



Broadform Liability Insurance Application

Policy No.	<input type="text"/>	Client No.	<input type="text"/>	Intermediary No.	<input type="text"/>
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All questions are to be answered. If insufficient space, please attach additional information.

THE APPLICANT(S)

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

GENERAL INFORMATION

- Have you had any claims made against you (whether insured or not) or have you recalled any of your products during the last 7 years? If "Yes", please give details. Yes No
- Have you had any incident or accident occur which would have been covered by the proposed insurance policy? If "Yes", please give details. Yes No
- Have you had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected, special conditions or special excess imposed by an insurer? If "Yes", please give details. Yes No

INDEMNITY LIMIT

Limit of Indemnity required

Public Liability \$ (any one occurrence)

Products Liability \$ (in the aggregate per period of insurance)

Deductible \$

ESTIMATED PAYROLL

1. Estimated annual payroll (including earnings of principals, directors, partners)	No. of Staff
Managerial, Clerical and Sales	\$ <input type="text"/> <input type="text"/>
Manufacturing	\$ <input type="text"/> <input type="text"/>
Installation	\$ <input type="text"/> <input type="text"/>
Other	\$ <input type="text"/> <input type="text"/>
TOTAL	\$ <input type="text"/> <input type="text"/>

2. Do you employ contractors or subcontractors? If "Yes" please complete a,b,c and d below. Yes No

a) Estimated annual payment. Labour Only \$ Labour & Plant \$ Labour, Plant & Materials \$

b) Nature of work usually carried out.

c) Precautions taken to identify the adequacy of their liability and workers compensation insurance arrangements.

d) Are you always named as principals on contractors and/or sub-contractors liability policy? Yes No

DETAILS OF THE BUSINESS/PREMISES

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, latest annual reports and other pertinent matter.

2. Do you have representation outside Australia? 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)? Yes No

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3. Number of years in this business _____ years

4. Location of Premises **occupied** for the purpose of conducting the business

	Owned	Leased
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>

5. Location of Premises **owned BUT not occupied by you** for which property owners cover is required

	Type of building e.g. Shopping Centre, Office Block etc.
1.	
2.	
3.	
4.	

6. Do you or does anyone on your behalf operate, manage or own or offer or in any way are connected with any of the following?

	Yes	No	If "Yes", please provide details
a. First Aid Facility	<input type="checkbox"/>	<input type="checkbox"/>	
b. Pressure Vessels	<input type="checkbox"/>	<input type="checkbox"/>	
c. Car Parks	<input type="checkbox"/>	<input type="checkbox"/>	
d. Lifts, Escalators, Hoists, Cranes	<input type="checkbox"/>	<input type="checkbox"/>	
e. Unregistered Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	
f. Railway e.g. sidings	<input type="checkbox"/>	<input type="checkbox"/>	

7. Do you or does someone on your behalf perform any work away from the premises stated above? Yes No
If "Yes", please provide details e.g. welding, installation, servicing, repair etc.

8. Do you store, transport, use or handle any hazardous goods e.g. chemicals, radioactive materials, gases etc? Yes No
If "Yes", please provide details.

9. Does your operation/business create trade waste? Yes No
If "Yes", please provide details e.g. type of waste, how it is disposed of etc.

CARE CUSTODY AND CONTROL

Coverage is provided for property (excluding any vehicle which is registered or which is required to be registered) in your physical or legal control for the purpose of repair, service, maintenance or alteration or which is on temporary hire or loan to you, subject to a maximum indemnity of \$50,000 for any one occurrence.

Do you require an amount in addition to the above limit? If "Yes", please answer questions 1-5. Yes No

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

2. What is the total value of such property? \$

3. What is the maximum value at any one time? \$

4. Provide brief details of the property

5. Is the property insured under any other Policy? If "Yes", please provide details. Yes No

PRODUCT INFORMATION/TERRITORIAL LIMITS

1. Give details of all products in respect of which insurance is required. Attach brochures and other product literature. If more than four (4) products, attach an additional list.

Product Name	1.	2.	3.	4.
Date First Marketed				
Product Description				
Product Use				
Est. Annual Turnover	\$	\$	\$	\$

THE FOLLOWING DETAILS ARE REQUIRED FOR EXPORTED PRODUCTS ONLY

Turnover Exported	\$	\$	\$	\$
Country Sold To				
Company Representation in this Country	Power of Attorney <input type="checkbox"/>	Power of Attorney <input type="checkbox"/>	Power of Attorney <input type="checkbox"/>	Power of Attorney <input type="checkbox"/>
	Branch <input type="checkbox"/>	Branch <input type="checkbox"/>	Branch <input type="checkbox"/>	Branch <input type="checkbox"/>
	Representative <input type="checkbox"/>	Representative <input type="checkbox"/>	Representative <input type="checkbox"/>	Representative <input type="checkbox"/>
	Other (specify) <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Other (specify) <input type="checkbox"/>

Coverage for PRODUCTS EXPORTED TO USA OR CANADA is excluded from this insurance. Coverage will be provided only if specifically agreed by QBE Commercial and then subject to additional terms and conditions and payment of an extra premium. A USA/Canada export questionnaire will have to be completed. Any additional information supplied in respect of such exports shall be deemed to form part of this application.

PLEASE REFER TO THE POLICY WORDING FOR DETAILS REGARDING TERRITORIAL LIMITS.

2. Can you with certainty, identify the source of every item used in the manufacture of the products? Yes No
If "No", please provide reason.

3. Is your product range relative stable or changing frequently? If "Yes", provide full details. Yes No

4. Do you have quality control procedures in place? If "Yes", provide full details. Yes No

5. Are your products subject to any Australian or international standard? Yes No
If "Yes", provide full details.

PRODUCT INFORMATION/TERRITORIAL LIMITS continued

5. Do you have re-call procedures in place? If "Yes", please provide details Yes No

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

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

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)? Yes No
If "Yes", please provide details and attach copies of all agreements (other than lease liability). Coverage will be provided only if specifically agreed by QBE Commercial.

PRIVACY

The QBE Privacy Promise Brochure explains what sort of personal information we collect and hold about you and what we do with that information. Please contact your Financial Services Provider to obtain a copy of the QBE Privacy Promise Brochure. A copy of the brochure may also be obtained from any QBE Commercial office or from our website at www.qbecommercial.com

DUTY OF DISCLOSURE

The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your proposal and also each time before you alter or renew the Policy.

Each person named as the Insured has the same duty.

PENALTY FOR NON-DISCLOSURE

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

You don't need to tell us anything which: reduces the risk; is common knowledge; we already know, or ought to know in the ordinary course of our business; or we indicate we do 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 our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

DECLARATION AND SIGNATURE

1. The Duty of Disclosure, Non-Disclosure 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 your decision about accepting this insurance.
3. I acknowledge you reserve the right to decline any application.

Applicant's Signature

X

Date

/ /

Applicant's Title