

## COMBINED GENERAL LIABILITY PROPOSAL FORM

Intermediary: <u>Insurance Experts Agency</u>, Inc.

Your Duty of Disclosure

A. Your attention is drawn to your duty of disclosure, as follows:

- (1) An Insured has a duty to disclosure to the Insurer, before the relevant contract of insurance is entered into, every matter that is known to the Insured being a matter that:
  - (a) the Insured knows to be a matter relevant to the decision of the Insurer whether to accept the risk, and if so, on what terms, or
  - (b) a reasonable person in the circumstances could be expected to know to be a matter so relevant.

(2) the duty of disclosure does not require the disclosure of a matter:

- (a) the diminishes the risk,
- (b) that is of common knowledge,
- (c) that the insurer knows or in the ordinary course of his/her business as an Insurer ought to know, or
- (d) to which compliance with the duty of disclosure is waived by the Insurer.
- (3) Where a person:
  - (a) fails to give an answer, or
  - (b) gives an obviously incomplete or irrelevant answer to a question included in a proposal form about a matter, the Insurer shall be deemed to have waived compliance with the duty of disclosure in relation to the matter.

#### If insufficient space on this form, please use an attachment page.

#### 1. The Insured

(a) Full name of proposed Insured including subsidiaries

Company Name

(b)	(b) Postal Address					
(c)	(c) Full description of your operations and		nd activities.			
(d)	<ol> <li>Number of years in continuous busin</li> </ol>				ess	
Peric	od of Insurance:	From:	/	/	at 4.00 pm Local Standard Time	
		to	/	/	at 4.00 pm Local Standard Time	
Limit	t of Indemnity:					
(a)	\$				any one Occurrence	
(b)			in the aggregate for all Injury and/or Damage during a Period of Insurance			
Detai	ails of Premises (including overseas lo ails of premises occupied by you for the				ocations)	
					e purpose of conducting the Business.	
Detai	Premises 1			Premises 3		



Occupied as						
Age of premises		years		years	s	years
Please circle	Owned	Leased	Owned	Leased	Owned	Leased
For any additiona	l premises p	lease attached	a schedule si	upplying detail	s as above.	

\_

### 5. Estimated Payroll

Estimated Annual Payroll (including earnings of principals, directors, partners)

	No. of Staff
Management, Clerical and Sales	\$ 
Manufacturing	\$ 
Work away from premises	\$ 
Payment to contractors and/or sub-contractors	\$ 
Other (please specify)	\$ 

## 6. Product Information / Estimated Annual Turnover

(a)

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

\*\*\* Attach product brochures, Annual Reports or other material if applicable.

GEC	OGRAPHICAL SPLIT OF REV	/ENUE
	Country/Region	Percentage of Export
(a)	Philippines	%
(b)	Asia	%
(C)	USA/Canada	%
(d)	Europe	%
(e)	Others (Please specify)	%
	Total	100%

#### (b) Do you operate a Quality Control / Recording System?

Yes No

If yes, please provide details including Australian or other relevant standards applicable.

### 7. Pollution

<sup>(</sup>a) Does your use and storage of all toxic substances comply with all statutory Regulations and By-Laws?



8.

9.

10.

(b) Do any of your trade processes produce toxic waste and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment? No

Yes

If yes, please provide details

(c)	Does your waste disposal or waste storage comply with Regulations and By-Laws?	Governi	me	nt	Yes	Nc
	Please give full details of any chemicals, gases, explosiv &/or stored	res, radi	ioa	ctive or toxic su		
Care	e Custody and Control					
Do y	ou require cover for property of others in your care, custoo	ly or coi	ntro	ol?	Yes	No
(no d	coverage is afforded unless specifically endorsed to the po	licy)				
If Ye		<b>^</b>				
(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 brief description of such property	\$				
(d)	Is coverage afforded by any other Policy of Insurance?				Yes	No
	If yes, please provide details					
Con	tractual Liability					
Do y	ou assume liability under contract or hold others harmless	(other t	hai	n lease liability)	? Yes	No
lf ye	s, please provide full details and attach copies of all agree	ments (d	oth	er than lease lia	ability)	
	fessional Exposure					
-	vou provide any advice, design or specification to third part	•	a)	for a fee	Yes	No
•	coverage is afforded unless specifically endorsed to the po	licy) (k	b)	for no fee	Yes	No
lf Ye	es, please provide details					



# 11. Do you currently or have you in the past been involved in the manufacture, experts deency distribution or sale of the following:

Industrial chemicalsYesNoLiquid or gas fuelsYesNoPetrochemicalsYesNoWatercraft (exceeding 15 metres in length)YesNoClass 1 dangerous goods or ammunitionYesNoSpacecraft or satellites Radioactive material or any product containing asbestosYesNoIf yes, please provide detailsYesNoSpacecraft or satellites Product containing asbestosYesNo	Aircraft (including Ethical Drugs	сотр	onent part	s) Yes No Pesticides Yes No Fungicides		
metres in length)Class 1 dangerous goods or ammunitionYesNoFertilisersYesNoRadioactive material or any product containing asbestosYes	Industrial chemicals	Yes	No	Liquid or gas fuels	Yes	No
Fertilisers Yes No Radioactive material or any Yes No product containing asbestos	Petrochemicals	Yes	No	, e	Yes	No
product containing asbestos	Class 1 dangerous goods or ammunition	Yes	No	Spacecraft or satellites	Yes	No
If yes, please provide details	Fertilisers	Yes	No		Yes	No
	lf yes, please provide details					

#### 12. Claims and/or Loss Experience

After investigation please provide claims experience and/or uninsured loss experience over the (a) 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.

Policy Period	No. Claims Reported	Amount paid and outstanding	Applicable Excess	Description
_/_/_ to _/_/_				
_/_/_ to _/_/_				
_/_/_ to _/_/_				
_/_/_ to _/_/_				

• •	After investigation are there any circumstances of which you are aware which could give rise to a claim under the proposed Policy and which		
	are not mentioned above.	Yes	No

If yes, please provide details:

Is there any additional information or detail of which your are aware and which (iii)

may assist the Underwriter to better assess the nature of the risk? Yes No

If yes, please provide details:

#### 13. **Previous Insurance History**

After investigation has any proposed insured ever had any:

(i)	Insurance declined or cancelled?	Yes	No
(ii)	Renewal refused?	Yes	No
(iii)	Special conditions imposed?	Yes	No
(iv)	Increased excess imposed?	Yes	No
(v)	Claims denied for this class of insurance?	Yes	No



#### Declaration

I declare that to the best of my knowledge and belief the answers given above, documents or papers submitted, represent the true position and that I have not withheld any information material to this proposal. I agree that this proposal and accompanying documents or papers shall form or partly form the basis of the Contract proposed.

Signature(s):\_\_\_\_\_

Date:\_\_\_\_\_

Designation of Signatory: \_\_\_\_\_