

Action Insurance Brokers Pty Ltd
Fire Installers Public Liability Insurance Proposal



Period of Insurance

to at 4.00pm
 Day Month Year Day Month Year

Policy No.:

Quote No.:

Cover Note No.:

Client No.:

Name of Insured

(inc. all subsidiary)

PLEASE ADVISE US
 Is your business registered?

Yes No

What is your input Tax Credit? _____%
 What is your ABN?

Postal Address

Description of Business

Insured Phone & Fax No.s

PRIVATE PH

BUSINESS PH

FACSIMILE

MOBILE

Location of Premises

SITUATION 1 ADDRESS

STATE

POSTCODE

SITUATION 2 ADDRESS

STATE

POSTCODE

Other Parties to be noted on Schedule

Interest of Party

Name of Partners/Directors:

Background of Partners/Directors:

Are you a member of a fire Association, if so please provide details:

Date established:

Number of fire Staff: Full-time:

Part-time:

Estimated Wages for the year: \$

Estimated Turnover for the year: \$

Period of Insurance:

To enable us to calculate the correct Stamp Duty applicable to your Policy, please indicate which states you operate in and provide a turnover split for each state in the table below:

| State | QLD | NSW | ACT | VIC | TAS | SA | WA | NT |
|----------|-----|-----|-----|-----|-----|----|----|----|
| % of T/O | % | % | % | % | % | % | % | % |

What percentage of turnover is derived from the following?

- Retail / Sale of Equipment%
- Install / Service / Repair Sprinkler Systems%
- Install / Service / Repair Alarms%
- Install / Service / Repair Extinguishers%
- Install / Service / Repair Hoses & Hydrants%
- Install / Service / Repair C.C.T.V. & the like%
- Install / Service / Repair ATM Machines%
- Monitoring of Alarms & the like%
- Training (Please Describe)%
- Other . % Please provide details below
- **TOTAL** **100 %**

Details:

| | |
|--|--|
| | |
| | |
| | |

Cover (Please tick or complete)

Limit of Liability \$

- Extensions
- | | | |
|--|---|---|
| <input type="checkbox"/> Tenants Liability | <input type="checkbox"/> Products Liability | <input type="checkbox"/> Professional Indemnity |
| <input type="checkbox"/> Property Owners Liability | <input type="checkbox"/> Cross Liability | <input type="checkbox"/> Car Parking |

Do You Require Errors & Omissions: **NIL** **\$250,000** **\$500,000**

If so, for what activities: _____

IF THIS SECTION IS NOT COMPLETED, CONSIDERATION WILL NOT BE GIVEN FOR DISCOUNT OF PREMIUM. **PLEASE ATTACH EVIDENCE OF THIS**

| | |
|--|--|
| Do you use sub-contractors? | Yes / No |
| If Yes, please state payments to and role of sub-contractors | _____ |
| Do sub-contractors have their own insurance? | Yes / No |
| If yes note details of certificate of Insurance: | Name of Insurer: _____ |
| | Limit of indemnity: _____ Policy No: _____ |

| | | |
|--|----------|----------------------|
| Do you provide warning signs or notices? | Yes / No | If yes, please state |
| a) Type of signs/notices | _____ | |
| b) Are signs well posted and open to full display? | Yes / No | |

c) Do you display signs at minimum distances? Yes / No

Do you provide any indemnities, holdharmless conditions to any customers, suppliers or other parties?
Yes / No

If yes, please provide a copy of the contract.

Do you contract to any State, Federal Authorities or Airports? Yes/No If yes, please provide full details

YOUR PREVIOUS HISTORY

Have you in the past, either alone or in partnership or jointly with any party, or if a corporation any of its directors:

Suffered any loss, destruction or damage for risks to be insured under the proposed policy? Yes No

Had any Insurer decline any claims submitted? Yes No

Had any Insurer decline any Proposals submitted? Yes No

Had any Insurer cancel or refuse to renew a Policy? Yes No

Had any Insurer require any increased premium or imposed special conditions? Yes No

Ever been bankrupt? Yes No

Been convicted of or charged with any civil or criminal offence? Yes No

If you answered Yes to any of the above, please give details (or attach if insufficient space):

Insurance Declaration and Claims History

Insured s previous insurer

Expiry Date

 / /

Detail all insurance claims made in the last five years together with any uninsured losses.
Please include dates and amounts. (If insufficient room continue on a separate sheet)

| DATE OF LOSS | TYPE OF LOSS | AMOUNT | NAME OF INSURER |
|--------------|--------------|--------|-----------------|
| | | | |

| | | | |
|--|--|--|--|
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Important Notices

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, 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 insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

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 his 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, the Insurer may be entitled to reduce his 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.

PREVENTING OUR RIGHT OF RECOVERY

Where another person is liable to compensate you for any loss, damage or liability which is covered by this Policy but you have agreed not to seek recovery of any monies from that person, we will not cover you under this policy for that loss, damage or liability.

PRIVACY

We are committed to protecting your privacy. We only use the personal information you give us to quote on and insure your risks. We only give personal information to:

- our underwriters (and their representatives);
- our reinsurers (and their representatives); and
- people we appoint to assist us with any claims under your policy.

We will not trade, sell or rent your information.

If you don't give us complete information, we cannot properly quote for your insurance and we cannot insure you. You can check the personal information we hold about you at any time.

If you give us personal information about anyone else, we rely on you to notify them:

- that you will give your information to us;
- to whom we may give the information;
- the purposes for which we will use the information; and
- that they can access the information.

If the information you give us about someone else is sensitive, we rely on you to obtain their consent to disclosing it to us for the uses, and disclosure to the parties, we refer to in this statement.

For a full statement of our Privacy Policy, ask for a copy.

I acknowledge that:

- 1) I have read and understood the Important Information set out in the Proposal and I/We are authorised to make this proposal.
- 2) All information given on this Proposal and any attachment is true and correct
- 3) No insurance is in force until this Proposal has been accepted by the Insurer and the premium paid or unless an interim contract had been issued.
- 4) Up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform Renaissance of any change in the particulars or statements contained in this proposal or in any attachments.
- 5) Although the signing of this proposal does not bind the applicants to effect insurance, the applicants acknowledge that the particulars and statements contained in this proposal and in the attachments shall be the basis of the contract should a policy be issued and the Applicants acknowledge that the Proposal and attachments will be incorporated in the Policy.

SIGNATURE(S) OF INSURED(S)

DATE

DATE