

Important Notice

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under Section 21 of 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.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact our office.

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 Public and Products 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. The Insured

- a) Full name of proposed Insured including subsidiaries

Company Name

- b) Address

- c) Full description of your operations and activities.

- d) Number of years in continuous business _____

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	\$ _____	_____
Payments to labour hire workers	\$ _____	_____
Other (please specify)	\$ _____	_____

6. Product Information/Estimated Annual Turnover

a) Product Information

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

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



- b) Do product labels and instructions comply with jurisdictional regulations? Yes No
- c) Do you operate a quality control/recording system? Yes No

- d) Estimated turnover for USA/Canada \$ _____
- e) Do you have a product recall programme in place? Yes No
- f) Please provide actual turnover amounts for the previous four (4) years?
- a) Actual turnover for the past 12 months \$ _____
- b) Actual turnover 12 months ago \$ _____
- c) Actual turnover 24 months ago \$ _____
- d) Actual turnover 36 months ago \$ _____

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 toxic 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.

8. Care, Custody and Control

- Do you require cover for property of others in your care, custody or control? (No 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 others harmless, or waive rights of subrogation (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 No, please proceed to Question 11.

If Yes, i) For a fee? Yes No

ii) For no fee? Yes No

Please provide details.

11. Current and Past Product Information

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

Industrial Drugs Yes No

Ethical Drugs Yes No

Petrochemicals Yes No

Pesticides Yes No

Fungicides Yes No



- Fertilisers Yes No
- Aircraft (including component parts) Yes No
- Class 1 dangerous/hazardous goods or ammunition Yes No
- Liquid or gas fuels Yes No
- Spacecraft or satellites Yes No
- Watercraft (exceeding 15 metres in length) Yes No
- Radioactive material or any product Yes No
- If Yes, please provide details.

12. 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 claim amount after the application of any excess.

Dates		# Claims Reported	Amount paid & outstanding	Applicable 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 LIU to better assess the nature of the risk? Yes No
- If Yes, please provide details



13. 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 excess 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"/> |

14. 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 _____