Liability Proposal

Period of Insurance



Brokerage	
Contact details for Ge	enesis Underwriting Agency are:
Genesis Underwritir	ng Pty Ltd
216/117 Old Pitwater R	oad,
Brookvale NSW 2100	
Phone - 02 8412 3500	
	respects your privacy and complies with the Privacy Act and the Australian Privacy Principles. A copy of Genesis information is available from our website at www.genesisuw.com.au
Your Duty of Disclos	ure
have a duty to disclose decision whether to ac	ance Contracts Act 1984 provides that before You enter into a contract of general insurance with an Insurer, You to the Insurer every matter that You know, or could reasonably be expected to know, is relevant to the Insurer's except 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 of	disclosure does not require You to disclose matters that:
that are of commonthat Your Insurer kn	be undertaken by the Insurer; I knowledge; nows or, in the ordinary course of its business, ought to know; noce with Your duty is waived by the Insurer.
This duty of disclosure	continues after this application form has been completed up until the Period of Insurance commences.
Consequences of No	on-Disclosure
	ith Your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect el the contract. If Your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the ning.
Material Change in I	Risk:
You should advise Ger	nesis of any material change to the risk, for example moving to a different location.
BUSINESS	
Named Insured	First Name
	Last Name
Company Name	
A D N I	

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SITUATIONAL DETAILS

Situation Address	Number, Street Address						
	City / Suburb State	Postcode					
Full description of your busine	ss activities						
Years in operation	This BusinessYears Any Other Business	Years					
Interested Party/ies including th	eir address & nature of their interests						
1)							
2)							
3)							
Have you or any director/ partner/manager of the business ever	a) had insurance declined or cancelled?	Yes No					
	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

surer	Date	Details			Amount
insufficient space , please provi	de full details at th	ne end of this document)			
ISK MANAGEMENT A		ITY			
sk Awareness / Management att	itude			Excellent G	ood Fair
eanliness / Tidiness				Excellent G	ood Fair
re Load				Low Moder	ate High
ilding Condition / Maintenance	Program			Fair Good A	As New
noking Controls			None	Partial Ban	Total Ban enforced
SURROUNDING EXPOSURE	ΞS				
peration distance to Neighbours	s premises Adjoini	ng		<pre>< 3 metres</pre>	3 to 10 metres
				More than 10 met	res
egree of hazard in neighbours pr	remises			Low Moder	ate High
SECURITY					
nysical protection of windows and	d doors			Minimal Go	od Excellent
arm protection				None Local	monitored
			Partial	l fenced Fuly fenc	ced and gated
rimeter fencing					
erimeter fencing kternal night lighting				None Part (Only All Area

PUBLIC AND PRODUCTS LIABILITY

Limit of Indemnity required:	Public Liability \$	P	roducts Liability \$	
	Deductible \$		any one occurrence) (in the agg nsurance)	gregate per period of
ESTIMATE ANNUAL TURNO	OVER \$			
Turnover split by major busir	ness activity. ucted in more than one State, we will require o	a split of tur	rnover by State).	
		State	Actual Last 12 Months	Estimate for 12 Months
Business Activity			\$	\$
Business Activity			\$	\$
Business Activity ————			\$	\$
Business Activity			\$	\$
Where you are a property ow	vner, please provide details of gross rentals.		\$	\$
Estimated Wages			\$	\$
Number of Employees				
Do you engage personnel fro	om labour hire companies (other than contract	ors mention	ned in Question below)?	Yes No
			Actual Last 12 Months	Estimate for 12 Months
Payment to Labour Hire Com	npanies or other parties		\$	\$
			\$	\$
			\$	\$
(a) Numb	er of Labour Hire people?			
(b) Type o	of work undertaken?			
Do you engage contractors o	or sub-contractors? (If 'Yes', please estimate an	inual contra	ct value split between)	Yes No
			Actual Last 12 Months	Estimate for 12 Months
(a) Labou	r only		\$	\$
(b) Labou	ır and Services		\$	\$
(c) Labou	r and Materials		\$	\$
(d) Type o	of work 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 If	'Yes', provide full details:		
Are your products subject to any Australian or internati	onal standard?	Yes No If	'Yes', provide full details:		
Do you have recall procedures in place?		Yes No If	'Yes', provide full details:		
Have any products been the subject of a recall notice in	the past 5 years?	Yes No I	'Yes', provide full details:		
Have you discontinued manufacturing, processing or ha	andling any products?	Yes No I	f '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 Europe	
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 liability a	assumed under a warranty of t	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). Coverage	will be provide only if specific	cally
DETAILS OF THE BUSINESS	/ PREMISES			
Do you or does someone on your	behalf perform work away from the	premises?	Yes	No
If 'Yes',		Actual Last	12 Months Estimate 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		f your pormal business practice?	Yes	No
	e, custody or control in the course o	your normal business practice:	L les	

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.