



# Public & Products Liability Insurance

## Your Award Winning Insurer



**IMPORTANT INFORMATION: PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS PROPOSAL**

### Completing this Proposal Form

- Any references throughout this Proposal Form to “you” or “your” are to be read as references to “the proposer”. Any reference to “we”, “us” or “insurer” are to be read as reference to “Berkley Insurance Company (limited company incorporated in Delaware, USA) ABN 53 126 559 706 | AFSL 463129 t/as Berkley Insurance Australia”.
- Please answer all questions giving full and complete answers. If a question in the Proposal Form does not apply to the proposer, this should be marked as “Not Applicable” or “N/A”.
- If the space provided on the Proposal Form is insufficient, please use a separate signed dated sheet in order to provide a complete answer to any question.
- It is the duty of the proposer to provide all information that is requested in this Proposal Form as well as to disclose relevant facts. A relevant fact is a known fact or circumstances that may influence the evaluation of risk by the the insurer. If you are uncertain about what a relevant fact is, please contact your broker.

### A. Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

**If you do not tell us something**

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

## **B. Privacy Statement**

We handle your personal information in a responsible manner and in accordance with the Privacy Act 1988 (Cth).

### Consent

By requesting us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure of personal information you have provided to us for the purposes set out in our Privacy Policy.

### How we collect your personal information

Generally we collect personal information from you or your agents. Personal information may also be collected by us from our agents and service providers; other insurers and insurance reference bureaus; third parties who may claim under your policies; service providers who assist us in investigating, processing and settling claims; third parties who may be arranging cover for a group that you are part of; statutory, regulatory and law enforcement bodies and from publicly available sources.

### Why we collect personal information

The personal information we collect enables us to provide our products and services. This may include processing and settling claims; offering products and services that may be of interest to you and conducting market research for products and services that may be relevant to you.

You can choose not to receive product or service offering from us by calling (02) 92758500 Eastern Standard Time 9am to 5pm Monday to Friday inclusive. For further information, you can access our Privacy Policy at [www.berkleyinaus.com.au](http://www.berkleyinaus.com.au)

### Who we disclose your personal information to

Your personal information may be disclosed to other parties with whom we have business arrangements for purposes set out in the paragraph above. These parties may include insurers, intermediaries, reinsurers, related companies, our advisers and parties involved in claims assessment, processing, investigation and settlement. Where required by law, we may also disclose information to government, law enforcement, dispute resolution and statutory or regulatory bodies.

### Personal information about others

Where you provide personal information about others, you represent to us that you have made them aware that you will do so, the types of third parties we may disclose it to together with the purposes we and our third parties use it for, how they can access such information and how complaints can be made

Where you provide sensitive information about others, you represent to us that you have obtained their consent. If you have not, and will not do so, you must tell us before you provide the sensitive information.

### Overseas Disclosure

Your personal information may be disclosed to other companies in the Berkley group, reinsurers and service providers that may be located in Australia and overseas. The countries this information may be disclosed may vary from time to time but may include the United States of America and other countries where the Berkley group has a presence.

Any information disclosed may only be used for the purposes detailed above.

### Accessing your personal information and dealing with complaints

You may request access to the personal information we hold about you by calling us at any time.

Our Privacy Policy details how you can make a complaint about a breach of the privacy principles as set out in the Privacy Act 1988 (Cth) and our complaints process.

Our Privacy Policy is available at [www.berkleyinaus.com.au](http://www.berkleyinaus.com.au)

### Contact Details

Berkley Insurance Australia

Level 7, 321 Kent Street

SYDNEY NSW 2000

Ph: 02 9275 8500

Fax: 02 9261 2773

Email: [australia@berkleyinaus.com.au](mailto:australia@berkleyinaus.com.au)

Web site: [www.berkleyinaus.com.au](http://www.berkleyinaus.com.au)

## GENERAL INFORMATION

1. Please detail all entities to be covered (including trading names):

Name of proposer(s) to be covered	ABN	Date established

2. Principal address of proposer and any other addresses:

Principal address:

Other addresses:

Email address:

Website Address:

3. Please provide a description of your business activities and products supplied:

4. Is cover required for discontinued products?

No  Yes  If yes, please provide full details:

5. Do you have representation outside Australia?

No  Yes  If yes, where and what is the nature of your representation in such country (eg. domiciled employee, power of attorney, branch subsidiary, agency, etc.):

6. Turnover split by major business activity or product (where the business is conducted in more than one state, we will require a split of turnover by state).

Business activity or product	State	Actual Turnover for the last 12 months	Estimated Turnover for the next 12 months
<b>TOTAL</b>			

7. Please give a **percentage split totalling 100%** of which state(s) generate the proposer's income.

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S

If income is generated in NSW, please answer the following additional questions:

- a. Is the proposer a Capital Gains Tax small business entity (within the meaning of section 152-10(1AA) of the *Income Tax Assessment Act 1997* (Cth))?      No  Yes
- b. Is the proposer a small business individual, partnership, company and/or trust, which is carrying on a business, and the business has an aggregated turnover of less than \$2,000,000? (Aggregated turnover is your Australia wide annual turnover plus the annual turnovers of any business entities that are your affiliates or are connected with you).  
No  Yes

8. Wages:

Actual for last 12 months:       Estimate for next 12 months:

9. Number of Employees:

Actual for last 12 months:       Estimate for next 12 months:

10. 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 12 below)?

**Tooltip: 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		

11. Do you only used labour hire companies that are appropriately licensed under the applicable Labour Hire Legislation?

No  Yes

12. Do you engage contractors or sub-contractors?

No  Yes  If yes, please estimate annual payments split between:

	Actual Payment to Sub-Contractors over the last 12 months	Estimated payments to sub-contractors over the next 12 months
a) Labour only		
b) Labour and services		
c) Labour and materials		
d) Type of work carried out		

13. Do you assume liability under contract or hold harmless (other than lease liability)?

No  Yes  If yes, please provide details and attach copies of all agreements:

14. Imported & Exported Products

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

15. Is work performed away from your premises?

No  Yes  If yes, please provide:

	Actual work performed away from premises for the last 12 months	Estimated work performed away from premises for the next 12 months
a) Percentage of turnover		
b) Type of work		

16. Is welding or hot work performed by you or on your behalf?

No  Yes  If yes, do you operate to AS 1674 – Part 1? No  Yes

17. Do you, or do you intend to use, store, handle or discharge any hazardous substances?

No  Yes  If yes, please provide details:

18. Do you, or do you intend to carry out any activities involving:

Bridge construction/maintenance; demolition of buildings or structures; use of explosives, high voltage power supply; airport tarmac; aircraft hangar and any other building used for the purpose of housing, storing or repairing aircraft or aircraft components; wharf or any form of ship handling or loading facility; underground mine; railway track, railway culvert, railway crossing; steelworks; power generating facility; or refinery or gas producing or bulk fuel storage facility?

No  Yes  If yes, please provide details:

19. Do you, or do you intend to carry out any external work above ten (10) metres or two (2) stories?

No  Yes  If yes, please provide details:

20. Do you have property in your care, custody or control?

No  Yes  If yes, please provide brief details including the total value of the property:

21. Have any products been the subject of a recall notice (either voluntary or mandated) in the past ten (10) years?

No  Yes  If yes, please provide details:

### PREVIOUS HISTORY AND CLAIMS

22. Have you previously held insurance for any of the covers proposed for this insurance?

No  Yes  If yes, please provide details:

Name of Insurer	Policy Number	Expiry Date

23. For any of the covers proposed for this insurance has any insurer declined, cancelled or refused any proposal or insurance renewal or imposed special terms or conditions?

No  Yes  If yes, please provide details:

24. Within the last ten (10) years, have you had any claims made against you or have you any knowledge of any incidents which may lead to a claim for any of the covers proposed for this insurance?

No  Yes  If yes, please provide details:

Date	Details	Paid	Outstanding



## INSURANCE REQUIRED

25. 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: \_\_\_\_\_

26. 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

27. Period of Insurance / Required Inception Date: \_\_\_\_\_

## DECLARATION

This Declaration must be completed and signed by or on behalf of all persons making the application for insurance.

I declare that:

- I am authorised by each of the persons making the application for insurance to complete and sign this Proposal Form.
- after making inquiries, all facts, information and statements given in this Proposal Form and any supporting documents attached or otherwise supplied ("**representations**") are true, correct, accurate and complete.
- no material representations have been omitted, misstated, withheld or suppressed which may affect the decision to accept the application for insurance or the terms and conditions on which any insurance is offered or provided.
- I undertake that, should there be any change to the representations after they have been provided to the insurer, then I will immediately inform the insurer about these changes before the relevant policy is entered into.
- I understand that the insurer relies on the representations in forming its decision to offer any policy and that (except where otherwise indicated) the insurer will treat the representations as being made by all persons to be insured.
- I understand that no insurance is in place until such time as the insurer has confirmed acceptance of the application for insurance, and that if the application for insurance is accepted, the insurance cover will be subject to the terms, conditions and exclusions of the policy.
- I consent to the insurer collecting, using, holding and disclosing personal information in accordance with the Privacy Statement contained in this Proposal Form, and that if I have provided or will provide information to the insurer about any other individuals, I am authorised to disclose the other individual's personal information to the insurer and also to give the previously mentioned consent on both my and their behalf.
- I acknowledge receipt of the Important Information contained in this Proposal Form and that I have read and understood the content of them.

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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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