

LIABILITY PROPOSAL FORM



Contact details for Genesis Underwriting Agency are:

Genesis Underwriting Pty Ltd
PO Box 415,
Balgowlah NSW 2093
Phone - 02 8412 3500

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.

Contact and information details

Brokerage:

Business

Named Insured:

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? Yes No

If **Yes** – Please provide further details

Insurer:	Date:	Details:	Amount:
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(If insufficient space , please provide full details at the end of this document)

Risk Management & 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	

Public & Products Liability

Limit of Indemnity required:	Public Liability:	\$
	Products Liability:	\$
	Deductible:	\$

(any one occurrence) (in the aggregate per period of insurance)

Estimate Annual Turnover: \$

Turnover split by major business activity:

(Where the business is conducted in more than one State, we will require a split of turnover by State).

Business Activity	State	Actual Last 12 Months	Estimate for 12 Months
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Where you are a property owner?

Please provide details of gross rentals:

Estimated Wages:

Number of Employees:

Do you engage personnel from labour hire companies?
(other than contractors mentioned in Question below)

Yes No

Payment to Labour Hire Companies or other parties

Actual Last 12 Months

Estimate for 12 Months

\$

\$

\$

\$

\$

\$

a) Number of Labour Hire people?

b) Type of work undertaken?

Do you engage contractors or sub-contractors?

(If **Yes**, please estimate annual contract value split between)

Yes No

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Actual Last 12 Months

Estimate for 12 Months

a) Labour only:

\$

\$

b) Labour and Services:

\$

\$

c) Labour and Materials:

\$

\$

d) Type of work undertaken:

\$

\$

Product & Destination

Estimate for 12 Months

If you import products, please provide details of products and revenue generated.

\$

If you import products, please provide details of 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:	Eastern Europe	China	India
	Western Europe	Middle East	USA
	Southeast Asia		
If retail only, where are your suppliers based?	Eastern Europe	China	India
	Western Europe	Middle East	USA
	Southeast Asia	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**:

	Actual Last 12 Months	Estimate for 12 Months
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Percentage of turnover?	%	%
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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:

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 of the insured:

Date:

Additional Notes

Additional Documents

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