

Liability Proposal



CONTACT AND INFORMATION DETAILS

Brokerage _____

Contact details for Genesis Underwriting Agency are:

Genesis Underwriting Pty Ltd

Po Box 1369, Manly NSW 1655

Phone - 02 8412 3500

Fax - 02 8412 3599

Genesis Underwriting respects your privacy and complies with the Privacy Act and the Australian Privacy Principles. A copy of Genesis Underwriting's privacy information is available from our website at www.genesisuw.com.au

Your Duty of Disclosure

Section 21 of the Insurance Contracts Act 1984 provides that before You enter into a contract of general insurance with an Insurer, You have a duty to disclose to the Insurer every matter that You know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the Insurer before You renew, extend, vary or reinstate a contract of general insurance.

However, Your duty of disclosure does not require You to disclose matters that:

- diminish the risk to be undertaken by the Insurer;
- that are of common knowledge;
- that Your Insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance 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 Non-Disclosure

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

Material Change in Risk:

You should advise Genesis of any material change to the risk, for example moving to a different location.

BUSINESS

Named Insured First Name _____

Last Name _____

Company Name _____

ABN _____ Current Insurer _____

Period of Insurance From _____ To _____ Expires 4pm est

SITUATIONAL DETAILS

Situation Address

Number, Street Address _____
City / Suburb _____ State _____ Postcode _____

Full description of your business activities

Years in operation

This Business _____ Years Any Other Business _____ Years

Interested Party/ies including their 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

In the last 5 years have you sustained loss or damage (insured or not) of a type against which insurance is now being sought, for all sections of the policy noted in this form? If 'Yes' – Please provide further details Yes No

Insurer	Date	Details	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(If insufficient space , please provide full details at the end of this document)

RISK MANAGEMENT AND SECURITY

HOUSEKEEPING AND MANAGEMENT

- Risk Awareness / Management attitude Excellent Good Fair
- Cleanliness / Tidiness Excellent Good Fair
- Fire Load Low Moderate High
- Building Condition / Maintenance Program Fair Good As New
- Smoking Controls None Partial Ban Total Ban enforced

SURROUNDING EXPOSURES

- Separation distance to Neighbours premises Adjoining < 3 metres 3 to 10 metres
 More than 10 metres
- Degree of hazard in neighbours premises Low Moderate High

SECURITY

- Physical protection of windows and doors Minimal Good Excellent
- Alarm protection None Local monitored
- Perimeter fencing Partial fenced Fully fenced and gated
- External night lighting None Part Only All Areas
- Security guards / controls None Patrols on site 24 hrs

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 CANADA is excluded from this insurance. Coverage will be provided only if specifically agreed by Genesis Underwriting and then subject to additional terms and conditions and payment of an extra premium. If the insured does Export to the USA or Canada please confirm; Turnover for Exports and Products Exported

Can you with certainty, identify the source of every item used in the manufacture 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 international 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 If 'Yes', provide full details:

Have you discontinued manufacturing, processing or handling any products? Yes No If '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 manufacturer importer wholesaler retailer property owner

If importer, where are products imported from

Southeast Asia China Eastern Europe Western Europe

USA India Middle East

If retail only, where are your suppliers based?

Southeast Asia

China

Eastern Europe

Western Europe

USA

India

Middle East

Australia

New Zealand

CONTRACTUAL LIABILITY

Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality as regards your products, or specifically agreed contracts.

Do you accept liability or hold others harmless / give away your legal rights (other than lease liability)? Yes No

If 'Yes', please provide details and attach copies of all agreements (other than lease liability). Coverage will be provide only if specifically agreed by Genesis.

DETAILS OF THE BUSINESS / PREMISES

Do you or does someone on your behalf perform work away from the premises? Yes No

If 'Yes',

Percentage of turnover?

Actual Last 12 Months **Estimate for 12 Months**

% _____ % _____

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, custody or control in the course of your normal business practice? Yes No

If 'Yes', please provide brief details including the total value of the property
