



PROPOSAL FORM

Public and Products Liability

libertyinternational.com/au



Proposal Form



IMPORTANT NOTICE

The information 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.

YOUR 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.

This includes but is not limited to every fact and matter that you know, or could reasonably be expected to know that might give rise to a claim against you. This may also include information which is additional to the questions asked in this proposal form.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. This means that prior to renewal or any policy variations, as well as advising of new information, you also need to advise the insurer of any changes to the facts previously notified.

Your duty however does not require disclosure of 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;
- as to which compliance with your duty is waived by the insurer.

NON DISCLOSURE

If you fail to comply with your duty of disclosure or make a material misrepresentation to us, 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 and therefore decline to pay any claim. This means that your policy would be deemed to have never existed and no claims would be payable.

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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](#).

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UMBRELLA PROPOSAL FORM

Important: Please answer all questions fully. If any section does not apply, please indicate with N/A. All questions will be deemed to be answered in respect of all entities & persons to be insured under this policy. If the space provided is insufficient please include attachments on your company letterhead.

THE INSURED

a) Full name of proposed Insured including subsidiaries:
Company Name

b) Postal address

c) Full description of your operations and activities:

d) Number of years in continuous business

PERIOD OF INSURANCE

From: [] at 4pm Local Standard Time
To: [] at 4pm Local Standard Time

LIMIT OF INDEMNITY

a) \$ [] any one Occurrence
b) \$ [] in the aggregate for all injury and/or Damage during the Period of Insurance

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DETAILS OF PREMISES

Details of premises occupied for the purpose of conducting the Business (including overseas locations):

a) Location Occupied As Age Owned or Leased

ESTIMATED PAYROLL

Estimated Annual Payroll (including earnings of Principals, Directors, Partners)

	Payroll	Number of Staff
Management, clerical and sales	\$	
Manufacturing	\$	
Work away from premises	\$	
Payment to contractors and/or subcontractors	\$	
Payments to labour hire workers	\$	
Other (please specify)	\$	

QUALITY CONTROL AND PRODUCT INFORMATION

a) Are you ISO9001:2000 certified? Yes No

If Yes, please attach copy of certificate

b) Product Information

Description of Product	(M) Manufacture	Total Turnover (\$)	Exports (\$)	Destination
	(I) Import (D) Distribute			

Total

(If applicable attach product brochures, annual reports or other material.)

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- | | | |
|---|-----|----|
| c) In each of the countries where they are sold, do product labels and instructions comply with jurisdictional regulations? | Yes | No |
| d) Are there any Australian or international standards to which your products should comply? | Yes | No |
| i. Do all of your products comply with these standards? | Yes | No |
| ii. List the standards your products should comply with: | | |

- | | | |
|--|-----|----|
| e) Do you have a documented product recall programme in place? | Yes | No |
|--|-----|----|

POLLUTION

- | | | |
|---|-----|----|
| a) Does your use and storage of all toxic and hazardous substances comply with all statutory regulations and by-laws? | Yes | No |
|---|-----|----|

Please give full details of any chemicals, gases, radioactive, explosive or toxic substances used and/or stored

- | | | |
|--|-----|----|
| b) Does your waste disposal or waste storage comply with government regulations and by-laws? | Yes | No |
|--|-----|----|

- | | | |
|--|-----|----|
| c) Do any of your trade processes produce toxic wastes and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment? | Yes | No |
|--|-----|----|

If Yes, please provide details

- | | | |
|--|-----|----|
| d) Do any of your current, or past trade processes and/or on-site fire fighting equipment involve/contain per-and poly-fluorinated alkyl substances (PFAS) chemicals or derivatives? | Yes | No |
|--|-----|----|

If Yes, please provide details

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CARE, CUSTODY AND CONTROL

Do you require cover for property of others in your care, custody or control?
(No coverage is provided as standard within the Policy).

Yes

No

If Yes,

a) What limit of indemnity do you require?

\$

b) What is the total value of such property at all locations?

\$

c) What is the maximum value of any one item?

\$

Give a brief description of such property.

d) Is coverage afforded by any other policy of insurance?

Yes

No

If Yes, please provide details.

CONTRACTUAL LIABILITY

Do you assume liability under contract or hold others harmless, or waive
rights of subrogation (other than lease liability)?

Yes

No

If yes, please provide full details and attach copies of all agreements (other than lease liability).

PROFESSIONAL EXPOSURE

Do you provide any advice, design or specification to third parties?

Yes

No

If No, please proceed to Question 11.

If Yes, i) For a fee?

Yes

No

ii) For no fee?

Yes

No

Please provide details.

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CURRENT AND PAST PRODUCT INFORMATION

Are you currently, or have you previously been involved in the manufacture/distribution or sale of:

Australian Pesticides & Veterinary Medicines Authority (APVMA) registered products?	Yes	No
Therapeutic Goods Administration (TGA) registered products?	Yes	No
Aircraft, spacecraft or satellite component parts?	Yes	No
Class 1 Dangerous Goods – Explosive Substances and Articles?	Yes	No
Class 7 Dangerous Goods – Radioactive Material?	Yes	No
Products that contain, or are themselves classified as Carcinogens (IARC Group 1 and 2A), teratogens, mutagens, and/or chemicals which can adversely affect the human reproductive system/process?	Yes	No
Chemicals, or products that contain chemicals identified as having a long term detrimental effect on human health? (e.g. liver damage, neurological impairment etc.)	Yes	No
Products that contain per- and poly-fluorinated alkyl substances (PFAS) chemicals or derivatives?	Yes	No

If Yes to any of the questions above, please provide details including current and historical product exports to the US/Canada.

MOTOR VEHICLE EXPOSURE

Indicate the number of motor vehicles which are owned/leased or non-owned

Cars / Utilities Tankers Trucks / Vans Other (specify)

AIRCRAFT EXPOSURE

a) Do you own, charter, lease or operate any aircraft?	Yes	No
If Yes, please supply details including number, type and passenger capacity including copies of charter, lease or hold harmless agreements.		

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b) Do you own, lease or operate any airport, flying school, hangar, landing field or aircraft sales, renting and/or servicing facilities? Yes No

If Yes, please supply details including copies of any hold harmless agreements

WATERCRAFT EXPOSURE

Do you own, charter, lease or operate any watercraft? Yes No

ADVERTISING EXPOSURE

a) Annual advertising expenditure: \$
b) Is an advertising agency used? Yes No

UNDERLYING INSURANCE

Please supply the following details with respect to all Liability Policies that are to apply as underlying insurance

Coverage	Insurer & Policy Number	Policy Period	Limit of Indemnity
Public & Products Liability		to	
Motor Vehicle TPPD Liability			
Watercraft Liability			
Aircraft Liability			
Others (please specify)			

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CLAIMS AND/OR LOSS EXPERIENCE

a) After investigation, please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered under the proposed insurance. Please show claim amount after the application of any excess.

Dates	# Claims Reported	Amount paid & outstanding	Applicable Excess	Description
From	To			

b) After investigation, are you aware of any circumstances which could give rise to a claim under the proposed Policy and which are not mentioned above?

Yes No

If Yes, please provide details.

PREVIOUS INSURANCE HISTORY

After investigation have you ever had any:

a) Insurance declined or cancelled?	Yes	No
b) Renewal refused?	Yes	No
c) Special conditions imposed?	Yes	No
d) Increased excess imposed?	Yes	No
e) Claims denied for this class of insurance?	Yes	No

BROKER INFORMATION

Broker name

Address

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DECLARATION

(To be signed by a partner or director.)

I, the undersigned, declare and acknowledge:

- that I am, after enquiry, authorised by all person(s) or entities seeking insurance, to make this proposal;
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and I have not withheld any material information from this proposal
- that this proposal and any accompanying documents shall form or partly form the basis of the contract proposed.
- that until a Contract of Insurance is entered into, I am obliged to inform Liberty Specialty Markets of any changes to any information supplied or of any new information that is relevant;
- that I understand Liberty Specialty Markets relies on the accuracy of the information and documentation supplied proposing for this insurance;
- that I have read and understood the Important Notices which form part of this proposal;
- that I understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposer's acceptance of an offer by Liberty Specialty Markets, if any;

- 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, in accordance with Ch 8, Pt 5A of the *Duties Act 1997 (NSW)*, from 1 January 2018 Liberty will charge stamp duty on risks that 1) occur within or partly within NSW or 2) cover NSW property. Yes No

Signed

Print Name

Title

Dated