your busines	s activities					
Years in operation	This BusinessYears Any Other Business	Years				
Interested Party/ies including the	eir address & nature of their interests					
1)						
2)						
3)						
Have you or any director/ partner/manager of the	a) had insurance declined or cancelled?	Yes No				
business ever	b) had an insurer refuse or not invite renewal?	Yes No				
	c) had any special conditions imposed on a policy of insurance?	Yes No				
	d) had a special excess imposed on a policy of insurance?	Yes No				
	e) had a claim rejected under a policy of insurance?	Yes No				
	f) been declared bankrupt or put into receivership or liquidation?	Yes No				
	g) been charged with or convicted of a criminal offence?	Yes No				
	h) any other matters you should disclose? (see 'Your Duty of Disclosure')	Yes No				
	If you answered 'Yes' to any of the above questions, please provide complete details					

CLAIMS HISTORY

nsurer	Date	Details	Amount
f insufficient space , please pro	vide full details at the	end of this document)	
RISK MANAGEMENT HOUSEKEEPING AND MA		ГҮ	
isk Awareness / Management a	ttitude		Excellent Good Fair
Cleanliness / Tidiness			Excellent Good Fair
ire Load			Low Moderate High
uilding Condition / Maintenanc	e Program		Fair Good As New
moking Controls		None	Partial Ban Total Ban enforced
SURROUNDING EXPOSU	RES		
eperation distance to Neighbou	urs premises Adjoining		< 3 metres 3 to 10 metres
			More than 10 metres
egree of hazard in neighbours	premises		Low Moderate High
SECURITY			
hysical protection of windows a	and doors		Minimal Good Excellent
larm protection			None Local monitored
		Partial fe	enced Fuly fenced and gated
erimeter fencing			
erimeter fencing kternal night lighting			None Part Only All Areas

PUBLIC AND PRODUCTS LIABILITY

Limit of Indemnity required:	Public Liability \$	ucts Liability \$		
	Deductible \$		ny one occurrence) (in the agg surance)	gregate per period of
ESTIMATE ANNUAL TURNOV	ER \$			
Turnover split by major busines (Where the business is conducted)	ss activity. ed in more than one State, we will require o	a split of turn	nover by State).	
		State	Actual Last 12 Months	Estimate for 12 Months
Business Activity			\$	\$
Business Activity			 \$	\$
Business Activity —			 \$	\$
Business Activity			\$	\$
Where you are a property owne	er, please provide details of gross rentals.		\$	\$
Estimated Wages			\$	\$
Number of Employees				
Do you engage personnel from	labour hire companies (other than contract	ors mention	ed in Question below)?	Yes No
			Actual Last 12 Months	Estimate for 12 Months
Payment to Labour Hire Compa	anies or other parties		\$	\$
			\$	\$
			\$	\$
(a) Number (of Labour Hire people?			
(b) Type of w	vork undertaken?			
Do you engage contractors or s	ub-contractors? (If 'Yes', please estimate an	nual contrac	t value split between)	Yes No
			Actual Last 12 Months	Estimate for 12 Months
(a) Labour o	nly		\$	\$
(b) Labour a	nd Services		\$	·
(c) Labour a	nd Materials		·	\$
(d) Type of w	vork undertaken		\$	

	Product & Destination		Estimate for 12 Months	
If you import products, please provide				
details of products and revenue generated.			\$	
If you have exports, please provide details by products and revenue generated.			\$	
Coverage for PRODUCTS EXPORTED TO USA or CANA agreed by Genesis Underwriting and then subject to ad Export to the USA or Canada please confirm; Turnover f	ditional terms and condi	tions and payment of		
Can you with certainty, identify the source of every iter	n used in the manufactu	re of the products?	Yes No	
Do you have quality control procedures in place?		Yes No I	f 'Yes', provide full details:	
Are your products subject to any Australian or internati	onal standard?	Yes No I	f 'Yes', provide full details:	
Do you have recall procedures in place?		Yes No I	f 'Yes', provide full details:	
Have any products been the subject of a recall notice in	n the past 5 years?	Yes No I	f 'Yes', provide full details:	
Have you discontinued manufacturing, processing or ha	andling any products?	Yes No	lf 'Yes', provide full details:	
Does the insured have any overseas locations? Yes No If 'Yes' where and what is the nature of your representation in such Country? (e.g. wholesaling, domiciled employee, power of attorney, branch subsidiary, agency etc.)				
Type of Business mar	nufacturer importe	er wholesaler	retailer property owner	
If importer, where are products imported from				
Southeast Asia China	Eas	tern Europe	Western Europe	
USA India	Mid	dle East		

If retail only, where are your suppli	ers based?			
Southeast Asia	China	Eastern Europe	Western Eur	ope
USA	India	Middle East	Australia	
New Zealand				
CONTRACTUAL LIABILITY				
	der agreement or contract will be li ss, or specifically agreed contracts.	mited to lease liability or liabilit	y assumed under a war	ranty of fitness
Do you accept liability or hold other	ers harmless / give away your legal	rights (other than lease liability))?	Yes No
If 'Yes', please provide details and agreed by Genesis.	attach copies of all agreements (ot	her than lease liability). Covera	ge will be provide only i	f specifically
DETAILS OF THE BUSINESS	/ PREMISES			
Do you or does someone on your	behalf perform work away from the	premises?	[Yes No
If 'Yes',		Actual La	st 12 Months Estima	te for 12 Months
Percentage of to	urnover?	%	%	
Type of work?				
Is welding performed by you? Yes No If 'Yes', do you operate to AS 1674 - Part 1 Yes No				
Do you hold any goods in your care	e, custody or control in the course o	f your normal business practice:	?	Yes No
If 'Yes', please provide brief details	including the total value of the pro	perty		

IMPORTANT INFORMATION

SUBROGATION CLAUSE

This Policy contains provisions which have the effect of excluding or limiting the Insurer's liability in respect of a Loss where You have prejudiced the Insurer's rights of subrogation, where You are a party to an agreement which excludes, or limits the Insurer's rights to recover the Loss from another party.

DECLARATION

Please Note: Signing the Declaration does not bind You or the Insurer to complete this insurance. I declare that I have made all necessary inquiries into the accuracy of the responses given in this application and confirm that the statements and particulars given in this application are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that should any of the information given by me alter between the date of this application and the inception date of the insurance to which this application relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the Important Notice contained in this application form and that I have read and understood the content of that Notice. I confirm that I am authorised by the Company and its Directors to complete, sign and submit this application on behalf of the Company and its Directors.

Name	Title
Signature	Date (YY/MM/YY)
ADDITIONAL NOTES	

ADDITIONAL DOCUMENTS

If you have any additional documentation please attach copies to this form.