



Coverholder at **LLOYD'S**



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GLUE (General Liability Umbrella & Excess) Insurance Application Form

IMPORTANT NOTICES

PRIVACY

Edge is committed to the protection of your privacy and is bound by the National Privacy Principles for the handling of your information. Edge's Privacy Policy can be viewed online by visiting our website (edgeunderwriting.com.au).

YOUR 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.

1. BROKER

1.1 Broking House			
1.2 Broker			
1.3 Contact Details	Ph		email
1.4 Date Quote Require by		Holding or Attacking?	

2. THE INSURED

2.1 Name of the Insured			
2.2 Head Office Address			
	Street		
	City	State	Post Code
2.3 Address(es) of all other locations owned or leased by you			
2.4 Company Website			
2.5 Business Description (please provide full details)			
2.6 Is this a start-up / new business for the Insured?	Yes, go to 2.6.2		No, go to 2.6.1
2.6.1 If "No" to 2.6 above - How many years has the Insured had this business?			
2.6.2 If "Yes" to 2.6 above - Please provide previous, relevant experience			

3. FINANCIALS

3.1 Turnover, Wages & Number of Employees

Period	Turnover	Wage Roll	No.of Employees
Actuals (last 12 months)			
Estimates (next 12 months)			

3.2 Please provide the approximate split of your turnover (in %) by the following locations

ACT	NSW	NT	SA	TAS	VIC	WA	QLD	OVER SEAS

3.3 Please advise the approximate split of your turnover (in %) by the following activities

Wholesale	Retail	Manufacture	Service / Repair	Install	Export	Professional Services	Other*

**If "Other" entered above please go to 3.3.1 otherwise go to section 4*

3.3.1 Please advise "Other" activities if % entered into "Other" in 3.3 above

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4. IMPORTS / EXPORTS

4.1 Does the Insured Import any products/goods/parts/ingredients?

Yes, go to 4.1.1

No, skip to 4.2

4.1.1 If "Yes" to 4.1 above - please provide details of Imports

Good(s) Imported	Where From (Country)	Cost of Goods (per annum)

4.1.2 If "Yes" to 4.1 above - are ALL the following statements are true?

Yes, skip to 4.2

No, go to 4.1.3

1. The Insured has arranged independent testing through an internationally recognised body (such as CSIRO / SAI Global / SAA Approvals) to ensure the products meet the required Australian Standard; and
2. Where required, products are labelled with all applicable product safety warnings; and
3. Where required, the products are provided with clear instructions and in English; and
4. All imported products are easily identifiable via batch and bar code systems; and
5. The Insured has a written quality assurance plan for the imported products; and
6. The Insured maintains full rights of recovery against the overseas manufacturers / suppliers

4.1.3.1 If you answered "No" to 5.1.2 above - Please advise full details

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4.2 Does the Insured Export any products/goods/parts/ingredients?

Yes, go to 4.2.1

No, skip to 5

4.2.1 If "Yes" to 4.2 above - please provide details of Exports

Good(s) Exported	Where To (Country)	Turnover (per annum)

4.2.2 Do all exports meet all the required standards of the Country(ies) being exported to?

Yes, skip to 5

No, go to 4.2.2.1

4.2.2.1 If you answered "No" to 4.2.2 above - please advise full details

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5. ADVICE, DESIGN OR SPECIFICATION

5.1 Does the Insured provide any advice, design or specification on their products or services?

5.1.1 For a fee?

Yes

No

5.1.2 For no fee?

Yes

No

5.1.3.1 If you answered "Yes" to 5.1.1 or 5.1.2 above - please advise full details

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5.2 Does anyone other than your employees give advice on the Insured's products or services?

5.2.1 For a Fee?

Yes

No

5.2.2 For no fee?

Yes

No

5.2.3.1 If you answered "Yes" to 5.2.1 or 5.2.2 above - please advise full details

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5.3 Does the Insured maintain strict guidelines in respect of advice given by employees or others?

Yes

No

N/A

5.3.1 What type of advice is given and by whom?

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5.4 Does the Insured design their own product(s)?

Yes

No

5.5 Is there are design or R&D team?

Yes

No

5.5.1 If you answered "Yes" to 5.4 or 5.5 above - please advise number of staff and qualifications

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6. CONTRACTORS & LABOUR HIRE (IN)

6.1 Does the Insured use/engage/pay any contractors?

Yes, go to 6.1.1

No, skip to 6.2

6.1.1 If "Yes" to 6.1 above - please advise annual payments

6.1.2 If "Yes" to 6.1 above - please advise the activities performed for the Insured

6.1.3 If "Yes" to 6.1 above - are ALL the following statements are true?

Yes, skip to 6.2

No, go to 6.1.3.1

1 Written Agreements

a. There are written agreements in place with all contractors; and

2 Insurance Requirements

a. Under the written agreement, all contractors are required to carry their own Public & Products Liability and Workers Compensation Insurances at the same levels as the Insured; and

b. Under the written agreement, the liability insurance for all contractors is required to contain a blanket Principal's Indemnity extension or if not, the policy is required to be extended to note the Insured as Principal; and

c. Under the written agreement, but only if the contractors operate in a Workers Compensation underwritten state (ie. ACT, WA, NT, TAS), the contractors Workers Compensation insurance is required to be extended to include Principals Indemnity + Waiver of Subrogation (Act Benefits & Common Law); and

3 Insurance Management

a. The Insured has a written procedure to monitor the contractor's insurances; and

4 Suitability / Qualification Management

a. Where individual contractors / subcontractors are engaged and/or where the Insured is directly responsible for supervising the contractors, the Insured has a written process to assess the suitability, health/fitness and qualifications of the contractors.

6.1.3.1 If you answered "No" to 6.1.3 above - Please advise full details

6.2 Does the Insured use/engage/pay any Labour Hire companies?

Yes, go to 6.2.1

No, skip to 7

6.2.1 If "Yes" to 6.2 above - please advise annual payments

6.2.2 If "Yes" to 6.2 above - please advise the activities performed for the Insured

6.2.3 If "Yes" to 6.2 above - who is responsible for supervising the Labour Hire personnel

6.2.4 If "Yes" to 6.2 above - has the Insured agreed to indemnify the Labour Hire company for injury to the Labour Hire personnel and/or agreed to waive their rights for any injury or damage caused by the Labour Hire personnel?

Yes, go to 6.2.5

No, skip to 7

6.2.5 If you answered "Yes" to 6.2.4 above - Please advise full details

7. LABOUR HIRE (OUT) OR HIRE OF EQUIPMENT (OUT)

7.1 Do you, or do you intend to, hire out any staff? **Yes, go to 7.1.1** **No, skip to 8**

7.1.1 If "Yes" to 7.1 above - please advise the activities undertaken

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7.1.1 If "Yes" to 7.1 above - please advise annual turnover

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7.2 Do you, or do you intent to, hire out any equipment? **Yes, go to 7.2.1** **No, skip to 8**

7.2.1 If "Yes" to 7.2 above - please advise the type of equipment

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7.2.2 If "Yes" to 7.2 above - please advise turnover and split between wet & dry hire

Turnover	% wet	% dry
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8. HIGHER HAZARD ACTIVITIES

Please advise which, if any of the following apply and provide full details to any answered "Yes":

This applies to the Insured or their contractors / subcontractors / labour hire personnel

8.1 Is there any blasting work undertaken?	Yes	No
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8.2 Are any marine, automotive or aviation safety/critical parts Imported or manufactured?	Yes	No
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8.3 Is there any demolition or asbestos work performed?	Yes	No
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8.4 Is there any Excavation, Underpinning, Shoring Up or Piling work performed?	Yes	No
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8.5 Is there any Erecting, Dismantling or Hiring of Scaffolding systems?	Yes	No
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8.6 Is there any hot works (cutting/welding/grinding) performed?	Yes	No
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8.7 Is there any work above 25 metres?	Yes	No
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8.8 Is there any tunneling, vertical or horizontal drilling hydraulic fracturing (fracking) work performed?	Yes	No
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8.9 Is there any work conducted on, at or around the following:	Yes	No
1. Airports / Bridges / Canals / Dams / Railway or Rail Track infrastructure / Shipyards / Tunnels?	Yes	No
2. Chemical refineries / Mines or Quarries / Oil refineries?	Yes	No
3. Power generation or distribution infrastructure (including power stations, poles & lines)?	Yes	No
4. Off Shore / Underground / Overseas?	Yes	No

If you answered "Yes" to any of 8.1 through 8.8 above - please provide full details

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9. RISK MANAGEMENT DETAILS

An Insured's Risk Management details are probably the most important details of all and greatly assist in our understanding of the overall exposure, including which bits the Insured handles and which bits transfer to us. This can have a material impact on the premium and deductibles or could even be the difference between us accepting or declining a risk.

Please describe below what systems/processes/procedures the Insured has in place to....

1. Identity,
2. Assess,
3. Control (avoid / reduce), and
4. Monitor & review

....risk, relevant to their Public & Products Liability exposure.

9.1 Risk Management Details

10. INSURANCE DETAILS

10.1 Proposed Inception Date

10.2 Proposed InceptionDate

10.3 Limit of Liability required

\$10m

\$20m

\$30m

Other

If "Other" - please advise

10.4 Underlying Insurances

Type	Insurer	Policy Number	Limit of Liability	Expiry	Premium

10.5 Please list any Underlying Sublimits that you would like doubled

Item	Sublimit	Item	Sublimit

11. LOSS HISTORY

11.1 In the last 5 years have there been any:

11.1.1 liability claims?		Yes	No
11.1.2 uninsured liability losses?		Yes	No

11.2 Details (if "Yes" to 11.1.1 or 11.1.2)

Year	No. of claims	Amount Paid	Amount Outstanding	Total Incurred
Expiring Year				
Previous Year				
Previous Year				
Previous Year				
Previous Year				

11.3 In the last 5 years have there been any:

individual claims over \$5,000?		Yes	No
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11.3.1 If "Yes" to 11.3 above - please advise full details including: DOL | Circumstances | Cost & remedial action taken by the Insured:

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11.4 In the last 5 years have there been:

2 or more claims resulting from similar circumstances (eg. water damage damage to underground services trip & fall)		Yes	No
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11.4.1 If "Yes" to 11.4 above - please advise full details including: DOL | Circumstances | Cost & remedial action taken by the Insured:

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11.5 After the appropriate enquiries, are there any unreported circumstances that are likely to lead to a liability claim?

Yes No

11.5.1 If "Yes" to 11.5 above - please advise full details including: DOL | Circumstances | Cost to date | remedial action taken by the Insured | and why not reported:

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12. INSURANCE HISTORY

12.1 Has any insurer declined insurance, refused to renew, cancelled or imposed special conditions to any policy of insurance held by you?

Yes

No

12.2 Have you, or any director or partner involved with this Business or any other business, in the last 5 years, been declared insolvent?

Yes

No

12.3 Have you or any director or partner involved with this Business or any other business ever been cautioned in respect of any criminal offence?

Yes

No

12.4 Have you or any director or partner involved with this Business or any other business ever been convicted of any offence relating to the health and safety of their employees, contractors, subcontractors or members of the public?

Yes

No

If you answered "Yes" to any of 12.1 through 12.4 above - please provide full details

13. OTHER PRODUCTS

I am also interested in the following products:

Commercial Legal Expenses

Group Personal Accident & Sickness

Contractual Liability

Intellectual Property

Corporate Travel

Management Liability

Cyber & Privacy

Product Recall

Directors & Officers

Professional Indemnity

Group Journey

Umbrella / Excess Liability

Other (please specify)

14. ADDITIONAL INFORMATION / COMMENTS

15. DECLARATION

I, the undersigned, hereby declare that:

15.1 I understand my Duty of Disclosure shown at the beginning of this form;

15.2 all answers and statements provided are true, correct and complete in every respect;

15.3 where any part(s) of the application has been completed by others, I have checked their answers and confirm they are true, correct and complete in every respect

15.4 I give permission for Edge Underwriting or the Insurer to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service;

15.5 should any information alter between the date of this form and the inception date of the insurance to which this application relates, I shall give immediately notice thereof;

15.6 I am authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this application and I complete this application form on their behalf.

Full Name:

Position:

Signed &
Date:

1st
Renewal

2nd
Renewal