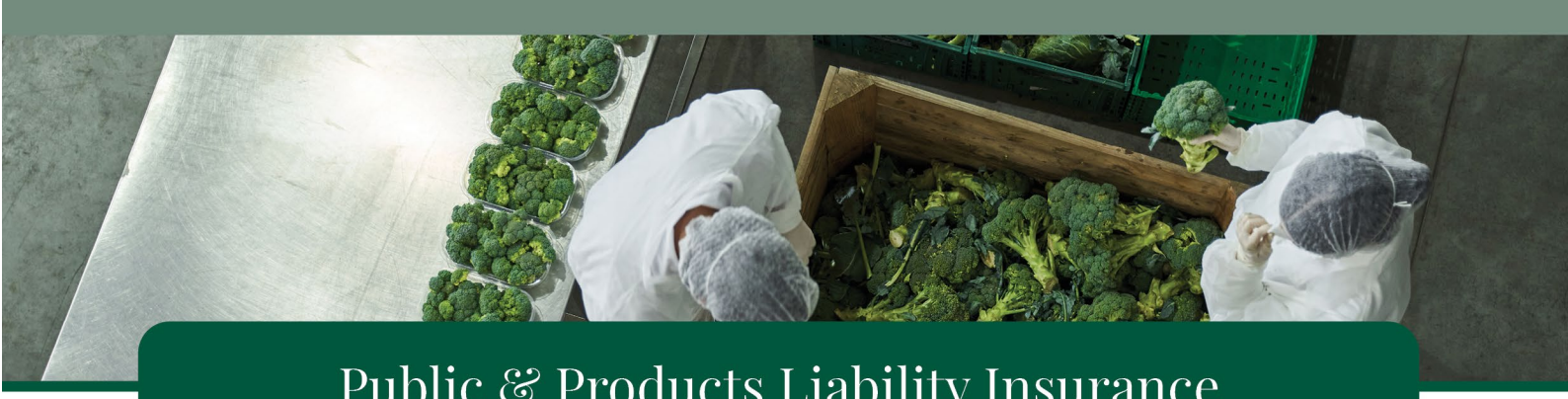

Public & Products Liability Insurance

Your Award Winning Insurer

Name of Insured:

1. Please provide an estimate of the proposer's annual payroll and staff numbers by activity:

	Payroll	Number of staff
Management, Clerical and sales		
Manufacturing		
Work away from premises		
Other (please specify):		

Please note: For Project Manager and Supervisory Roles please refer to Question 8 & 9 below.

2. Limit of Indemnity required:

☐ $5,000,000
☐ $10,000,000
☐ $20,000,000

3. Please provide a full description of all business activities that Public/Products Liability cover is required:

4. Please provide an estimate of the proposer's annual turnover by Product:

Description of Product	(M) Manufacture (I) Import (D) Distribute	Estimated Annual Turnover ($)	Estimated Annual Exports ($)	Destination of Exports	Origin of Imports
	Please Choose				
	Please Choose				
	Please Choose				
Total					

Berkley Insurance Australia
| a Berkley Company

PO Box Q296, QVB NSW 1230
1300 800 772
australia@berkleyinaus.com.au
berkleyinaus.com.au

5. Does the insured engage or intend to engage labour hire personnel, either from labour hire companies or 'internal' labour hire (other than contractors mentioned in Question 9 below)?

   Please note: Internal labour hire refers to the hire of staff between insured entities named within this policy of insurance

   No ☐ Yes ☐ If yes, please provide annual split between:

Labour Hire Companies	**Actual for the last 12 months**	**Estimate for the next 12 months**
a) Payment to external labour hire companies or other parties		
b) Number of people engaged		
c) Type of work undertaken		
Internal Labour Hire	**Actual for the last 12 months**	**Estimate for the next 12 months**
a) Payment to internal labour hire companies or other parties		
b) Number of people engaged		
c) Type of work undertaken		

6. Please provide details of any Liability claims or uninsured losses incurred by the proposer in the last five (5) years?

Policy Period	# claims reported	Amount Paid	Amount Outstanding	Excess	Details of claim circumstances

7. After investigation, is the proposer aware of any circumstances which could give us rise to a claim under the proposed Policy and which are not mentioned above?

   No ☐ Yes ☐ ▶ If yes, please provide details:

Project managers and Supervisory Roles

8. Does or will the proposer assume responsibility for the OH&S and or risk management/safety programs?

   No ☐ Yes ☐ ▶ If yes, please provide details:

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9. Is the proposer responsible for, have control over or direct contractors, subcontractors and/or labour hire workers?

No ☐ Yes ☐ ▶ If yes, please provide details:

DECLARATION

I declare that I am authorised to complete this Addendum on behalf of the Company and that to the best of my knowledge and belief the statements and particulars in this Addendum are true and correct and no material facts have been omitted or misrepresented. I undertake to inform Berkley Insurance Australia (BIA) of any change to any material fact which occurs before any insurance based on this Addendum is entered into.

By completing and signing this Addendum you acknowledge, accept and agree that in underwriting and issuing a policy BIA does and will rely on all disclosures, proposals, declarations and representations made by you to BIA.

D	D	/	M	M	/	2	0		

Date

Name of authorised individual/partner/principal/director

Signature of authorised individual/partner/principal/director

Sydney
Tel. (02) 9275 8500
sydney@berkleyinaus.com.au

Melbourne
Tel. (03) 8622 2000
melbourne@berkleyinaus.com.au

Brisbane
Tel. (07) 3220 9900
brisbane@berkleyinaus.com.au

Perth
Tel. (08) 6488 0900
perth@berkleyinaus.com.au

Adelaide
Tel. (08) 8470 9020
adelaide@berkleyinaus.com.au