

Important Notice

Claims Made Insurance

This is a proposal for a 'Claims Made' policy of insurance. This means that the policy covers you for any claims made against you and notified to the insurer during the policy period. The policy 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 policy period;
- 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 policy period;
- 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 policy period;
- any claim made against you after the expiry of the policy period.

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 policy period, 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 policy period, notwithstanding that the claim was made against you after the expiry of the policy period.

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.

Privacy Policy

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) 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.



LIU Umbrella 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. The Insured

a) Full name of proposed Insured including subsidiaries

Company Name	ABN	% Input Tax Credit Entitlement
_____	_____	_____
_____	_____	_____
_____	_____	_____

b) Postal address

Street		City
State	Country	Postcode

c) Full description of your operations and activities.

d) Number of years in continuous business and/or operation _____

2. Period of Insurance

From: / / at 4pm Local Standard Time
To: / / at 4pm Local Standard Time

3. Limit of Indemnity

a) \$ _____ any one Occurrence

b) \$ _____ in the aggregate for all Injury and/or Damage during the Period of Insurance



4. Details of Premises

Details of premises occupied for the purpose of conducting the Business (including overseas locations)

	Premises 1		Premises 2		Premises 3	
Location	_____		_____		_____	
	_____		_____		_____	
	_____		_____		_____	
Occupied As	_____		_____		_____	
Age of premises	_____ years		_____ years		_____ years	
Please circle	Owned	Leased	Owned	Leased	Owned	Leased

5. Estimated Payroll

Estimated Annual Payroll (including earnings of Principals, Directors, Partners)

	Payroll	Number of Staff
Management, clerical and sales	\$ _____	_____
Manufacturing	\$ _____	_____
Work away from premises	\$ _____	_____
Payment to contractors and/or subcontractors	\$ _____	_____
Other (please specify)	\$ _____	_____

6. Quality Control and Product Information

a) Are you ISO9001:2000 certified? Yes No

If Yes, please attach copy of certificate

b) Product Information

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

(If applicable attach product brochures, annual reports or other material.)

c) In each of the countries where they are sold, do product labels and instructions comply with jurisdictional regulations? Yes No



- d) Are there any Australian or international standards to which your products should comply? Yes No
- i) Do all your products comply with these standards? Yes No
- ii) List the standards your products should comply with.
-

- e) Do you have a documented product recall programme in place? Yes No
- f) Have product brochures been published? Yes No
- If Yes, please attach copies of all brochures
- g) Please attach a copy of your latest Annual Report and/or audited Financial Statement

7. Pollution

- a) Does your use and storage of all toxic and hazardous substances comply with all statutory regulations and by-laws? Yes No
- b) Do any of your trade processes produce wastes and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment? Yes No
- If Yes, please provide details.
-

- c) Does your waste disposal or waste storage comply with government regulations and by-laws? Yes No
- Please give full details of any chemicals, gases, radioactive, explosive or toxic substances used and/or stored.
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- d) Are you required to hold EPA or other relevant State or local council licenses in relation to discharges from your processes or operations? Yes No
- If Yes, please provide details.
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8. Care, Custody and Control

Do you require cover for property of others in your care, custody or control? (Limited coverage is provided as standard within the Policy). Yes No

If Yes,

- a) What limit of indemnity do you require? \$ _____
- b) What is the total value of such property at all locations? \$ _____
- c) What is the maximum value of any one item? \$ _____

Give a brief description of such property.

- d) Is coverage afforded by any other policy of insurance? Yes No
If Yes, please provide details.

9. Contractual Liability

Do you assume liability under contract or hold other harmless (other than lease liability)? Yes No

If yes, please provide full details and attach copies of all agreements (other than lease liability).

10. Professional Exposure

Do you provide any advice, design or specification to third parties? Yes No
If Yes, is it for a fee? Please provide details Yes No

11. Current and Past Product Information

Are you currently, or have you previously been involved in the storage / blending / manufacture / distribution or sale of:

Australian Pesticides & Veterinary Medicines Authority (APVMA) registered products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Therapeutic Goods Administration (TGA) registered products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aircraft (including component parts)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Spacecraft or satellites?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Watercraft (exceeding 15 metres in length)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Class 1 dangerous goods or ammunition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Liquid or gas fuels?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Radioactive material or any product containing asbestos?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fertilisers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Carcinogens (IARC Group 1, 2A or 2B), teratogens, mutagens, and/or chemicals which can adversely affect the human reproductive system/process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chemicals identified as having a long term detrimental effect on human health? (E.g. liver damage, neurological impairment etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>



If Yes, please provide details.

12. Motor Vehicle Exposure

a) Indicate the number of motor vehicles which are owned/leased or non-owned

Cars/Utilities _____ Tankers _____ Trucks/Vans _____ Other (specify) _____

13. Aircraft Exposure

a) Do you own, charter, lease or operate any aircraft? Yes No

If Yes, please supply details including number, type and passenger capacity including copies of charter, lease or hold harmless agreements.

b) Do you own, lease or operate any airport, flying school, hangar, landing field or aircraft sales, renting and/or servicing facilities? Yes No

If Yes, please supply details including copies of any hold harmless agreements

14. Watercraft Exposure

a) Do you own, charter, lease or operate any watercraft? Yes No

If yes, please supply all details including number type, length, use and passenger capacity

15. Advertising Exposure

a) Annual advertising expenditure: \$ _____

b) Is an advertising agency used? Yes No



16. Underlying Insurance

Please supply the following details with respect to all Liability Policies that are to apply as underlying insurance

Coverage	Insurer & Policy Number	Policy Period	Limit of Indemnity
Public & Products Liability			
Motor Vehicle TPPD Liability			
Watercraft Liability			
Aircraft Liability			
Others (please specify)			

17. Claims and/or Loss Experience

- a) After investigation, please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered under the proposed insurance. Please show claims amount after that application of any Deductible/Excess.

Dates		# Claims Reported	Amount paid & outstanding	Applicable Deductible / Excess	Description
From	To				

- b) After investigation, are you aware of any circumstances which could give rise to a claim under the proposed Policy and which are not mentioned above? Yes No

If Yes, please provide details.

- c) Is there any additional information or detail of which you are aware and which may assist the Underwriter to better assess the nature of the risk? Yes No

If Yes, please provide details



18. Previous Insurance History

After investigation have you ever had any:

- | | | |
|---|------------------------------|-----------------------------|
| a) Insurance declined or cancelled? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Renewal refused? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Special conditions imposed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Increased Deductible/Excess or Self Insured Retention imposed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Claims denied for this class of insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

19. Broker Information

Broker name _____

Address _____

State _____

Postcode _____

Declaration

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 _____