

BUSINESS LIABILITY APPLICATION

YOUR DUTY TO DISCLOSE

This policy is subject to the Insurance Contracts Act 1984 (Act). Under that Act You have a Duty of Disclosure.

Before You enter into an insurance contract, You have a duty to tell the Insurer anything that You know, or could reasonably be expected to know, that may affect the Insurer's decision to insure You and on what terms.

You have this duty until the Insurer agrees to insure You.

You have the same duty before You renew, extend, vary or reinstate an insurance contract. You do not need to tell the Insurer anything that:

- reduces the risk that is insured; or
- is common knowledge; or
- the Insurer knows or should know as an insurer; or
- the Insurer waives compliance with Your duty of disclosure.

If You do not tell the Insurer something

If You do not tell the Insurer anything You are required to, the Insurer may cancel Your contract or reduce the amount the Insurer will pay You if you make a claim, or both.

If Your failure to tell the Insurer is fraudulent, the Insurer may refuse to pay a claim and treat the contract as if it never existed.

1. Full Name of Insured:	<input type="text"/>
2. Address:	<input type="text"/>
3. Full Description of the Insured's Operations:	<input type="text"/>
4. Year the Business was established:	<input type="text"/>
a) Estimated Turnover for the ensuing 12 months:	<input type="text" value="\$"/>
b) Split by Business Activity	<input type="text" value="\$"/>
If the Insured works under contract, please advise the highest contract value over the past 24 months:	<input type="text" value="\$"/>

5. PLEASE ADVISE THE FOLLOWING INFORMATION AS REGARDS THE INSURED'S PREMISES:

Construction details	Fire Protection Equipment on site	Minimum separation details from third party property
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. PLEASE ADVISE WORK AWAY DETAILS:

Percentage of turnover performed at the Insured's premises	Percentage of turnover performed away from the Insured's premises	Percentage of turnover performed away from own premises in respect to welding work
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. PLEASE ADVISE DETAILS OF CONTRACTORS, SUB-CONTRACTORS AND/OR LABOUR HIRE PERSONNEL ENGAGED BY OR ON THE INSURED'S BEHALF:

	Contractors/Sub-contractors	Labour Hire
a) Please advise details of work performed:	<input type="text"/>	<input type="text"/>
b) Please advise estimated annual payments:	<input type="text"/>	<input type="text"/>
c) What is the minimum level of public liability insurance required to be carried (if any):	<input type="text"/>	<input type="text"/>

8. PLEASE ADVISE DETAILS OF PRODUCTS SOLD OR SUPPLIED BY THE INSURED:

Percentage of turnover relevant to products manufactured by the Insured	Percentage of turnover relevant to products sold/supplied by the Insured but not manufactured by the Insured and not imported	Percentage of turnover relevant to products sold/supplied by the Insured that have been imported	Percentage of turnover derived from products exported to North America
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. If the Insured manufacture products please advise:

10. What quality control accreditation/s does the Insured have?

11. Does the Insured design products?

12. What type of products do the Insured design?

PLEASE ADVISE FULL DETAILS OF ANY PROFESSIONAL SERVICES AND/OR ADVICE PROVIDED BY THE INSURED:

13. Type of advice or service provided

Type of industries for whom the Insured provide such advice or service

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14. Please advise the name and qualifications of the persons responsible for providing the professional advice and service.

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15. Please advise the relevant fee income derived from such professional advice/service:

\$

16. Please advise estimated turnover in respect to professional work that is sub-contracted to others:

\$

17. What is the minimum Limit of PI insurance sub-contractors are required to carry?

\$

18. Turnover with respect to Bespoke design or the provision of professional services and/or advice but no fee is charged:

\$

19. STAFF DETAILS. PLEASE ADVISE THE TOTAL NUMBER OF:

Directors/Principles

Professionally Qualified Staff

Total Staff

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20. PROFESSIONAL INDEMNITY INSURANCE (PI) DETAILS

Date original PI policy inception:

Current Limit of Liability carried:

If the Insured has previously carried PI insurance please advise as follows:

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21. CLAIMS AND/OR LOSS EXPERIENCE

Dates

Claim Reported

Amount paid & outstanding

Applicable Excess

From		To			\$		\$	
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Description of Claim

From		To			\$		\$	
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Description of Claim

From		To			\$		\$	
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Description of Claim

CLAIMS AND/OR LOSS EXPERIENCE (CONT)

Dates	# Claim Reported	Amount paid & outstanding	Applicable Excess
From <input type="text"/> To <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Description of Claim <input type="text"/>			
From <input type="text"/> To <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Description of Claim <input type="text"/>			

22. Is the Insured aware of any circumstances that may give rise to a Claim? If so, please supply full details:

23. Please provide turnover split by state and overseas

NSW%	VIC%	QLD%	SA%	WA%	TAS%	ACT%	NT%	Overseas
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

24. COUNTRY BUSINESS SPLIT

Category	% Fee Split
Europe	<input type="text"/>
Africa	<input type="text"/>
Rest of world	<input type="text"/>
C&S America	<input type="text"/>
Canada	<input type="text"/>
UK	<input type="text"/>
Australasia	<input type="text"/>
Far East	<input type="text"/>
Middle East	<input type="text"/>
Asia	<input type="text"/>
Caribbean	<input type="text"/>
Tax haven	<input type="text"/>
USA	<input type="text"/>
Total	100%

Declaration

I declare that:

1. The answers given above and documents submitted represent the true position and have been completed after due enquiry;
2. I have not withheld any material information or any matter relevant to the decision of Epsilon as to whether to accept this risk;
3. I agree that this proposal and any accompanying documents shall form or partly form the basis of the Policy;
4. The person signing this proposal is duly authorised to sign on behalf of the Insured.

Signature(s):

Date:

Title/Position:

Print Name:

PRIVACY STATEMENT

Epsilon are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

Epsilon may collect personal information in order to assess an application for insurance and, if the application is accepted, to administer and manage the insurance policy and respond to any claim made. We may also use your personal information for the purpose of designing or underwriting new insurance products, for research and analytical purposes, to perform administrative functions (including for example accounting, risk management and staff training) and to comply with our legal obligations.

We may disclose personal information to third party service providers and related companies who assist us in processing any application or claim for insurance, such as reinsurers, our advisers, persons involved in claims, external claims data collectors and verifiers. Epsilon may also disclose your personal information to our related companies overseas who assist us in providing our products and services, including providing support in relation to the assessment of insurance applications and claims. These third party service providers or related companies may be located in the United States of America, Switzerland, Germany, Slovakia, Singapore and the United Kingdom.

By providing your personal information to us, you consent to us making these disclosures. If you choose not to provide your personal information, we may not be able to assess your insurance application or administer and manage your insurance policy and respond to any claim made.

Our Privacy Policy contains information on how you may access personal information we hold, or seek correction of your personal information and information on how to make a complaint about the handling of your personal information and how complaints are handled.

If you require more information, ask us for a copy of our Privacy Policy or visit www.epsiloninsurance.com.

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