

# **BROADFORM LIABILITY PROPOSAL**

## IMPORTANT INFORMATION

### PRIVACY OF YOUR INFORMATION

TIO is committed to protecting the privacy and confidentiality of your personal information. Generally, we collect personal information directly from you, however there may be times where we collect personal information from outside sources. Your personal information is collected for the primary purpose of evaluating and administering the proposed insurance or any claim, and for the secondary purpose of marketing our products and services to you. On request in most circumstances you may access personal information collected and held by TIO. You may also cancel its use for marketing purposes at any time. The information you give us may be disclosed to others such as reinsurers, professional advisors and loss adjusters. If you believe that your personal information is inaccurate or incomplete, you may request that we make any necessary corrections, additions or deletions. If you wish to receive more information on these principles please contact us.

### YOUR DUTY OF DISCLOSURE

#### What you must tell us

Before you first start this insurance, you have a duty under law to tell us about any matter that you know, or could reasonably be expected to know is relevant to our decision whether to insure you and (if so) on what terms.

You have the same duty to disclose those matters to us before you renew, change or reinstate your insurance contract. These requirements are part of the *Insurance Contracts Act 1984*.

When we ask you specific questions, you must give us honest and complete answers. The information you give us helps us to decide whether to insure you and any other person whom you want to be covered by the insurance contract, the amount of your premium and whether any special conditions apply.

#### Who needs to tell us

It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the Policy.

#### What you do not need to tell us

You do not need to tell us about any matter:

- that reduces the risk to be undertaken by us;
- that is of common knowledge;
- that we know, or as an insurer should know;
- when we have waived compliance with your duty.

#### What will happen if you do not tell us

If you do not comply with these obligations, we may be entitled to refuse or reduce the amount we pay you if you make a claim, or we may cancel your insurance.

If your non disclosure is fraudulent, or your answers are untruthful, we may refuse to pay a claim and treat the insurance contract as if it never existed.

If you do not understand your duty, please contact us.

<b>BROKER/AGENT NO:</b>		<b>POLICY NO:</b>	
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PLEASE ANSWER QUESTIONS FULLY. USE BLOCK LETTERS AND TICK APPROPRIATE BOXES.

**INSURED** *(Please refer to Policy Definition of You, Your, Yours)*

Name/s in Full .....

Trading Name .....

ACN No: .....

Address for Notices .....

Postcode .....

Telephone Number..... Facsimile Number.....

Are you registered for the purposes of GST Yes  No

If Yes what is your Australian Business Number? .....

Are you entitled to an Input Tax Credit on the Insurance Premium you pay? Yes  No

If Yes what percentage will you claim? .....%

**BUSINESS OF INSURED** *(Please provide full details of all business activities)*

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**PERIOD OF INSURANCE** From / / to / / at 4.00pm

**OTHER INTERESTED PARTIES** *(Please state their name and address, the type of interest and the property concerned)*

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**PRINCIPAL BUSINESS ADDRESS**

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**ADDRESS OF OTHER PREMISES**.....

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Limit of Indemnity \$ \_\_\_\_\_

Number of persons engaged in the business including partners and directors \_\_\_\_\_

Estimated annual wages \$ \_\_\_\_\_

Estimated annual turnover \$ \_\_\_\_\_

Do you use contractors or subcontractors? Yes  No

If *Yes* please provide details including type and annual value of work (Labour Only) contracted/sub contracted

\_\_\_\_\_

\_\_\_\_\_

Do you operate away from your premises? Yes  No

If *Yes* please advise details

\_\_\_\_\_

\_\_\_\_\_

**PROPERTY OWNERS LIABILITY**

Do you require Property Owners Liability only Yes  No

If *Yes* please advise all locations and types of occupancies

\_\_\_\_\_

\_\_\_\_\_

**CARE, CUSTODY AND CONTROL**

Do you require cover for property of others in your care, custody or control? Yes  No

If *Yes* please give a brief description of the property

\_\_\_\_\_

\_\_\_\_\_

Limit of indemnity required \$ \_\_\_\_\_

**PRODUCTS LIABILITY**

What are your major products?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you export to, or import from other countries? Yes  No

If *Yes* please provide full details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does work performed by you or any person contracted or sub contracted by you involve any of the following activities?**

- Use of explosives
- Bridge building
- Demolition
- Road building
- Work on minesites
- Work on aircraft or landing areas
- Work on offshore oil rigs
- Asbestos removal/disposal
- Carriage/removal of goods
- Camping grounds/hostels
- Swimming pools/waterslides
- Spray painting/sandblasting
- Tree lopping
- Cleaning of shopping centres
- Work on boats/ships
- Trade waste handling/disposal
- Building exceeding 10 metres
- Pest control
- Child care
- Tour operations
- Guard/patrol services

Yes  No  If *Yes* please provide full details (Separate questionnaire may be required to be completed)

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Have you assumed any obligations under any Contracts or agreements, including hold harmless or indemnification agreements?

Yes  No

If *Yes* please provide details and attach copies of the agreements

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**CLUBS AND ASSOCIATIONS**

Number of members \_\_\_\_\_

Is your club licensed to sell alcohol? Yes  No

Is food sold or provided? Yes  No

Please provide details of activities

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**HOTELS, MOTELS, HOSTELS, ETC**

Number of rooms \_\_\_\_\_

Do you operate a restaurant? Yes  No

If *Yes* is it licensed to sell alcohol? Yes  No

Do you have a swimming pool? Yes  No

**YOUR PREVIOUS HISTORY**

*(If You answer "Yes" to any of the following questions, please provide full details)*

**Details / Comments**

*(Include Policy No and Name of Company if known)*

**Have You either alone or jointly with others ever:**

- (a) Had any insurance declined or cancelled, renewal refused, claim rejected, special conditions or excess imposed by any insurer?      Yes     No       .....
- (b) Been declared bankrupt or put into liquidation or receivership?      Yes     No       .....
- (c) Been charged with or convicted of any criminal offence?      Yes     No       .....
- (d) Indicate below **all losses** paid or now reserved occurring during the past five (5) years.

Date of Loss	Description	Amount Paid	Amount Outstanding

**DUTY OF DISCLOSURE**

Have You read and understood the Duty of Disclosure?

Yes     No

Do You have anything else to disclose to TIO?

Yes     No

If Yes, please give details .....  
.....

**DECLARATION**

I / We declare that:

- (i) \_\_\_\_\_ (number) supplementary proposals / pages are attached for incorporation in this proposal;
- (ii) the answers and information given by me / us in this proposal are true and correct in all respects;
- (iii) where answers in this proposal are not my / our own handwriting, they have been checked by me / us and I / we certify they are correct.

I / We acknowledge having been clearly informed of the following:

- the nature and effect of my / our Duty of Disclosure;
- the nature and effect of the Average/Underinsurance provisions;
- the only persons whose interests are covered;
- the effect of Statements made to TIO; and
- no cover available if rights "signed away".

as set out in writing in the Important Notices.

I/We further acknowledge that any cover that may be granted by TIO, its agents or employees on completion of this proposal prior to TIO advising me / us in writing of the acceptance or rejection of this offer to insure, is interim cover only.

I / We authorise TIO to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me / us and claims under those insurances.

Signature/s .....

Date                                    /                                    /