

Liability Specialty Risks Application Form

Completion of this Form

Please answer all questions. Please tick appropriate boxes and provide details as requested. If there is not enough space provided to answer a question please complete Your answer on a separate page and attach it to the Proposal.

Acceptance of Proposal

Cover for this insurance will not commence until agreed and accepted by Coast in writing. Coast reserves the right to decline any Proposal and to verify any information provided.

Defined Terms

Some words used in this Proposal Form ('Proposal') have a special meaning as defined in the Policy wording and such other documents which make up the Policy which contain definitions.

Broker Contact

Brokerage

Broker Contact

The Applicant

Insured Name

Insured Person(s) / Directors

Website

Registered Address

Post Code

Interested Party

ABN

ITC%

 %

Period of Insurance

From

 / /

To

 / /

At 4pm local time

Business description

Please describe your business

History

Who is the current insurer?

When does the current policy fall due?

How long have you operated this business?

If less than 5 years, please advise experience in this field

Have you or any partner(s) or director(s) of the business:

Ever had an insurance policy declined, cancelled or special conditions imposed? Yes No

If yes, please provide detail

Date

/ /

Ever been declared bankrupt?

Yes No

If yes, please provide detail

Date

/ /

Have you or any partner(s) or director(s) of the business:

Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?

Yes No

If yes, please provide detail

Date

Any other matters you should disclose?

Yes No

If yes, please provide detail

Date

Claims:

Have you suffered any losses, for your business liability in the last 5 years? Yes No

If yes, please provide Date of loss / details of incident and settlement amount

Status Ongoing Closed

Claims:

Have you any unreported or uninsured losses? Yes No

If yes, please provide Date of loss / details of incident and settlement amount

Have you put any preventative or corrective measures in place? Yes No

Next, we will ask you about specific business activities and premises.

Is there anything else you'd like to tell us?

Situations

	Address	State	Post Code	Occupancy Type	Status	Heritage Listed
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner Occupier <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner Occupier <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner Occupier <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner Occupier <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied	<input type="checkbox"/> Yes <input type="checkbox"/> No

Public and Products Liability

Turnover

What is the estimated turnover / gross income for the next 12 months

Please provide the approximate percentage of turnover derived from each State, Territory or Overseas.

NSW	VIC	QLD	SA	WA	NT	TAS	ACT
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Overseas – (If overseas, please list countries)							
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %

Type of Work

Please list all activities this business carries out and the approximate turnover derived from each.

Type of work	% of turnover
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>

Height Work

Do you work at heights over 10 metres? (including internal and external operations) Yes No

Please advise the maximum height worked at (metres)

Playground

Percentage of turnover derived from playground installation:

Installation Manufacturer Audit Repair
 Other

Playground Auditors

Does the insured employ internal auditors? Yes No

Personnel

Total No. of staff Estimated payroll \$
 Full-time Casual Part-time

Contractors

Do you engage subcontractors? Yes No

If yes, what activities do you contract to

Please advise the limit of liability your subcontractors currently hold \$

What are your estimated payments to contractors? \$

Labour hire

Do you engage labour hire personnel? Yes No

What are your estimated payments to labour hire? \$

Imported Goods

Do you, or do you intend to import goods? Yes No

If yes, please specify the items

Value of imported goods \$

Country imported from

What is the company name(s) of the original manufacturer of goods imported?

Do you have quality control procedures in place? Yes No

If yes, please provide details

Are your products subject to any Australian or International standard? Yes No

If yes, please provide details

Do they maintain full rights of recourse against the original manufacture? Yes No

Exported Goods

Do you, or do you intend to export goods? Yes No

If yes, please specify the items

Country exported to

Do you have quality control procedures in place? Yes No

If yes, please provide details

Are your products subject to any Australian or International standard? Yes No

If yes, please provide details

Hazardous Activities and Substances

Substances

Do You, or do You intend to, use, store or handle hazardous substances? Yes No

If yes, please specify the substances

Do You, or do You intend to, discharge waste or hazardous material into the atmosphere, sewer or elsewhere? Yes No

If yes please provide details

Waste material

Method of storage

Safety procedures

Activities

Do You, or do You intend to carry out any of the following:

Use of explosives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bridge construction/maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demolition activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work on offshore platforms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilities, gas production, petrochemical plants, power stations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Height work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction or maintenance work involving chemical works	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work of or in the defence force	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mining or for the mining industry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work on aircraft or their components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rail or trains	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide details

Do you wish to tell Us anything else?

Important Notices

Binder Agreement

Coast Insurance Pty Ltd (ABN 44 108 154 829, AFSL 268726) ('Coast') distributes the product under a binding authority as agent for the Insurer. The Policy is underwritten by certain underwriters at Lloyd's ('Underwriters') (proportion 100%). The Underwriters are collectively referred to as 'We, Us, Our, the Insurer(s)' in the Policy.

Duty of Disclosure

Before You enter into an insurance contract, You have a duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

You have this duty until We agree to insure You.

You have the same duty before You renew, extend, vary or reinstate an insurance contract.

You do not need to tell Us anything that:

- reduces the risk We insure You for; or
- is common knowledge; or
- We know or should know as an insurer; or
- We waive Your duty to tell Us about.

If You do not tell Us something

If You do not tell Us anything You are required to, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

Privacy Statement

In this Privacy Statement the use of "We", "Us" and "Our" means the Insurer and Coast unless specified otherwise.

We are committed to the safe and careful use of Your personal information in the manner required by the *Privacy Act 1988* (Cth) and the Australian Privacy Principles and the terms of this Policy.

Privacy Statement (continued)

We collect Your personal information in order to assess Your application for insurance and, if Your application is accepted, to administer and manage Your insurance policy and respond to any claim that You make. To do this, Your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on Our behalf, such as assessors and facilitators, some of whom may be located in overseas countries such as the United Kingdom.

Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing Us with Your personal information, You consent to the disclosure of Your personal information to reinsurers, service providers and related entities in overseas countries to enable Us to assess Your application, to administer and manage Your insurance Policy and to respond to any claim that You make. If You consent to the disclosure of Your personal information to overseas recipients, and the overseas recipient handles Your personal information in a way other than in accordance with the Australian privacy laws, We may not be responsible for the handling of Your personal information by the overseas recipient.

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We may not be able to assess Your application or administer and manage Your insurance policy and respond to any claim that You make.

Our privacy policies contain information on how You may access personal information that each of us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of Your personal information and how complaints are handled. If You require more information, You can access Coast's Privacy Policy and Privacy Statement at www.coastins.com.au

Print Name of Insured

Signature of Insured

Date