



PROPOSAL FORM

New Business
Fixed Site Pollution Liability

libertyinternational.com/au



Proposal Form



Important notices

The information requested and provided in this proposal will form the basis of any contract of insurance entered into. Please read the following notices carefully and ensure you answer all questions in full and read and sign the Declaration at the end.

Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 (Cth), to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of a matter:

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

Non Disclosure

If you fail to comply with your Duty of Disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Claims Made Insurance

This is a proposal for a 'Claims Made' policy of insurance. This means that the policy covers you for any claims made against you and notified to the insurer during the policy period. The policy does not provide cover in relation to:

- pollution conditions that occurred prior to the retroactive date (if one is specified) in the policy;
- any claim made, threatened or intimated against you prior to the commencement of the policy period;
- any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the policy period;

- any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;
- any claim arising out of any fact you are aware of before the commencement of the policy period;
- any claim made against you after the expiry of the policy period.

However, the effect of Section 40(3) of the Insurance Contracts Act 1984 (Cth) is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the policy period, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the policy period, notwithstanding that the claim was made against you after the expiry of the policy period.

Inadequate space to answer

If there is inadequate space to answer any of the questions or make any comment or you need to disclose something to us because of your Duty of Disclosure, please include attachments to this proposal on your company letterhead, giving full details of additional information.

Instructions

This application must be signed and dated by an owner, principal or other duly authorised person. Please submit the following with this application:

- Standard client and sub-contractor contract documents used
- Representative project listing with descriptions
- Attach a list of proposed Named Insureds to be covered by this policy and include ownership information and description of operations for each entity. (Only those entities performing the services and/or operations as proposed will be included as the Named Insured's)
- Environmental Audit Reports for each location requiring coverage (if available)
- Information on any previous environmental coverage and environmental loss experience Environmental site management plan.

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1. INSURED DETAILS

Named Insured

Address

City

State

Postcode

Country

Website address

Period of insurance (at 4pm local standard time)

From

To

List of subsidiaries:

2. INSURED'S OPERATIONS

Please provide full details of the operations of the Named Insured

Additional questions on operations

a. Have dry cleaning operations ever been conducted at any of the Covered Locations? Yes No

If yes, provide details including site addresses and the types of dry cleaning solvents historically and currently used:

b. Have petrol station or auto repair operations ever been conducted at any of the Covered Locations? Yes No

If yes, provide details, including site addresses and details on the use of any chlorinated solvents:

c. Are there any known plans for development, redevelopment, construction or demolition at any of the Covered Locations during the proposed policy period? Yes No

If yes, please describe:

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d. Are there any known plans for any interior renovations at any of the Covered Locations during the proposed policy period? Yes No

If yes, please describe:

e. Have any water intrusion or moisture conditions at a Covered Location/s been encountered (including but not limited to HVAC system problems, leaks in the roof, windows or siding, broken plumbing or sewer backups)?

If yes, please summarise the issue and how they were addressed:

f. Has an environmental survey ever been completed? Yes No

If yes, please provide a copy.

g. Is there any known soil and/or ground water contamination at any of the Covered Locations? Yes No

If yes, please provide details:

h. Does the Named Insured conduct any environmental audits? Yes No

If yes, please provide a copy.

i. Please provide a list of raw materials, products, by-products and wastes stored on site:

Product	Storage method

3. REVENUE

Actual revenue for current period of insurance	\$
Estimated revenue for forthcoming period of insurance	\$
Actual wages for current period of insurance	\$
Estimated wages for forthcoming period of insurance	\$

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4. COVERED LOCATIONS

Please complete Appendix A with details of Covered Locations that are required to be covered by this policy.

5. COVERAGE DETAILS

Coverage limit \$

Deductible \$

Please select required coverage. If you require further options, please discuss with your broker:

- a. Clean-up Costs resulting from new Pollution Conditions
- b. Clean-up Costs resulting from pre-existing Pollution Conditions
- c. Bodily Injury and Property Damage resulting from Pollution Conditions
- d. Bodily Injury, Property Damage and Clean-up Costs resulting from Transported Cargo
(If selecting this coverage option, please complete Coverage Option D below.)
- e. Business Interruption expense caused by Pollution Conditions
- f. Bodily Injury, Property Damage and Clean-up Costs resulting from Pollution Conditions
at Non-Owned Disposal Sites
- g. Crisis Containment Expenses resulting from Pollution Conditions
- h. Number of licensed motor vehicles
Please attach your motor vehicle list

Coverage Option D – Transported Cargo additional questions

Are hazardous materials transported Yes No

If yes, please provide a description of such materials:

Please provide a description of all cargo being transported:

Do you perform vehicle maintenance on site or is it provided by a third party? On-site Off-site

Please describe:

Distance travelled:

- a. Owned/leased:
- b. Third party

Do you have storage tanks? Yes No

If yes, please complete Appendix B.

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6. CYBER SECURITY

Does the Named Insured have an established cyber security strategy in place that extends beyond data protection?

Yes No

How does the Named Insured ensure that cyber security risk management is integrated in the Named Insured's overall risk management practices?

What is the Named Insured's approach towards external and internal penetration tests and vulnerability assessments?

How are critical vulnerabilities remedied once identified? What changes are now being implemented as a result of a recent breach (if applicable)?

Please provide a copy of the Named Insured's cyber incident response plan (executive summary would suffice), or equivalent for our review.

7. PERFLUOROALKYL OR POLYFLUOROALKYL SUBSTANCE (PFAS)

Have any PFAS, or any materials or products that may have contained any PFAS, ever been manufactured, used or stored at any Covered Location?

Yes No

If yes, please provide details:

8. AQUEOUS FILM FORMING FOAM (AFFF)

Do any operations conducted, or any materials stored, used or manufactured at any Covered Location have fire suppression requirements other than water?

Yes No

If yes, please provide details:

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Have any AFFF fire suppressants ever been used or stored at any Covered Location? Yes No

If yes, please provide details (a summary would suffice, or equivalent for our review):

Have there been any fires at a Covered Location that used AFFF based fire suppressant to extinguish the fire? Yes No

If yes, please provide details:

Have there ever been any fire training exercises that used AFFF conducted at any Covered Location? Yes No

9. CLAIMS INFORMATION

Has any application for pollution liability insurance by the Named Insured's present owners, principals or partners ever been declined, or coverage cancelled or non-renewed? Yes No

If yes, please provide details:

During the last five (5) years, has the Named Insured been prosecuted, or is it currently being prosecuted, or does it anticipate being named, inquired or prosecuted for any pollution, contamination or environmental incident? Yes No

If yes, please provide details:

Have any claims been made against the Named Insured during the last five (5) years for Clean-up Costs or Property Damage resulting from the release of Pollutants or contaminants into the environment? Yes No

If yes, please provide details:

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10. DECLARATION

I/we, the undersigned, declare and acknowledge:

- that, if applicable, I am/we are authorised by all persons and entities seeking insurance – to make this proposal
- that all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a Contract of Insurance is entered into, I am/we are obliged to inform Liberty of any changes to any information supplied or of any new information that is relevant to this proposal
- that I/we understand Liberty relies on the accuracy of the information and documentation supplied in proposing for this insurance
- that if a Contract of Insurance is entered into, all information and documentation supplied in proposing for this insurance will be incorporated into and form part of such Contract of Insurance
- that I/we have read the Important Notices which form part of this proposal
- that I/we understand that no insurance is in force until a Contract of Insurance is entered into by Liberty and the Proposer/s
- **that the proposed Insured is a small business with a turnover of less than AU\$2 million in the last financial year. Note that if 'no' is selected or this question is left blank, Liberty will charge stamp duty on risks that 1) occur within or partly within NSW or 2) cover NSW property.**

Yes No

To be signed by the partner, director or authorised representative of the Insured.

Please indicate your authority as a signatory:

Partner

Director

Authorised Agent

Signature

Date

Name (please print)

Privacy Notice

Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**) is part of the Liberty Mutual Group headquartered in the United States.

We collect personal information to provide insurance products and services, manage claims and support related business operations. This may include information collected from insurance brokers, intermediaries, or directly from you. If you do not provide the personal information requested, we may be unable to offer the appropriate type or level of service.

If you provide Liberty with personal or sensitive information about other individual, you must ensure they are aware of this notice and have consented to the disclosure. If you have not done so, please inform Liberty before sharing their data.

Your personal information may be disclosed to Liberty's related entities, reinsurers, insurance intermediaries, loss adjusters, legal and professional advisors and other service providers. We may also store your information with third party cloud or electronic storage providers.

Some recipients may be located overseas in the United States, Canada, United Kingdom, European Union, India, China, Australia, Hong Kong, Singapore and Malaysia. Where reasonably necessary, your information may be transferred to countries without comparable data protection laws to deliver the services you request. By engaging with Liberty, you consent to these cross-border transfers unless you notify us otherwise in writing.

We are committed to protecting your privacy and ensuring transparency in how we use your personal information. As part of this commitment, we confirm Liberty does not currently use automated decision-making (**ADM**).

You may access or seek correction of your personal information, make a privacy complaint, or raise any queries by contacting Liberty's Privacy Officer: privacy.officer.ap@libertymutual.com. If you require a physical mailing address, please contact the Privacy Officer via email.

For more information, and to view the relevant privacy policy for your jurisdiction, visit: [Australia Privacy Policy](#).

