



Broadform Liability Insurance Application

Policy No.	Client No.	Intermediary No.
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All questions are to be answered. If insufficient space, please attach additional information.

Details of the Insured

Name(s) in full	Surname		Given Name(s)													
Tax Status	Registered Business	ABN													Taxable	%
Postal Address											State		Postcode			
Contact Number(s)	Private Phone No.	()	Business Phone No.										()			
Period of Insurance	From	/	/		to	/	/		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? No Yes – If “Yes”, please give details
- Have you had any incident or accident occur which would have been covered by the proposed insurance policy? No Yes – If “Yes”, please give details
- Have you had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected, special conditions or special excess imposed by an insurer? No Yes – If “Yes”, please give details

Indemnity Limit

Limit of Indemnity required			
Public Liability	\$	Products Liability	\$
(any one occurrence)		(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	\$	
Manufacturing	\$	
Installation	\$	
Other	\$	
TOTAL	\$	
2. Do you employ contractors or subcontractor? No <input type="checkbox"/> Yes <input type="checkbox"/> – If “Yes”, please complete a, b, c and d below.		
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? No <input type="checkbox"/> Yes <input type="checkbox"/>		

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 matters.

2. Do you have representation outside Australia? No Yes
 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 **occupied** for the purpose of conducting the business Owned Leased

	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 eg. 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?

	No	Yes	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? No Yes
 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? No Yes
 If "Yes", please provide details

9. Does your operation/business create trade waste? No Yes
 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 alternation or which is on temporary hire or loan to you, 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 1-5.

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?	No <input type="checkbox"/> Yes <input type="checkbox"/> – If “yes”, please provide details.

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"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Power of Attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Power of Attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Power of Attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <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 relatively stable or changing frequently. No Yes – If “Yes”, provide full details

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

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

6. Do you have re-call procedures in place? No Yes – If “Yes”, provide full details

Product Information/Territorial Limits (continued)

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

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

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 will be provided only if specifically agreed by QBE.

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

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- **You do not have to tell us about any matter:**
 - that diminishes the risk
 - that is of common knowledge
 - that we know or should know in the ordinary course of our business as an insurer, or
 - which we indicate we do not want to know.
- **If you do not tell us**
If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may also have the option of avoiding the contract from its beginning.

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 Authorisation

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Policy Terms and Conditions.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Applicant's Signature

X

Date

/ /

Applicant's Title