



PROPOSAL FORM

**New Business
Contractors 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.)

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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

Is this proposed cover for a one-off project/contract?

Yes

No

If yes, please provide the:

a. Project name

b. Details of the project:

Project period

From

To

2. INSURED'S OPERATIONS

Please provide full details of the activities of the Named Insured to be listed as Covered Operations:

Which states and countries does the Named Insured operate in? Please provide percentages below:

ACT	NSW	NT	QLD	SA	TAS	VIC	WA
%	%	%	%	%	%	%	%
Australia	New Zealand	Other	Total				
%	%	%	%				

Total of countries must be equal to 100%.

If other, please list the countries below:

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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	\$
Or	
Contract value	\$

4. COVERAGE DETAILS

Please nominate appropriate currency

Limits	Occurrence limits \$	Aggregate limit \$		
Deductible	\$			
Are further options required?			Yes	No
If yes, please provide details below:				

5. ACTIVITIES

General construction (including electrical, carpentry, plumbing, painting, concrete, steel)	%
General earthmoving, excavation, grading and site preparation	%
Demolition, dismantling, drilling, dredging, marine, industrial facility maintenance, landfill O&M	%
Soil and groundwater remediation, recycling, packaging of hazardous materials	%
Underground work (installation of pipelines, underground storage tanks, mining support)	%
Hazardous waste treatment	%
Energy services (oil and gas)	%
Total activities must be equal to 100%	Total %

What pollution/environmental risk management procedures are in place? (Please provide a copy of the environmental management plan.)

What steps are taken to identify and evaluate pre-existing contamination in soil and ground water before undertaking surface works?

Please note that the policy shall not apply to such reported claims or circumstances unless scheduled on to the policy by endorsement.

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Does the Named Insured arrange the transportation of, or conduct transportation of hazardous waste to treatment, storage or disposal facilities?

Yes No

If yes, please provide details:

Does the Named Insured own, operate, rent or lease a treatment, storage or disposal facility?

Yes No

If yes, please provide details:

Has the Named Insured entered into any joint venture agreements to which this insurance should apply?

Yes No

If yes, please provide details and attach a copy of the Articles of Joint Venture Incorporation:

Use of written contracts: does the Named Insured's contract contain a limitation of liability provision?

Yes No

If yes, please provide details:

Who reviews contractual agreements on the Named Insured's behalf?

Does the Named Insured subcontract contracting services?

Yes No

If yes, please specify the service and the total gross turnover:

Service

Total gross turnover

\$

\$

\$

\$

\$

\$

Does the Named Insured use written contracts with their subcontractors?

Yes No

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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 company'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. 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:

Has any claim, suit, or demand for money or services ever been made against the Named Insured, its subsidiaries, or its principals? Yes No

If yes, please provide details:

Is the Named Insured aware of any of the following circumstances or any allegations that may have resulted in any claim, suit, or demand for money or services against the Named Insured or any person or entity for whom the coverage is sought? Yes No

- the Named Insured's liability, or
- any allegations of an act, error, or omission in the performance of the Named Insured's services

If yes, please provide details:

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8. 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](#).