

Occupied as _____
 Age of premises _____ years _____ years _____ years
 Please circle Owned Leased Owned Leased Owned Leased
 For any additional premises please attached a schedule supplying details 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.

GEOGRAPHICAL SPLIT OF REVENUE	
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

(a) Does your use and storage of all toxic substances comply with all statutory Regulations and By-Laws? Yes No

- (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?

Yes No

If yes, please provide details

- (c) Does your waste disposal or waste storage comply with Government Regulations and By-Laws? Yes No

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

8. Care Custody and Control

Do you require cover for property of others in your care, custody or control? Yes No

(no coverage is afforded unless specifically endorsed to the policy)

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 brief description of such property

- (d) Is coverage afforded by any other Policy of Insurance? Yes No

If yes, please provide details

9. Contractual Liability

Do you assume liability under contract or hold others harmless (other than lease liability)? Yes No

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

10. Professional Exposure

Do you provide any advice, design or specification to third parties (a) for a fee Yes No

(no coverage is afforded unless specifically endorsed to the policy) (b) for no fee Yes No

If Yes, please provide details

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

				Aircraft (including component parts)	Yes	No		Pesticides		
				Ethical Drugs	Yes	No		Fungicides		
Industrial chemicals	Yes	No		Liquid or gas fuels				Yes	No	
Petrochemicals	Yes	No		Watercraft (exceeding 15 metres in length)				Yes	No	
Class 1 dangerous goods or ammunition	Yes	No		Spacecraft or satellites				Yes	No	
Fertilisers	Yes	No		Radioactive material or any product containing asbestos				Yes	No	

If yes, please provide details

12. 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.

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

- (b) 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:

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