Proposal Form
Public and Products Liability

Important notice

Claims Occurrence Insurance

This is a proposal form for a 'Claims Occurrence' policy of insurance. Cover is only available for occurrences that take place during the period of insurance, irrespective of when a claim is subsequently made against you.

Duty of Disclosure

Under the Insurance Contracts Act 1984 (Cth), before you enter into a contract of insurance you have a duty to disclose to us every matter you know (or you could reasonably be expected to know) to be a matter that is relevant to our decision whether to accept your risk, and if so, on what terms.

The duty of disclosure applies to every person to be covered under the insurance. It applies before you enter into a contract of insurance and before you renew, extend, vary or reinstate a contract of insurance. The duty of disclosure does not however require you to tell us about a matter that diminishes the risk, that is of common knowledge, that we know (or ought to know), or in respect of which we have waived the duty of disclosure.

If you fail to comply with the duty of disclosure, or if you misrepresent the risk to be insured, we may be entitled to reduce our liability for a claim, we may cancel the policy, or if your non-disclosure or misrepresentation was fraudulent, we may be able to treat the policy as though it never existed.

About 1688 Underwriting

1688 Underwriting Pty Ltd ("1688 Underwriting") (ABN 94 670 501 167, AFS Licence 555205), distributes and administers this Management Liability Insurance policy, as agent on behalf of the Insurer pursuant to a Binding Authority Agreement.

1688 Underwriting's Privacy Policy

1688 Underwriting Pty Ltd is committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles. Our Privacy Policy describes our current policies and practices in relation to the collection, handling, use and disclosure of personal information. It also deals with how you can complain about a breach of privacy laws and how you can access the personal information we hold and how to have that information corrected.

Please refer to our Privacy Policy available at https://1688underwriting.com/privacy, or contact our Privacy Officer by email to compliance@1688underwriting.com.

Insurer's Privacy Policy

Tokio Marine Kiln Syndicates Limited and other group companies will use any information given together with other information for the administration of this Policy, the handling of claims and the provision of customer services.

The information may also be disclosed to Tokio Marine Kiln Syndicates Limited's service providers and agents for these purposes. It may also be disclosed to Your Insurance Adviser.

You have a right to request a copy of the information, to correct any inaccuracies and of erasure in certain circumstances.

If You require further information as to how data is processed by Tokio Marine Kiln Syndicates Limited, or as to the exercise of any rights under any data privacy laws, You should read the Tokio Marine Kiln Syndicates Limited Data Protection Policy at: www.tokiomarinekiln.com/privacy.

Complaints

If you have a complaint or concern about the services we provide, please contact 1688 Underwriting. If you are not satisfied with our response, you may escalate your complaint by contacting at compliance@1688underwriting.com. Our internal dispute resolution process is free of charge and we will aim to respond to your escalated complaint within thirty (30) calendar days.

1688 Underwriting is also a member of an external dispute resolution body approved by ASIC, the Australian Financial Complaints Authority ("AFCA"). If you are not satisfied with the outcome determined by 1688 Underwriting, you may refer your complaint to the Insurance Division of AFCA.

Completing this form

Note to Applicant

- Please answer all questions in full, leaving no blank spaces.
- If there is insufficient space to complete any of the answers, please attach a separate signed and dated sheet.
- For the purpose of this proposal form, the term Applicant, wherever used, shall mean the proposed Insured, and any entity in which the Applicant has direct or indirect management control.

Applicant Details

Name of **Applicant:**

Address of **Applicant's** Head Office

Address line 1:

Suburb:

Address line 2:

Postcode:

Additional addresses:

Address	Suburb	Postcode

Date of incorporation:

Business Details

1. (a) Description of business activities:

(b) 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	Turnover	Percentage

(c) Please give a percentage split totalling 100% of which state(s) generate the proposer's income:

ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Overseas	Total

(d) If Yes to Overseas work, please explain:

(e) Total number of employees

(f) Do you anticipate any significant growth or decline in gross fees or income in the next financial year? Yes ☐ No ☐

If Yes, please provide full details:

(g) Please provide employee numbers below:

Full Time: _____

Part Time: _____

Casual / Volunteer: _____

(h) Do you undertake any work involving the following:

Hot works (welding, grinding, cutting) Yes ☐ No ☐

Hazardous goods handling Yes ☐ No ☐

Underground work Yes ☐ No ☐

Airports / Aviation Yes ☐ No ☐

Rail Yes ☐ No ☐

Mining Yes ☐ No ☐

Petrochemical / refinery / fuel storage Yes ☐ No ☐

Stages / temporary seating / events Yes ☐ No ☐

Work above 10m Yes ☐ No ☐

If any options have been selected above, please provide further details:

Contractors, Subcontractors & Labour Hire

2. (a) Do you engage in any Contractors or Subcontractors? Yes ☐ No ☐

If Yes, please explain:

Type of work undertaken	Total payment ($)

(b) Do you engage in any personnel from any Labour Hire companies? Yes ☐ No ☐

If Yes, please explain:

Type of work undertaken	Total payment ($)

Products

3. (a) Do you manufacture, import, distribute or sell products? Yes ☐ No ☐

If yes, please provide more detail:

Description of Product	Manufacture (M) / Import (I) / Distribute (D)	Estimated Annual Turnover	Estimated Annual Exports	Exports To:	Imports From:

(c) Are the products independently tested and compliant with Australian Standards? Yes ☐ No ☐

(d) Do you assume liability under contract or hold harmless? Yes ☐ No ☐

If yes, please explain details of any agreements:

(e) Do you have property in your care, custody or control? Yes ☐ No ☐

If yes, please explain details of any agreements:

(f) Do you have a documented product recall procedure in place? Yes ☐ No ☐

(c) Does the **Applicant** request evidence of Contractors' Public Liability Insurance? Yes ☐ No ☐

If yes, what limits are requested?

(d) Please attach an updated list of all premises occupied for the purpose of conducting the business. (including overseas locations)

(e) Do the **Applicant**'s operations involve any welding or hot work? Yes ☐ No ☐

If yes, does the **Applicant** invariably comply with all relevant Hot Works and Welding Works Standards, including relevant exclusion zones, second observer and other safety procedures? Yes ☐ No ☐

(f) Is any work undertaken away from the **Applicant**'s premises? Yes ☐ No ☐

If yes, please specify the estimated percentage of turnover for the next 12 months.

(g) Please provide details of the **Applicant**'s product listing and attach additional information where applicable

Prior Insurance and Claims

4. (a) 4. Within the last five 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? Yes ☐ No ☐

Date of Loss	Details of Claim	Deductible ($)	Incurred ($)

(b) Has any insurance carrier refused, cancelled or non-renewed similar insurance coverage or had any special conditions or exclusions imposed? Yes ☐ No ☐

(c) Have you or anyone else within your organisation, been convicted of a criminal offence? Yes ☐ No ☐

(d) Have you or anyone else within your organisation, been declared bankrupt? Yes ☐ No ☐

ANY LOSS RESULTING FROM ANY CLAIMS, FACTS, CIRCUMSTANCES OR SITUATIONS DISCLOSED OR REQUIRED TO BE DISCLOSED ABOVE IS EXCLUDED FROM THE PROPOSED INSURANCE.

Declaration

On behalf of all proposed Insureds, I / we declare that:

- All answers and statements in this Proposal are correct and complete in every respect and there is no further information which may affect acceptance of this Proposal;
- I / we understand that 1688 Underwriting requires this information in order to decide whether to accept this Proposal and, if accepted, to administer the Policy and that the Privacy Act 1988 entitles me / us to have access to, and request correction of, any of my / our personal data it retains;
- 1688 Underwriting is authorised to collect information relevant to the acceptance of this Proposal and, if accepted, the administration of the Policy from third parties;
- We have read and understand the Important Notice outlined at the beginning of this proposal form, that this proposal form and any other documents attached herewith shall form the basis of any contract of insurance entered into.
- I / we have disclosed and will continue to disclose all material facts until the date of inception of the policy;
- I / we understand that 1688 Underwriting may make our personal information available to third parties to administer our insurance policies or when required by law to do so;
- The signing of this Proposal does not bind either party to complete the insurance contract and that no cover will be in force until confirmed by 1688 Underwriting.

Name: _____ Position: _____

Signature: _____ Date: _____