

# Public & Products Liability Insurance

## Your Award Winning Insurer



Name of Insured:

### GENERAL INFORMATION

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 10 & 11 below.**

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

3. 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
Total		\$	\$		



**Berkley**  
Insurance Australia  
| a Berkley Company

1300 800 772  
berkleyinaus.com.au

4. 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)?

No  Yes  If yes, please provide annual split between:

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

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		

## PREVIOUS HISTORY AND CLAIMS

5. 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

6. 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

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

No  Yes  ► If yes, please provide details:

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

No  Yes  ► If yes, please provide details:

## INSURANCE REQUIRED

9. Please indicate the Indemnity Limit you require and the excess you would prefer (Note: an excess will apply).

a) \$10,000,000

b) \$20,000,000

c) Other: \_\_\_\_\_

10. Would you like the quotation to include the **Plate Glass Breakage Extension** (sub-limit applies)?

No  Yes  If yes, please select the required sub-limit: \$5,000  \$10,000

## 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.

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Date

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Name of authorised individual/partner/principal/director

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Signature of authorised individual/partner/principal/director

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