

## Important Notice

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### Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 (Cth), 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, on 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.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is 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.

### Non Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their 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.

### Claims Made Cover

Certain covers, where effected, are provided on a 'Claims Made' basis. Such covers include Statutory Liability and Financial Loss. This means that the insurance covers you for any claims made against you and notified to the insurer during the period of insurance. This does not provide cover in relation to:

- acts, errors or omissions that occurred prior to the retroactive date (if one is specified) in the policy;
- any claim made, threatened or intimated against you prior to the commencement of the period of insurance;
- any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the period of insurance;
- any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;
- any claim arising out of any fact you are aware of before the commencement of the period of insurance;
- any claim made against you after the expiry of the period of insurance.

However, the effect of Section 40(3) of the Insurance Contracts Act 1984 (Cth) is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the period of insurance, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the period of insurance, notwithstanding that the claim was made against you after the expiry of the period of insurance

### Privacy Notice

Liberty International Underwriters (LIU) is a trading name of Liberty Mutual Insurance Company, which is a company incorporated in the United States. It is a member of Boston-based Liberty Mutual Group (LMG). LIU Australia's head office contact details are:

Address: Locked Bag 18, Royal Exchange NSW 1225, Australia  
Phone: +61 2 8298 5800

LIU is bound by the Privacy Act 1988 (Cth) and its associated Australian Privacy Principles when it collects and handles your personal information.

LIU collects personal information, including from insurance brokers, in order to provide its services and products, manage claims and for purposes ancillary to its business. LIU passes it to third parties involved in this process such as LIU's



related companies, reinsurers, agents, loss adjusters and other service providers. We may store your information with third party cloud or other types of networked or electronic storage providers. Third parties may be located locally or overseas in the United States, Canada, United Kingdom, Singapore, Hong Kong and Malaysia. Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from LIU. If you do not provide the personal information LIU or other relevant third parties require to offer you specific products or services, LIU may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal information, make a privacy complaint, or if you have any query about how LIU collects or handles your personal information please write to LIU's Privacy Officer at the address above or by emailing: **privacy.officer.ap@libertyiu.com**. To obtain a copy of LIU's Privacy Policy go to LIU's website ([www.liuaustralia.com.au](http://www.liuaustralia.com.au)) or request a copy from LIU's Privacy Officer.

When you give LIU personal or sensitive information about other individuals, LIU relies on you to provide its Privacy Notice to them. If you have not done this, you must tell LIU before you provide the relevant data.

## Statutory Liability Proposal Form

**Important:** Please answer all questions fully. All questions will be deemed to be answered in respect of all entities & persons to be insured under this policy. If the space provided is insufficient please include attachments on your company letterhead.

1. Named Organisation:

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2. Describe comprehensively the nature of business activities / operations (including all subsidiaries / controlled entities and joint ventures)

3. State the details of liability insurances currently purchased (Insert "Nil" if insurance not purchased)

| Liability Insurance                          | Insurer | Period of Insurance |
|--|---------|---------------------|
| Directors & Officers                         | _____   | _____               |
| D&O Supplementary Legal Expenses             | _____   | _____               |
| Professional Indemnity                       | _____   | _____               |
| General Public & Products                    | _____   | _____               |
| Employment Practices                         | _____   | _____               |
| Other (Environmental, Marine, Aviation, etc) | _____   | _____               |

4. Has any person or organisation to be covered by this insurance, in the past 5 years:

- a) had a fine or penalty or infringement notice (other than traffic) Impended by Federal, State, Local Government or other statutory authority?      Yes       No
- b) experienced any incident or circumstance which could give rise to a fine or penalty by Federal, State, Local Government or other statutory authority?      Yes       No

If Yes, please provide comprehensive details

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5. Does the Named Organisation have formal Quality Assurance Certification (to ISO 9000 series)? If you're in the process of obtaining certification, please provide the date certification is expected.      Yes       No

6. Does the Named Organisation or any Subsidiary / Controlled Entity thereof manufacture or use any toxic chemicals or hazardous substances?      Yes       No

If Yes, please provide comprehensive details

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7. Does the Named Organisation or any Subsidiary / Controlled Entity thereof have or applied for any licence to pollute?      Yes       No

If Yes, please provide comprehensive details

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8. Does the Named Organisation or any Subsidiary / Controlled Entity thereof have any marine or aviation operations or activities within Australia, including Australian Coastal Waters? Yes  No

If Yes, please provide comprehensive details

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9. On the last Workers Compensation renewal, was the Named Organisation rated at the industry standard rate or did any discount or loading to the industry standard rate apply? Standard   
Discount   
*If you are uncertain how to correctly answer this question, please attach a copy of your last Renewal Notice* Loading

If Yes, please provide comprehensive details

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10. State the number of:
- a) Directors (Main Board) \_\_\_\_\_
  - b) Executive Officers (viz Persons concerned with or who participate in management of the organisation – including company supervisors, line managers, foremen and supervisors) \_\_\_\_\_
  - c) All other employees/contractors/ subcontractors:
    - i. White Collar
      - Full Time \_\_\_\_\_
      - Permanent Part-Time \_\_\_\_\_
      - Casual \_\_\_\_\_
    - ii. Blue Collar
      - Full Time \_\_\_\_\_
      - Permanent Part-Time \_\_\_\_\_
      - Casual \_\_\_\_\_

11. State the number of locations in each State and Territory
- NSW \_\_\_\_\_
- VIC \_\_\_\_\_



QLD

SA

WA

TAS

ACT

NT

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## Declaration

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I declare that to the best of my knowledge and belief the answers given above or documents submitted represent the true position and that I have not withheld any material information from this proposal. I agree that this proposal and any accompanying documents shall form or partly form the basis of the contract proposed.

Signed

Print Name

Title

Dated

*Note: It is important that the Named Organisation and all Subsidiaries / Controlled Entities thereof, and the authorised Director / Executive Officer signing this declaration on their behalf, are fully aware of the scope of this insurance so that all questions are answered correctly. If in doubt, please consult your broker as non-disclosure may affect an Insured's and / or Named Organisation's right to indemnity under the Insurance or lead to avoidance.*