

**COMBINED PUBLIC AND PRODUCTS LIABILITY INSURANCE
PROPOSAL FORM**

Wesfarmers General Insurance Limited
ABN 24 000 036 279, trading as Lumley Insurance
Level 3, 99 King Street
Melbourne Victoria 3000

IMPORTANT NOTICES

Please read the following Important Notices carefully before completing this documentation

Duty of Disclosure

Before You enter into a contract of general insurance with Lumley Insurance, You have a duty under the Insurance Contracts Act 1984, to disclose to Lumley Insurance every matter that You know, or could reasonably be expected to know, is relevant to Lumley Insurance's decision whether to accept the risk of the general insurance and, if so, on what terms.

You have the same duty to disclose those matters to Lumley Insurance before You renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by Lumley Insurance;
- that is of common knowledge;
- that Lumley Insurance knows or, in the ordinary course of business, ought to know;
- as to which compliance with Your duty is waived by Lumley Insurance.

Non-Disclosure

If You fail to comply with Your duty of disclosure, Lumley Insurance may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

If Your non-disclosure is fraudulent, Lumley Insurance may also have the option of avoiding the contract from its beginning.

Subrogation Rights

If You have entered into an agreement with another party which prevents Lumley Insurance from taking a recovery action for compensation from that party it may affect Your rights to cover under the Policy.

Should You now be a party to such an agreement or be requested to enter such an agreement in the future please advise Lumley Insurance immediately in writing.

Cooling Off

If You are not completely satisfied with Your Policy You may cancel it by notifying Lumley Insurance in writing within 21 days of cover having commenced. You will receive a refund of the amount You have paid unless something has occurred for which a claim may become payable under the Policy.

Confirming Transactions

You may contact Lumley Insurance or Your adviser, in writing (which is always required if You are advising cancellation) or by phone, to confirm any transaction under Your Policy. Any transaction will be documented by Lumley Insurance as quickly as possible.

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Code of Practice

A self-regulatory Code of Practice exists for the general insurance industry, designed to raise overall standards. Lumley Insurance has adopted the Code, details of which can be obtained from Your insurance Agent or Broker or any of Lumley Insurance's offices.

If You are not satisfied with a claim decision by the IDRC, the matter may be referred to an independent alternate dispute resolution body, the "Financial Ombudsman Service (FOS)" provided it falls within their jurisdiction.

Complaints - Internal and External Complaints Procedure

If You do not agree with any decision Lumley Insurance make in relation to Your insurance, please write to Lumley Insurance stating what You disagree with and why.

Privacy

Wesfarmers General Insurance Limited respects Your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of Our Privacy Policy is available at any of Lumley Insurance's offices.

Lumley Insurance will then either resolve or attempt to resolve Your complaint immediately or refer the matter to Lumley Insurance's Internal Dispute Resolution Committee (IDRC).

Every question must be answered fully and clearly. Your completed answers will influence Lumley Insurance's decision as to whether Lumley Insurance's will insure You and if so the terms of that general insurance cover. If any question is unclear to You or You do not understand what information is being sought, please contact Lumley Insurance immediately. All words and phrases in this Proposal Form have the same meaning, if any, as given to them in the Policy document. **Please note** that when *You/Your* is used in this Proposal Form it means the Insured.

If there is insufficient space to provide a completed answer, please attach a separate sheet of A4 paper to this Proposal Form, identifying it as an Annexure. Please ensure that any Annexure provided is numbered, signed and dated.

Intermediary Name: _____ **Account No:** _____

Policy No: _____

THE INSURED: (ie. your name, company name, subsidiary companies, 'You/Your' when used in this proposal means the Insured).

The Insured:	_____		
Postal Address:	_____		
A.C.N.	_____	A.B.N.	_____

Business of the Insured:

PERIOD OF INSURANCE: Commences 4pm on ____ / ____ / ____ and ends 4pm on ____ / ____ / ____

LIMIT OF LIABILITY: \$ _____
Deductible \$ _____ any one Occurrence (inclusive of Law Costs and Expenses).

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Date the Business was established: _____

**(Important Note: Lumley Insurance's terms do not cover the below listed activities).
Please indicate whether Your Business involves any of the following activities:**

Construction or repair or maintenance or installation work involving:		
Aircraft	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Airports	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Watercraft	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dams	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Petrochemical plants or refineries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Power-stations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Off-shore platforms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Underground mines	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If You have answered **Yes**, to any of the above please advise details of the activity performed and the turnover derived from such, as Lumley Insurance's terms exclude the above activities. Upon receipt of the required details Lumley Insurance will advise in writing whether and on what basis the policy may or may not be amended.

Relevant details:

INSURANCE HISTORY

- a) Within the last five years has any incident occurred or claim been made against the Insured or Directors of the Insured or any corporate entity operated by the Directors of the Insured involving Personal Injury to any person not being Your employee or damage to property of others? Yes No

If "Yes", please provide details:

Date of Loss	Cause of Claim/Incident	Amount of Claim
		\$
		\$
		\$

- b) Has any Insurer ever declined, refused to renew, cancelled or imposed special terms or conditions to any application, renewal or policy held by You, either alone or jointly with another person or company or held by any corporate entity operated by the Directors of the Insured or held by the Directors of the Insured? Yes No

If "Yes", please provide details.

1. Estimated Annual Payroll (including earnings of working Partners, Directors, Principals, etc)

- | | |
|--|----------|
| a) Installation, maintenance, service, repair or construction work conducted away from Your premises | \$ _____ |
| b) Managerial/clerical/sales | \$ _____ |
| c) Manufacturing | \$ _____ |

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d) Other, please specify _____ \$
Do You engage any contractors and/or sub-contractors? Yes No

If "Yes", please advise:

a) Nature of work performed _____

b) Estimated annual labour payments to such contractors and/or sub-contractors \$

1. Do You identify the existence of liability insurance held by contractors and/or sub-contractors? Yes No

2. Are You always named as principal on the contractors and/or sub-contractors liability policies? Yes No

Do You utilize any labour hire personnel? Yes No

If "Yes", please advise:

a) Nature of work performed _____

b) Estimated annual labour payments for such labour hire personnel \$ _____

2. **Estimated Annual Turnover** \$ _____

3. Do You own, control or operate any tips or landfill sites? Yes No

If "Yes", please provide details: _____

4. LOCATIONS

Address	Occupancy	Indicate if Owned or Leased

5. Have You entered into any contract or agreement (including any in respect of the supply of raw materials, components or finished goods) under which You have assumed liability for which You would not otherwise be liable, or under which You have waived Your legal rights of recovery (eg. hold harmless agreements)?

Yes No If "Yes", please provide details and attach copies of the contract or agreement.

6. Do You perform any activities outside Australia? Yes No

If "Yes", advise type of activities and countries where this is conducted.

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7. PRODUCT DETAILS

In regards to all goods or products involved in Your Business, do You do any of the following:

- | | | | | | |
|-------------------|------------------------------|-----------------------------|--------------------------------|------------------------------|-----------------------------|
| Manufacture | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Retail, supply or distribution | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Mix or blending | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Export | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Package | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Label | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Decant | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Import | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Service or Repair | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |

If You answered "Yes" to any of the above, please list the type of goods or products involved.

	Type of Goods or Products	Activity Performed	Approximate \$ Turnover Derived
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$

(Please attach Product Brochures if available)

Have any goods or products been discontinued during the past 10 years? Yes No
If "Yes", please list the goods or products.

8. Exports

Do you export any goods or products? Yes No

If "Yes", please provide details of:

- a) Estimated annual turnover derived from exports \$ _____
- b) Countries to which goods or products are exported _____
- c) Countries in which you have a branch or subsidiary company _____

Note that exports to USA or Canada are specifically excluded by our Policy.

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9. Imports

Do you import any goods or products? Yes No

If "Yes", please provide details of:

a) Countries from which you import: _____

b) Describe the goods or products: _____

10. Suppliers

What procedure is in place for identifying the source of particular raw materials, components or finished goods supplied to You?

11. Quality Control

a) Are goods or products manufactured to comply with any Federal, Australian Standard, or Statutory Regulation? Yes No

If "Yes", please provide details:

b) Do you operate a laboratory to test goods or products? Yes No

c) Describe Your Quality Control Procedures: _____

d) Have You obtained ISO9002 Accreditation? Yes No

Date Accredited: ____ / ____ / ____

12. Product Recalls

Have any goods or products been recalled during the past 10 years? Yes No

If "Yes", please provide details:

Date of Recall	Reason for Recall	Number of Units involved

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13. Are any of the following excluded products included within Your Product range:

Pharmaceuticals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Insecticides	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explosives, Fireworks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Livestock Feed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ammunition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fungicides	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Veterinary Products	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Products for Use in Aircraft or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pesticides, Herbicides	Yes <input type="checkbox"/>	No <input type="checkbox"/>	aerial devices		

Please note that no cover attaches in regards to these products unless specifically agreed to in writing by Lumley Insurance.

If You have answered **Yes**, to any of the above please advise details of the activity performed and the turnover derived from such, as Lumley Insurance's terms exclude the above activities. Upon receipt of the required details Lumley Insurance will advise in writing whether and on what basis the policy may or may not be amended.

Relevant details:

Declaration and Acknowledgements

By signing this Proposal Form you hereby declare that:

- Your attention has been drawn to the Important Notices section at the start of this Proposal Form and further that You have read these notices carefully and acknowledge your understanding of their contents by Your signature below;
- You agree to be bound by the terms, conditions, exclusions and limitations of the Policy wording and the insurance cover will only arise upon the acceptance of this Proposal Form as notified by the issue of an appropriate Policy Schedule or Policy Document;
- the disclosed particulars are true and correct;
- You have not suppressed or mis-stated any information concerning the above particulars and should any information given by You alter between the date of this Proposal Form and the inception date of the insurance to which this Proposal Form relates You shall give immediate notice thereof.

Signature of Proposer: _____ **Date:** ____/____/____