

# Statutory Liability Proposal Form

## NOTICE RELATING TO THE OPERATION OF THE INSURANCE

- A. YOUR ATTENTION IS DRAWN** to Section 21 of the Insurance Contracts Act 1984 (Commonwealth) which provides in relation to your duty of disclosure, as follows:
- (1) Subject to this Act, an Insured has a duty to disclose to the Insurer, before the relevant contract of insurance is entered into, every matter that is known to the Insured being a matter that:
    - (a) the Insured knows to be a matter relevant to the decision of the Insurer whether to accept the risk, and if so, on what terms, or
    - (b) reasonable person in the circumstances could be expected to know to be a matter so relevant.
  - (2) The duty of disclosure does not require the disclosure of a matter :
    - (a) that diminishes the risk,
    - (b) that is of common knowledge,
    - (c) that the Insurer knows or in the ordinary course of business as an insurer ought to know, or
    - (d) as to which compliance with the duty of disclosure is waived by the Insurer.
  - (3) Where a person :
    - (a) fails to give an answer, or
    - (b) gives an obviously incomplete or irrelevant answer to a question included in a proposal form about a matter,the Insurer shall be deemed to have waived compliance with the duty of disclosure to the matter.
- B. THE TERMS AND CONDITIONS** of this Policy provide that, if a claim is made against you or any notice of an intention to make a claim against you is received or circumstances come to your attention which are likely to cause a claim to be made against you or which you should reasonably expect to cause a claim to be made against you during the term of the Policy, then you must immediately notify the Insurer thereof. This notification must be given during the term of the Policy for the Policy to apply.

The time of happening of the acts or circumstances which give rise to a claim or a possible claim is not of relevance provided they occur after the retroactive date stated on the Schedule of Insurance and the relevant Limit(s) of Liability is adequate. Your obligation under the Policy is to communicate to the Insurer during the term of the Policy a claim, notice of a possible claim or circumstances or act which comes to your attention and which may give rise to a claim or which you should reasonably expect may give rise to a claim as soon as is reasonably possible after such is made, received or has come to your attention.

**Upon expiry of the Policy no further claims can be made thereunder.**

**This Notice applies to each and every director, officer and employee seeking coverage.**

This proposal is for a CLAIMS MADE policy. This means that the policy responds to:

1. Claims first made against you during the policy period, and
  2. Events of which you become aware during the policy period that could give rise to a future claim, provided you notify the Insurer during the policy period of the circumstances of such events.
- When the policy expires, no claims can be made on the policy even though the event giving rise to the claim may have occurred during the policy period.
  - It is therefore advisable to renew the insurance policy each year on a Claims Made basis with retroactive cover for past activities.

# Statutory Liability Proposal Form

The information sought by and the answer provided to every question on this form are material to whether QBE Insurance (Australia) Limited will insure the Named Organisation stated herein and the terms upon which such insurance will be afforded.

Every question on this form must be answered in full. If in doubt, please consult your broker. If there is insufficient space on the form to provide the information requested, please attach addendum sheets as necessary.

QUESTION	ANSWER																					
<p><b>1. Named Organisation</b></p> <p>ABN</p>																						
<p><b>2. Describe comprehensively the Nature of Business activities / operations</b> (including all subsidiaries / controlled entities)</p> <p><input checked="" type="checkbox"/> Joint Ventures are not covered by the standard policy and require completion of a separate Proposal Form</p>	<p>If space insufficient, please attach addendum sheet.</p>																					
<p><b>3. (a) Date of Incorporation</b> <b>(b) Date since the Named Organisation has continuously conducted business</b></p>																						
<p><b>4. Is any change to the Nature of Business intended or being considered?</b></p>	<p>Yes                  No</p> <p>If "Yes" please provide comprehensive details.</p>																					
<p><b>5. State details of the hereunder listed insurances which the Named Organisation currently purchases:</b> (insert "NIL" against insurances not currently purchased).</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Liability Insurance</u></th> <th style="text-align: left;"><u>Insurer</u></th> <th style="text-align: left;"><u>Period of Insurance</u></th> </tr> </thead> <tbody> <tr> <td>▪ Directors &amp; Officers Liability</td> <td></td> <td></td> </tr> <tr> <td>▪ D&amp;O Supplementary Legal Expenses</td> <td></td> <td></td> </tr> <tr> <td>▪ General Public &amp; Products Liability</td> <td></td> <td></td> </tr> <tr> <td>▪ Professional Indemnity</td> <td></td> <td></td> </tr> <tr> <td>▪ Employment Practices Liability</td> <td></td> <td></td> </tr> <tr> <td>▪ Other Liability Insurance ( such as - Marine - Aviation - Environmental Pollution etc )</td> <td></td> <td></td> </tr> </tbody> </table>		<u>Liability Insurance</u>	<u>Insurer</u>	<u>Period of Insurance</u>	▪ Directors & Officers Liability			▪ D&O Supplementary Legal Expenses			▪ General Public & Products Liability			▪ Professional Indemnity			▪ Employment Practices Liability			▪ Other Liability Insurance ( such as - Marine - Aviation - Environmental Pollution etc )		
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<p><b>6. Has any organisation or person to be covered by this insurance, in the past 5 years :</b></p> <p>(a) had any fine or penalty or infringement notice (other than traffic) imposed by Federal, State, Local Government or other Regulatory Authority?</p> <p>(b) experienced any incident or circumstance which could give rise to a fine or penalty by Federal, State, Local Government or other Regulatory Authority?</p>	<p>Yes                  No</p> <p>Yes                  No</p> <p>If either answer above is "Yes", please provide comprehensive details.</p>																					

<p><b>7.</b> Does the Named Organisation or any Subsidiary or Controlled Entity have formal Quality Assurance Certification to ISO 9000 series ?</p>	<p style="text-align: center;">Yes                  No</p> <p>If "No", but in the process of obtaining, please advise expected date of certification.</p>																
<p><b>8.</b> Does the Named Organisation or any Subsidiary or Controlled Entity manufacture or use any toxic chemicals or hazardous substances ?</p>	<p style="text-align: center;">Yes                  No</p> <p>If "Yes", please provide comprehensive details.</p>																
<p><b>9.</b> Does the Named Organisation or any Subsidiary or Controlled Entity have or applied for any license to pollute ?</p>	<p style="text-align: center;">Yes                  No</p> <p>If "Yes", please provide comprehensive details.</p>																
<p><b>10.</b> Does the Named Organisation or any Subsidiary or Controlled Entity have any marine or aviation operations or activities within Australia, including Australian Coastal Waters ?</p>	<p style="text-align: center;">Yes                  No</p> <p>If "Yes", please provide comprehensive details.</p>																
<p><b>11.</b> On the last Workers Compensation renewal, was the Named Organisation or any Subsidiary or Controlled Entity rated at the industry gazetted rate or did any discount or loading to the industry gazetted rate apply ?</p>	<p style="text-align: center;">Standard                  Discount                  Loading</p> <p style="text-align: center;"> <input type="text"/>                  <input type="text"/> %                  <input type="text"/> % </p> <p>* If you are uncertain how to correctly answer this Question, please attach copy of your last Renewal Notice.</p>																
<p><b>12.</b> State the Number of:</p> <p>(a) Directors (Main Board)</p> <p>(b) Executive Officers (ie persons concerned with or participates in management of the Organisation – including Company Secretary, Line Managers, Foremen and Supervisors)</p> <p>(c) Other Employees –</p> <p>(i) white collar</p> <p>(ii) blue collar</p> <p>Is any variation greater than 20% (up or down) expected to these numbers in the next 12 months ?</p>	<p style="text-align: center;"> <input type="text"/>  <input type="text"/> </p> <p style="text-align: center;"> <u>Full Time</u>    <u>Permanent Part Time</u>    <u>Casual</u> </p> <p style="text-align: center;"> <input type="text"/>    <input type="text"/>    <input type="text"/>  <input type="text"/>    <input type="text"/>    <input type="text"/> </p> <p style="text-align: center;">Yes                  No</p>																
<p><b>13.</b> State the Number of:</p> <p>(a) Workers who are Independent Contractors or Subcontractors or Hired Labour, who perform work (such as, but not limited to, production, property and plant maintenance or repair) at the workplace(s) of the Named Organisation (including at the workplace(s) of any subsidiary company or controlled entity).</p> <p>(b) Volunteer or Work Experience Workers</p>	<p>As the actual number of Independent Contractor, Subcontractor, Hired Labour workers will vary continually, please declare an approximate <b>average daily 'Full-Time-Equivalent' number</b> of workers engaged at any one time across all workplace premises, locations and sites.</p> <p style="text-align: center;"> <input type="text"/>  <input type="text"/> </p>																
<p><b>14.</b> State the Number of Directors, Executive Officers, Employees and other Workers in each State and Territory.</p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%;">NSW</td> <td style="width: 12.5%;">VIC</td> <td style="width: 12.5%;">QLD</td> <td style="width: 12.5%;">SA</td> <td style="width: 12.5%;">WA</td> <td style="width: 12.5%;">TAS</td> <td style="width: 12.5%;">ACT</td> <td style="width: 12.5%;">NT</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NSW	VIC	QLD	SA	WA	TAS	ACT	NT								
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**15.** Does any Director or Executive Officer to be covered by this insurance, after specific enquiry of management and employees, have knowledge or information of any act, error or omission, or circumstance which may give rise to a claim under this proposed insurance?

Yes

No

If "Yes", please provide comprehensive details.

**NOTE :**

**If such knowledge or information exists, any claim or action arising therefrom is excluded from this proposed insurance.**

## **DECLARATION**

I, the undersigned, being a Director/ Executive Officer of the Named Organisation stated in Answer 1, **HEREBY DECLARE THAT :**

- 1.** I am authorised to complete this Proposal form on behalf of the Named Organisation and all subsidiary / controlled entities thereof ;
- 2.** All answers to the questions contained in this proposal form are, after enquiry, true and correct to the best of my knowledge and belief ; and
- 3.** I have read and understood the Notice on Page 1 of this Proposal form ; and
- 4.** I understand that submission of this Proposal form does not bind either QBE Insurance (Australia) Limited, or the Named Organisation stated in Answer 1 or any subsidiary / controlled entity thereof, to enter into a binding contract of insurance.

Capacity : \_\_\_\_\_

Signed : \_\_\_\_\_

Dated : \_\_\_\_\_

**NOTE :** It is important that the Named Organisation and all Subsidiaries / Controlled Entities thereof, and the authorised Director/ Executive Officer signing the Declaration on their behalf, are fully aware of the scope of this insurance so that these questions can be answered correctly.

If in doubt, please consult your broker as non-disclosure may affect an Insured's and / or a Named Organisation's right of recovery under the insurance or lead to avoidance.

