



PROPOSAL FORM

FOR BROADFORM LIABILITY



IMPORTANT NOTICE TO THE PROPOSER ON COMPLETION OF THIS PROPOSAL FORM

1. DISCLOSURE

Any 'material change' must be disclosed to Insurers.

A 'material change' is any information which may alter the judgement of an Insurer or their perception of risk and exposure that has not previously been disclosed as a material fact.

Failure to provide all 'material facts' and/or notify all "material changes' may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.

2. PRESENTATION

This Proposal Form must be completed and signed in ink by an authorised individual, a partner, principal or director of the Proposer.

All questions must be answered. If not applicable, state N/A.

If there is insufficient space to provide answers, additional information should be provided on the Proposer's letter headed paper.

Where available, brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability or willingness of Insurers to offer terms.

3. GUIDANCE

If in doubt as to the meaning of any question contained within this proposal form or the issues raised in Disclosure and/or Presentation, advice should be sought from your contact at Lion Underwriting.

Additional information should be provided on separate sheets clearly identifiable as forming part of the proposal form on company letterhead.

GENERAL DETAILS

1. Full name of insured:
2. Insured Address:
3. ABN:
4. Are you entitled to claim a full or partial input tax credit for the premium of this policy? Yes No
If **"YES"**, to what extent are you entitled to claim an input tax credit?
5. Period of insurance: ___ / ___ / ___ to ___ / ___ / ___ at 4:00pm
6. Business Description:

BUSINESS ACTIVITIES

7. Do you manufacture, supply products and/or perform work in the following industries?

| | | | | | |
|--|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|
| Airports / Airside / Aircraft | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Underground Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Marine / Boats / Watercraft | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Building / Construction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Railway / Corridors / Trains | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cranes / High Rise | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aboveground Mines / Quarries | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Petrochemicals / Fuels | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Underground Mines | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hire Out Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Blasting / Explosives | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hire Out Labour | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asbestos / Waste Disposal | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Driving Risk | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Registered Boilers / Pressure Vessels | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pharmaceuticals / Drugs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Electrical Contractors | | | | | |
| Consumer Protection | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dangerous Goods | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tool of Trade / Unregistered Vehicles | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
8. Website:
9. No of years experience:
10. No of years operating this business:
11. Limit of indemnity:
12. Care, custody or control:

13. Errors & omissions:

14. Product recall expenses:

15. Split of turnover between activity:

| Activity | Turnover \$ |
|-----------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| Total Turnover | |

16. Split of turnover or employee numbers per state:

| ACT | NSW | NT | QLD | SA | TAS | VIC | WA | Overseas |
|-----|-----|----|-----|----|-----|-----|----|----------|
| % | % | % | % | % | % | % | % | % |

If overseas, which countries and proportion for each?

17. Have you assumed liability under contract by way of hold harmless clauses, indemnities, waiver of subrogations or rights of recourse against any third party?

Yes No

If "YES", please attach copies of all relevant contracts/agreements

18. Number of employees:

| ACT | NSW | NT | QLD | SA | TAS | VIC | WA | Overseas |
|-----|-----|----|-----|----|-----|-----|----|----------|
| | | | | | | | | |

19. Products:

| Description of product/use | MANUFACTURE (M) EXPORT (E) IMPORT (I) WHOLESALE (W) RETAIL (R) NEW PRODUCTS (N) | | | | Turnover (\$ or %) | Countries |
|----------------------------|--|--|--|--|--------------------|-----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

DISCONTINUED PRODUCTS (D) Included in Products Table above together with Date of Cessation.

NEW PRODUCTS NEXT 12 MONTHS (N) Included in Products Table above.

20. Risk Management / Quality Control:

Products comply with Australian Standards

Yes No

ISO Accredited

Yes No

Quality Assurance Manual

Yes No

Quality Control Procedures

Yes No

Details of Supplier & Product Record Keeping

Yes No

Material Safety Data Sheets (MSDS)

Yes No

Product recall Procedures

Yes No

Product Brochures / Manuals

Yes No

Warranty / Guarantee

Yes No

Please provide details and/or supporting documentation:

21. Manual work away/on site:

| Description (Type of work/locations) | Turnover (\$ or %) |
|--------------------------------------|--------------------|
| | |
| | |
| | |
| | |
| | |
| | |

Hotwork / Welding etc.

Yes No

Hotwork Permit

Yes No

22. Activities outside of Australia:

| Description (Type of work/locations) | Turnover (\$ or %) |
|--------------------------------------|--------------------|
| | |
| | |
| | |
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| | |

23. Pollution:

- (a) Use, Store, Produce, Release any Pollutants, Toxic, &/or Hazardous Substances Yes No
- (b) Comply with Statutory Requirements Yes No
- (c) Hazardous Goods &/or EPA Licence Yes No
- (d) Waste Disposal Procedures Yes No

Please provide details and/or supporting documentation:

24. Professional services/advice/instruction/design/opinion/recommendation/formula/specification to third parties? Yes No

| Item | Description | Turnover (\$ or %) |
|------------|-------------|--------------------|
| For a fee | | |
| For no fee | | |

25. Do you use:

Contractors:

Activities:

Subcontractors:

Activities:

Labour Hire Personnel:

Activities:

- (a) Do they have carrying their own General & Products Liability & Workers Compensation insurance? Yes No
- (b) Proof of current liability (coc) kept on file? Yes No

26. 5 year claims experience:

Please attach 5 year claims history on previous insurer's letterhead (if applicable)

27. In the last 5 years have you or any director/partner/manager of the business ever:

- (a) Had insurance declined or cancelled?
- (b) Had an insurer refuse or not invite renewal?
- (c) Had any special conditions imposed on a policy of insurance?
- (d) Had a special excess imposed on a policy of insurance?
- (e) Had a claim rejected under a policy of insurance?
- (f) Been declared bankrupt or put into receivership or liquidation?
- (g) Been charged with or convicted of a criminal offence?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If **“YES”**, please provide full details below:



DECLARATION

By signing this proposal form you consent to Lion Underwriting Pty Ltd using the information we may hold about you for the purpose of providing insurance advice and, where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, Insurers, (including their re-insurers, legal advisers, loss adjustors or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to the Insurer's consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed. I/We understand that the information I/We provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I/We understand that if my/our business acquires, merges with or absorbs another business during the period of insurance, the insurer will require similar information in relation to that business and may charge an additional premium.

Print name:

Signature:

On behalf of:

Date:

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Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this proposal form. An original signature is required before a contract of insurance can be made. Encrypted signatures are not acceptable.

Signing this form does not bind the Proposer to complete the insurance. We recommend that you should keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.