



PURPL Liability Insurance Application

Notice to the Applicant

This notice must be read before you complete the application form. (Pursuant to the provisions of the Insurance Contracts Act 1984)

1. DISCLOSURE OF RELEVANT FACTS

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, to disclose to the insurer every matter which 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 insurance.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that the insurer knows or, in the ordinary course of business as an insurer, 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 its liability under a contract in respect of a claim or may cancel the contract. If your nondisclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Comment

The requirement of full and frank disclosure is of the utmost importance with this type of insurance. This is particularly the case in respect of anything which may be relevant to the risk for which you seek cover (e.g. claims, whether founded or unfounded), or to the magnitude of the risk.

2. CLAIMS MADE POLICY

Section 2 of the PURPL Policy is "claims made and notified".

This declaration is for a "claims made and notified" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover.

This policy does not provide cover in relation to:

- acts, errors or omissions actually or allegedly committed prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;

- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the application form for the current period of cover or on any previous application form.

Where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, you may have rights under Section 40(3) of the Insurance Contracts Act 1984 to be indemnified in respect of any claim subsequently made against you arising from those facts notwithstanding that the claim is made after the expiry of the period of cover. Any such rights arise under the legislation only. The terms of the policy and the effect of the policy is that you are not covered for claims made against you after the expiry of the period of cover.

3. THE APPLICANTS FOR INSURANCE

In this application the Applicants for Insurance are:

- the Corporation (that being the company of organisation named in this application and includes any Subsidiary thereof);
- the Insured Person(s) as defined in the policy wording;
- any Outside Entity or Outside Directorship for which cover is sought.

Before completing this application, enquiries should be made with each proposed Insured Person in relation to the questions and declarations to be completed on their behalf.

All terms highlighted in bold type are defined in QBE's standard policy wording.

You should familiarise yourself with our standard form of policy for this type of cover before submitting this declaration.



PURPL Liability Insurance Application

| | | |
|-------------------|-------------------|-------------------------|
| Policy No. | Client No. | Intermediary No. |
|-------------------|-------------------|-------------------------|

All questions are to be answered. If insufficient space, please attach additional information.

DETAILS OF THE APPLICANT

| | | | | | | | | | | | | | | | | |
|-------------------------------|---------------------|-----------------------------|------------------------------|-----|----|---------|-----|--|-----------|--|-------|--|----------|---------|--|---|
| Name(s) of Insured(s) in full | | | | | | | | | | | | | | | | |
| Tax Status | Registered Business | No <input type="checkbox"/> | Yes <input type="checkbox"/> | ABN | | | | | | | | | | Taxable | | % |
| Contact Number(s) | Phone No. | () | | | | Fax No. | () | | | | | | | | | |
| Postal Address | | | | | | | | | | | State | | Postcode | | | |
| Period of Insurance | From | / | / | | to | / | / | | at 4 p.m. | | | | | | | |

INDEMNITY LIMIT

| | | | | |
|--------------------------------|----|--|------------|----|
| Limit of Indemnity required | | | | |
| Broadform Liability | \$ | | Deductible | \$ |
| Directors and Officers | \$ | | Deductible | \$ |
| Professional Services | \$ | | Deductible | \$ |
| Employment Practices Liability | \$ | | Deductible | \$ |

ESTIMATED PAYROLL, TURNOVER & FINANCIAL POSITION

| | | | | | | | | |
|--|---------------|----|-----------------------------------|--------------------------------|--|---|-----|---|
| 1. Estimated Annual Payroll (including earnings of principals, directors, partners) | Total Payroll | \$ | | No. of Staff | | | | |
| 2. Estimated Annual Turnover | | \$ | | | | | | |
| Please provide turnover percentage split by state (must equal 100%) | NSW | % | VIC | % | ACT | % | QLD | % |
| | TAS | % | SA | % | WA | % | NT | % |
| Coverage for PRODUCTS EXPORTED TO USA OR CANADA is excluded from this insurance. Coverage will be provided only if specifically agreed by QBE. | | | | | | | | |
| 3. Please complete the following table in respect of the Applicant and its controlled entities | | | | | | | | |
| Please advise your most recent financial year end | | | | | / / | | | |
| | | | Most Recent Financial Year End \$ | Previous Financial Year End \$ | | | | |
| Current Assets | | | \$ | \$ | | | | |
| Current Liabilities | | | \$ | \$ | | | | |
| Total Assets | | | \$ | \$ | | | | |
| Total Liabilities | | | \$ | \$ | | | | |
| Intangibles | | | \$ | \$ | | | | |
| Net Profit/Loss (after tax) | | | \$ | \$ | | | | |
| 4. Financial Declaration | | | | | | | | |
| (a) Has there been any adverse effect on the financial position of the Applicant which is not reflected in your most recent financial year as set out in the above table or within any submitted financial statements? | | | | | No <input type="checkbox"/> Yes <input type="checkbox"/> | | | |
| (b) Is any proposed Insured aware of any facts or circumstances that might effect the ability of the Applicant to meet its debts as and when they fall due? | | | | | No <input type="checkbox"/> Yes <input type="checkbox"/> | | | |
| (c) Over the last 2 financial years have the financial statements of the Applicant been subject to a qualified audit report? | | | | | No <input type="checkbox"/> Yes <input type="checkbox"/> | | | |
| If you have answered "Yes" to either parts (a), (b) or (c) above, please supply details | | | | | | | | |
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ESTIMATED PAYROLL, TURNOVER & FINANCIAL POSITION (continued)

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|---|----|--|----|
| 5. Do you employ contractors or subcontractors? | | No <input type="checkbox"/> Yes <input type="checkbox"/> – If “Yes”, please complete (a), (b), (c) and (d) below | |
| (a) Estimated annual payment | \$ | Estimated annual payment for Labour Hire | \$ |
| (b) Nature of work usually carried out | | | |
| (c) Precautions taken to identify the adequacy of their liability and workers compensation insurance arrangements | | | |
| | | | |
| (d) Do you insist on being named as principals on contractors’ and/or sub-contractors’ liability policies? | | No <input type="checkbox"/> Yes <input type="checkbox"/> | |
| 6. Please provide a breakdown of the professional services which the Applicant provides and the fees generated or the estimated percentage of turnover which relates to that professional service | | | |
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DETAILS OF THE BUSINESS/PREMISES

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|---|---|
| 1. Please state the full details of your business operations (including subsidiary companies) including design, formulation, manufacturer, distribution, servicing, welding and other hot work. Please attach product brochures and details of all products for which cover is required. | |
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| 2. Do you have representation outside Australia? No <input type="checkbox"/> Yes <input type="checkbox"/> If “Yes”, where and what is the nature of your representation in such country (e.g. domicile employee, power of attorney, branch subsidiary, agency, etc.)? | |
| | |
| 3. Number of years in this business | years |
| 4. Location of Premises owned and/or occupied for the purpose of conducting the business | Owned Leased |
| (i) | <input type="checkbox"/> <input type="checkbox"/> |
| (ii) | <input type="checkbox"/> <input type="checkbox"/> |
| (iii) | <input type="checkbox"/> <input type="checkbox"/> |
| (iv) | <input type="checkbox"/> <input type="checkbox"/> |
| 5. Do you, or does anyone on your behalf, operate, manage, own or offer or in any way are connected with Railways e.g. sidings? If “Yes”, please supply details No <input type="checkbox"/> Yes <input type="checkbox"/> | |
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| 6. Do you, or does someone on your behalf, perform any work away from the premises stated above? If “Yes”, please supply details e.g. welding, installation, servicing, repair, etc. No <input type="checkbox"/> Yes <input type="checkbox"/> | |
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| 7. Do you store, transport, use or handle any hazardous goods e.g. chemicals, radioactive materials, gases, etc.? If “Yes”, please supply details No <input type="checkbox"/> Yes <input type="checkbox"/> | |
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| 8. Does your operation/business create trade waste? If “Yes”, please supply details e.g. type of waste, how it is disposed of, etc. No <input type="checkbox"/> Yes <input type="checkbox"/> | |
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CARE CUSTODY AND CONTROL

Coverage is provided for property in your physical or legal control, subject to a maximum indemnity of \$50,000 for any one occurrence and in the aggregate for any one period of insurance.

Do you require an amount in addition to the above limit? No Yes – If “Yes”, please answer questions 1-3

1. What Limit of Indemnity do you require? \$

2. Provide brief details of the property

3. Is the property insured under any other Policy? No Yes – If “Yes”, please supply details

PRODUCT INFORMATION

1. Can you, with certainty, identify the source of every item used in the manufacture of the products? No Yes – If “No”, please supply reason

2. Is your product range relatively stable or changing frequently? No Yes – If “Yes”, please supply details

3. Do you have quality control/risk management procedures in place? No Yes – If “Yes”, please supply details

4. Are your products subject to any Australian or international standard? No Yes – If “Yes”, please supply details

5. Do you have recall procedures in place? No Yes – If “Yes”, please supply details

6. Have you discontinued manufacturing, processing or handling any products? No Yes – If “Yes”, provide full details of reason, type of product, year, etc.

7. Are any products specifically designed, manufactured, imported or handled for use in aircraft or other aerial devices or watercraft? No Yes – If “Yes”, please supply details

CLAIMS HISTORY – EMPLOYMENT PRACTICES LIABILITY

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|--|--|
| (a) Has there been, or is there now pending, any employment practices claim against any Applicant, including but not limited to any claim alleging unlawful discrimination, defamation, unlawful dismissal, invasion of privacy, or harassment? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| (b) Has there been, or is there now pending, any employment practices claim against any Applicant, including any claim alleging unlawful discrimination, defamation, unlawful dismissal, invasion of privacy, or harassment? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| (c) Do any circumstances exist that might give rise to an employment practices claim against any Applicant? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| (d) Has the Applicant had any office closures, consolidations, mergers or acquisitions in the past 3 years resulting in any lay-offs or early retirement, or are any such closures, consolidations, mergers or acquisitions anticipated in the next 12 months? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If you have answered "Yes" to part (a), (b), (c) or (d) above, please supply details | |
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CLAIMS HISTORY – PROFESSIONAL SERVICES

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| (a) Has any Applicant ever been subject to disciplinary proceedings for professional misconduct? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| (b) Have any claims for professional negligence or breach of professional duty been made in the last 10 years against any Applicant or any of their predecessors in business or any prior business of any of their present or former directors, partners, or principals? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| (c) Do any circumstances exist that might give rise to a claim against a Applicant for professional negligence or breach of professional duty? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If you have answered "Yes" to part (a), (b) or (c) above, please supply details | |
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MERGER, ACQUISITION OR TAKEOVER ACTIVITY

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| (a) Has the Applicant been involved in any merger, acquisition, takeover or divesture in the last 3 years? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| (b) Is the Applicant considering any acquisition, takeover or divesture proposal at present? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| (c) Is the Applicant subject to any takeover attempt, or has there been any attempted takeover of the Applicant in the past 3 years? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If you have answered "Yes" to part (a), (b) or (c) above, please supply details | |
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RISK HISTORY – EMPLOYMENT PRACTICES

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| (a) Has the Applicant's employment policies and procedures been reviewed and approved by external legal counsel? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| (b) Is there a complaints handling procedure in place to address workplace grievances? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| (c) Is there a policy prohibiting inappropriate use of computer technology such as e-mail, screen savers, etc.? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| (d) Does the Applicant distribute an employment handbook to employees? | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If you have answered "Yes" to part (a), (b), (c) or (d) above, please supply details | |
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INSURANCE COVER – DIRECTORS & OFFICERS

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|--|----|-------------|----|--|
| Does the Applicant presently carry, or has the Applicant ever carried, Directors & Officers Liability Insurance? | | | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If you have answered "Yes", please supply details | | | | |
| Insurer | | Expiry Date | / | / |
| Limit of Liability | \$ | Premium | \$ | |

INSURANCE COVER – PROFESSIONAL SERVICES

| | | | | |
|---|----|-------------|-----|--|
| Does the Applicant presently carry, or has the Applicant ever carried, Professional Services Liability Insurance? | | | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If you have answered "Yes", please supply details | | | | |
| Insurer | | Expiry Date | / / | |
| Limit of Liability | \$ | Premium | \$ | |

INSURANCE COVER – EMPLOYMENT PRACTICES

| | | | | |
|--|----|-------------|-----|--|
| Does the Applicant presently carry, or has the Applicant ever carried, Employment Practices Liability Insurance? | | | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| If you have answered "Yes", please supply details | | | | |
| Insurer | | Expiry Date | / / | |
| Limit of Liability | \$ | Premium | \$ | |

APPLICATION FOR COVER

Please indicate any Optional Extension for which you seek cover

| | |
|--|--|
| (a) Increased Aggregate Limit of Liability (Reinstatement) | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| (b) Outside Directorship (Blanket and Run-off Cover) | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| (c) Extended Reporting Period | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| (d) Solvency Protection | No <input type="checkbox"/> Yes <input type="checkbox"/> |

Please enclose with this Application: The last 2 Annual Reports and financial statements (including audit report) of the Applicant

PLEASE NOTE:

(a) If cover is requested for any Optional Extension, then QBE may require additional information and reserves the right to charge any additional premiums as it may require or refuse to provide cover.

(b) If cover is required for the Outside Directorship Extension, please supply full details of all Outside Directorships, including the name of the Outside Entity and details of any Directors & Officers Insurance held by the Outside Entity. Please note that it is not necessary to submit Annual Reports or financial statements for any Outside Entity unless requested by QBE.

| Details of D&O Insurance | | | | |
|--------------------------|---------|-------|-------------------|-------------|
| Outside Entity | Insurer | Limit | Deductible/Excess | Expiry Date |
| | | | | / / |
| | | | | / / |
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CONTRACTUAL LIABILITY

Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality as regards your products, or specifically agreed contracts.

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

If "Yes", please provide details and attach copies of all agreements (other than lease liability).
Coverage, under Section 1 will be provided only if specifically agreed by QBE.

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PRIVACY

QBE includes information about how we manage your personal information in our Product Disclosure Statements and Policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact the Compliance Manager on 02 9375 4656 or email compliance.manager@qbe.com for further information.

DUTY OF DISCLOSURE

The law requires you to tell QBE everything you know (or could reasonably be expected to know in the circumstances) which is relevant to QBE's decision to insure you and the terms on which QBE insures you.

This duty applies before you enter into a contract with QBE, that is, before QBE accepts your proposal and also each time before you alter or renew the Policy.

Each person named as the Insured has the same duty.

NON-DISCLOSURE

If you do not tell QBE everything necessary, QBE may: reduce or refuse to pay a claim; or cancel your Policy. If you act dishonestly, QBE may invalidate the Policy from its beginning and not be bound by it.

You don't need to tell QBE anything which: reduces the risk; is common knowledge; QBE already knows, or ought to know in the ordinary course of its business; or QBE indicates it does not want to know. If you are not sure that something is relevant, it is best to disclose it anyway.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer General Information or other questions, or you need to disclose something to QBE because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

DECLARATION AND AUTHORISATION

1. The Duty of Disclosure, Non-Disclosure, Co-Insurance and Inadequate Space to Answer notices set out above have been read by me/us.
2. All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect QBE's decision about accepting this insurance.
3. I/We acknowledge QBE reserves the right to decline any application.

I/We the undersigned authorised Applicant(s), after enquiry declare as follows:

1. I am/We are authorised by each of the Applicants to make this Application
2. I/We have read and understood the Notice to the Applicant on the front of this Application
3. I/We have read this Application and the accompanying documents and acknowledge the contents of same to be true and complete
4. I/We understand that, up until a contract of insurance is entered into, I am/We are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this Application or in the accompanying documents

Although the signing of this Application does not bind the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in this Application and in the accompanying documents shall be the basis of the contract should a Policy be issued, and further, the Applicants acknowledge that the Application and the accompanying documents will be incorporated in the Policy.

Signed, Managing Director and/or
Chief Executive Officer

X

Date:

/ /

YOUR INSURANCE ADVISOR OR BROKER

