

SWISS RE INTERNATIONAL SE, AUSTRALIA BRANCH

GENERAL LIABILITY INSURANCE PROPOSAL FORM

Important Notices

Understanding the Policy

You should read the entire Policy carefully; including the definitions and the exclusions to ensure that it meets your requirements. We recommend that you consult an insurance adviser to ensure a clear understanding of your rights and obligations under this insurance contract.

Your duty of disclosure

When you are completing the Proposal it is important that you understand you are answering questions for yourself and anyone else that you want to be covered by the Policy.

Before you enter into the Policy, you have a duty to tell us anything that you know, or could reasonably be expected to know, which 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 the Policy.

You do not need to tell us anything that:

- reduces the risk we insure you for;
- is common knowledge;
- 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 shall 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.

Notification of Facts that might give rise to a claim

Section 40(3) of the *Insurance Contracts Act 1984 (Cth)* provides that if you give notice in writing to us of facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of such facts but before the insurance cover provided by the Policy expires, then we are not relieved of liability under the Policy in respect of the claim, when made, by reason only that it was made after the expiration of the period of the insurance cover provided by the Policy

Privacy Statement – Privacy Information

We are bound by the Australian Privacy Principles set out under the *Privacy Act 1988 (Cth)* when we collect and handle your personal and or sensitive information. We shall only collect personal and or sensitive information that is necessary in order for us to process and administer the Policy and any claims made under the Policy. Where possible, we shall collect personal information directly from you or, where that is not reasonably practical, from other sources. We may also use your personal and or sensitive information for the purpose of designing or underwriting new insurance products, for research and analytical purposes, to perform administrative functions, and to comply with our legal obligations.

We may disclose your personal and or sensitive information to third parties for the purposes described above, including insurers, reinsurers, reinsurance brokers, loss adjusters, external claims data collectors, investigators and others involved in the claims handling process, agents and service providers and related entities some of whom may be located in overseas countries, including Hong Kong, India, Singapore, Switzerland, the United States of America and the Slovak Republic.

In providing personal and or sensitive information, you consent to the collection, use and disclosure, including overseas disclosure of your personal and or sensitive information for the purposes described above. Where you provide us with personal and or sensitive information about others, you represent to us that you have made them aware of that disclosure and of our privacy policy and that you have obtained their consent.

If you do not consent to provide us with the personal and or sensitive information that we request, or withdraw your consent to the use and disclosure of your personal and or sensitive information at any stage, we may not be able to offer or continue to offer you the products or provide the services that you seek including claims assessment and handling.

We realise that this information is often very sensitive in nature and shall treat it with the utmost care and security. Information on how we handle your personal and or sensitive information is explained in our privacy policy, including:

- What information we collect and how we use it;
- When do we disclose your information overseas;
- How do we hold and protect your information;
- How we disclose the information;
- How you can check, update or change the information we are holding;
- What happens if you wish to complain.

A copy of our privacy policy is available by contacting your broker or available on our website:

corporatesolutions.swissre.com/australia-newzealand

Contact Details

You may seek access to, and correction of, your personal information we hold about you by contacting our Privacy Compliance Officer on (02) 8295 9500 or by writing to:

Privacy Compliance Officer
Swiss Re International SE Australia Branch
Level 36, Tower Two, International Towers Sydney
200 Barangaroo Avenue, Sydney NSW 2000
Email: complaints_anz@swissre.com

We shall respond to your request within a reasonable time after we receive it.



SECTION 1: PROPOSED INSURED DETAILS

1.1. **Name of proposed Insured:**

(Full legal entity name required)

1.2. **Company Registration Number:**

(ABN/ACN)

1.3. **Address of Head Office:**

1.4. **Website URL:**

1.5. **Is the proposed Insured registered for GST:**

Yes / No

(If yes, please advise registration number)

SECTION 2: DETAILS OF BUSINESS OF PROPOSED INSURED

2.1. **Description of business activities:**

2.2. **Establishment date of business:**

Yes / No



2.3. **Has the proposed Insured ever conducted business under any other name(s):** Yes / No

(If yes, please advise name(s))

2.4. **Total turnover amount for the following periods (including Subsidiaries):**

Previous financial year: _____

Current financial year: _____

Coming financial year (estimate): _____

2.5. **Total turnover amount for the current financial year split by state, territory or country:**

NSW	\$	VIC	\$
QLD	\$	WA	\$
SA	\$	ACT	\$
NT	\$	NZ	\$
USA	\$	Other O/S	\$

2.6. **Proposed Insured staff numbers (Employees and/or others):**

(please complete the below table)

NSW	VIC	QLD	WA	SA	TAS	ACT	NT	O/S

2.7. **Please advise if the proposed Policyholder undertakes any of the following during the course of business activities:**

- (i) Application of heat (e.g. use of blowlamps or welding equipment)? Yes / No
- (ii) Work at a height above 10 metres or underground? Yes / No
- (iii) Any work on ships, at airports, at offshore structures or oil and gas refineries? Yes / No



2.8. Please advise the estimated total payroll amount for the current financial year: _____

SECTION 3: BUSINESS ACTIVITIES AND OPERATIONS

3.1. Does the proposed Insured (including Subsidiaries thereof) use the property of others to conduct business? Yes / No

(If yes, please advise details below or attach detailed addendum)

3.2. Maximum value of any one item in the Care, Custody & Control of the proposed Insured (including Subsidiaries thereof): _____

3.3. Does the proposed Insured (including Subsidiaries thereof) accept liability for the property of others in the Care, Custody & Control? Yes / No

3.4. Does the proposed Insured (or Subsidiary thereof) store, transport, (dis)assemble, maintain, operate, handle or otherwise deal with hazardous or toxic and/or waste materials including but not limited to chemicals, explosive or radioactive substances, nuclear fuel, weapon or component, gases, asbestos or any materials which may give rise to dust, fumes or vapours? Yes / No

(If yes, please advise details below or attach detailed addendum)

Type of toxin / waste: _____
Storage and disposal methods: _____
Treatment of waste: _____
Disposal licences held: _____

3.5. Does the proposed Insured (or any Subsidiary thereof) engage in the use of contractors and sub-contractors? Yes / No

(If yes, please answer the below question(s))

(i) Does the proposed Insured (or any Subsidiary thereof) agree to any hold-harmless agreements or otherwise waive all legal rights and entitlements of the proposed Insured (or any Subsidiary thereof) against such contractors and sub-contractors? Yes / No



(ii) Does the proposed Insured (or any Subsidiary thereof) confirm prior to commencement of business activities with contractors and sub-contractors that they carry their own liability insurance? Yes / No

(iii) Estimated total of payments made to contractors and sub-contractors: _____

(iv) Please provide details of the nature of work performed by contractors and sub-contractors and if they have adequate liability insurance in the below table.

Nature of Work	Payment Amount	Location of work	Current liability insurance in place: (Yes/No)

(v) Does the proposed Insured (and all any Subsidiaries thereof) have set procedures for site inductions in place for contractors and sub-contractors? Yes / No

(If yes, please advise details below)

(vi) Does the proposed Insured (or any Subsidiary thereof) require contractors and sub-contractors to work under the direct supervision of an Employee? Yes / No

3.6. Does the proposed Insured (or any subsidiary thereof) engage in the use of labour hire personnel? Yes / No

(If yes, please answer the below question(s))

(i) Estimated total payments made to labour hire personnel: _____



- (ii) Does the proposed Insured (and all Subsidiaries thereof) have set training and induction processes in place for labour hire personnel? Yes / No

(If yes, please advise details below)

- (iii) Please provide details in regards to the nature of work performed by labour hire personnel in the table below.

Nature of work	Payment Amount	Location of work	Frequency of worker turnover (specifics required)

- 3.7. Does the proposed Insured (or any subsidiary thereof) manufacture, construct, assemble, repackage or repair any products? Yes / No

(If yes, please advise details below or attach detailed addendum)

- 3.8. Does the proposed Insured (or any subsidiary thereof) export any products overseas? Yes / No

(If yes, please advise details below or attach detailed addendum)

- 3.9. Does the proposed Insured (or any subsidiary thereof) import any parts or products from overseas? Yes / No

(If yes, please advise details below or attach detailed addendum)



3.10. Please advise the Product quality control procedures the proposed Insured (and any subsidiary thereof) has in place?

(i.e. tests and checks, ISO, HACCP etc.)

3.11. Does the proposed Insured's Products (and any subsidiary thereof) comply with Australian standards?

Yes / No

3.12. Does the proposed Insured (and any subsidiary thereof) have a documented Product recall plan in place?

Yes / No

(If yes, please advise details below or attach detailed addendum)

3.13. Does the proposed Insured (or any subsidiary thereof) provide advice, design or Product specification, information to clients and third parties?

Yes / No

(If yes, please advise details below and if a fee is charged)

3.14. Please advise how the proposed Insured (or any subsidiary thereof) protects their business from intentional and unintentional acts carried out by means of computers or the internet:

3.15. Does the proposed Insured (or any subsidiary thereof) store any sensitive, private or financial information of employees, clients and/or third parties?

Yes / No

(If yes, please advise details below or attach detailed addendum)

SECTION 4: INSURANCE HISTORY

- 4.1. **Has the proposed Insured (or any Subsidiary thereof) had a policy of insurance refused or cancelled in the last ten (10) years?** Yes / No
(If yes, please attach detailed addendum)
- 4.2. **Has the proposed Insured (or any Subsidiary thereof) had a policy of insurance voided or rescinded in the last ten (10) years?** Yes / No
(If yes, please attach detailed addendum)

SECTION 5: PRIOR KNOWLEDGE AND CLAIMS EXPERIENCE

- 5.1. **Has the Proposed Insured been subject to a claim over the past 5 years?** Yes / No
(If yes, please attach detailed addendum. Please provide date, brief description and amount paid/settled of incident)

SECTION 6: DOCUMENTATION

- 6.1. **Upon returning the signed copy of the Proposal Form, please enclose accompanying copies of:**

(Please place a tick in the boxes below to confirm documents have been attached)

- the proposed Insured's accreditation and certification documentation;
- the proposed Insured's audit reports;
- the proposed Insured's product recall plans documentation;
- the proposed Insured's detailed claims history for the past five (5) years; and
- the proposed Insured's expiring policy wording

SECTION 7: DECLARATION

After reasonable inquiry, we, the proposed Insured(s) declare and affirm that the information and particulars contained in the Proposal Form and in any addendums attaching is/are complete, correct and true and that no material facts have been misstated, suppressed or withheld.

We undertake to inform the Insurer (Swiss Re International SE, Australia Branch) of any changes to any information or particulars provided by or on behalf of the proposed Insured before the relevant contract of insurance is entered into.

We acknowledge;

1. Our Duty of Disclosure to the Insurer;
2. Receipt of and understanding of the **Important Notices** enclosed in the Proposal Form;
3. The Insurer has relied on all information and particulars provided in support of the Proposal Form in forming its decision to offer any contract of insurance including the terms; and
4. The insurance applied for shall only take effect once an offer of insurance has been provided by the Insurer.

By signing the Proposal Form, we consent to the Insurer collecting, using, storing and disclosing personal information in accordance with the **Privacy Statement – Privacy Information** notice enclosed in the Proposal Form.

I/We hereby confirm that I/we _____ (print name) **and**
_____ (print name) **are authorised by the proposed Insured to complete, sign and submit this proposal on behalf of the proposed Insured (and all Subsidiaries thereof).**

Signed: _____

Date:

Job Title:

Signed: _____

Date:

Job Title:

ANNEXURE A: PREMISES

1. **Please advise all Premises occupied by the proposed Insured for business activities? (including any premises overseas)**

(If more than 3 locations, please attach further details)

	Premises 1	Premises 2	Premises 3	Premises 4	Premises 5
Address of premises:					
Description of business activities performed at premises:					
Approximate age of premises:					
Owner occupied or leased: (if leased, please provide details of whom the premises is leased from)					
Security Measures (Fencing, CCTV, Alarms, Security Patrols etc.)					