



Liability Insurance Application

Policy No.		Client No.		Intermediary No.	Lewis InsuranceServ (Ph: 07 3217 9015)
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Details of the Insured					
Name of Insured					
Tax Status	Registered Business	ABN		Taxable	%
Postal Address				State	
				Postcode	
Contact Number(s)	Private Phone No.	()	Business Phone No.	()	
Period of Insurance	From	/ /	to	/ /	At 4 p.m.

Details of Business/Premises	
1. Please provide a description of your business activities and products (including subsidiary companies) and attach product brochures and latest annual reports.	

2. Do you have representation outside Australia? – If 'Yes', where and what is the nature of your representation in such Country (e.g. domicile employee, power of attorney, branch subsidiary, agency etc.)?	No <input type="checkbox"/> Yes <input type="checkbox"/>

3. Number of years in this business	years
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4. Location of Premises occupied for the purpose of conducting the business	Owned	Leased
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
Location of Premises owned but not occupied by you for which property owners cover is required	Type of building e.g. Shopping Centre, Office Block etc.	
1.		
2.		
3.		
4.		

Estimated Turnover/Payments

5. Turnover split by business activity. (Where the business is conducted over more than one State required a split of turnover by State).

		State	Estimate for Next 12 Months
Business activity			\$
Business activity			\$
Business activity			\$
Business activity			\$
Where you are a property owner, please provide details of gross rentals.			\$

		Estimate for Next 12 Months
		\$
6. Estimated wages (including earnings of Principals, Directors & Partners, and excluding payments to Labour Hire Companies).		\$
		\$

7. Do you engage personnel from Labour Hire Companies other than contractors mentioned in Question 8. below? Note: Question must be answered "Yes" or "No". In absence of information a personal injury to labour hire personnel exclusion may be applied.		No <input type="checkbox"/> Yes <input type="checkbox"/>
		Estimate for Next 12 Months
		\$
Payment to Labour Hire Companies or other parties.		\$
		\$
(a) Number of people?		
(b) Type of work undertaken?		

8. Do you engage contractors or sub-contractors? Note: Question must be answered 'Yes' or 'No'. In absence of information a personal injury to contractors, subcontractors exclusion may be applied		No <input type="checkbox"/> Yes <input type="checkbox"/> - If 'Yes', please estimate annual contract value split between:
		Estimate for Next 12 Months
(a) Labour only		\$
(b) Labour and Services		\$
(c) Labour and Materials		\$
(d) Type of work carried out:		

Product Information

9. Give details of all products in respect of which insurance is required. Attach brochures and other product literature. If more than four (4) products, please attach an additional list.

Product Name	1.	2.	3.	4.
Product description				
Product use				
Est. Annual turnover	\$	\$	\$	\$

	Product and Destination	Estimate for Next 12 Months
10. (a) If you import products, please provide details of products and revenue generated		\$
(b) If you have exports, please provide details by products and revenue generated		\$

Coverage for PRODUCTS EXPORTED TO USA or CANADA is excluded from this insurance. Coverage will be provided only if specifically agreed by QBE and then subject to additional terms and conditions and payment of an extra premium. It will be necessary to complete a USA/Canada Export Questionnaire. Any additional information supplied in respect of such exports shall be deemed to form part of this application.

11. Can you with certainty, identify the source of every item used in the manufacture of the products?	No <input type="checkbox"/> Yes <input type="checkbox"/> - If 'No', please provide reason

12. Is your product range relatively stable or changing frequently?	No <input type="checkbox"/> Yes <input type="checkbox"/> - If 'Yes', please provide full details

13. Do you have quality control procedures in place?	No <input type="checkbox"/> Yes <input type="checkbox"/> - If 'Yes', please provide full details

14. Are your products subject to any Australian or International standard?	No <input type="checkbox"/> Yes <input type="checkbox"/> - If 'Yes', please provide full details

15. Do you have re-call procedures in place?	No <input type="checkbox"/> Yes <input type="checkbox"/> - If 'Yes', please provide full details

16. Have you discontinued manufacturing, processing or handling any products?	No <input type="checkbox"/> Yes <input type="checkbox"/> - If 'Yes', please provide full details of reason, type of product, year etc.

17. Are any products specifically designed, manufactured, imported or handled for use in aircraft or other aerial devices or watercraft?	No <input type="checkbox"/> Yes <input type="checkbox"/> - If 'Yes', please provide full details

18. Do you or anyone on your behalf operate, manage, own or offer services/advice connected with any of the following?			
	No	Yes	If 'Yes', please provide details
(a) First aid facility	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Pressure vessels	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Car parks	<input type="checkbox"/>	<input type="checkbox"/>	
(d) Lifts, escalators, hoists, cranes	<input type="checkbox"/>	<input type="checkbox"/>	
(e) Unregistered vehicles	<input type="checkbox"/>	<input type="checkbox"/>	
(f) Railway e.g. sidings	<input type="checkbox"/>	<input type="checkbox"/>	

19. Is welding performed by you?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If 'Yes', do you operate to AS 1674 – Part 1	No <input type="checkbox"/> Yes <input type="checkbox"/>
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20. Do you store, transport, use or handle any hazardous goods, e.g. chemicals, radioactive materials, gases etc.? – If 'Yes', please provide details.	No <input type="checkbox"/> Yes <input type="checkbox"/>

21. Does your operation/business create trade waste? – If 'Yes', please provide details (e.g. type of waste, how it is disposed of etc.)	No <input type="checkbox"/> Yes <input type="checkbox"/>

22. Is work performed away from your premises?	No <input type="checkbox"/> Yes <input type="checkbox"/> If 'Yes', please provide -	Estimate for Next 12 Months %
(a) Percentage of turnover?		%
(b) Type of work?		

Care Custody and Control

23. Coverage is provided for property (excluding any vehicle which is registered or which is required to be registered) in your physical or legal control for the purpose of repair, service, maintenance or alteration or which is on temporary hire or loan to you, subject to a maximum indemnity of \$100,000 for any one occurrence and in the aggregated for any one period of insurance.

Do you require an amount in addition to the above limit? No Yes - If 'Yes', please answer questions 1 - 5

(a) What Limit of indemnity do you require? \$

(b) What is the total value of such property? \$

(c) What is the maximum value at any one time? \$

(d) Please provide brief details of the property

(e) Is the property insured under any other Policy? No Yes - If 'Yes', please provide details

Contractual Liability

24. Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality as regards your products, or specifically agreed contracts.

Do you assume liability under contract or hold others harmless (other than lease liability)? - If 'Yes', please provide details and attach copies of all agreements (other than lease liability). No Yes

Note: Coverage will be provided only if specifically agreed by QBE.

Indemnity Limit

25. Limit of Indemnity required

Public Liability (any one occurrence)	\$	Products Liability (In the aggregate per period of Insurance)	\$	Deductible	\$
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General Information

26. Have you had any claims made against you (whether insured or not) or have you recalled any of your products during the last 5 years? No Yes - If 'Yes', please give details

27. Have you had any incident or accident occur which would have been covered by the proposed insurance policy? No Yes - If 'Yes', please give details

28. Have you had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected, special conditions or special excess imposed by an insured?	No <input type="checkbox"/> Yes <input type="checkbox"/> - If 'Yes', please give details

Please provide your website address: Note: Provision of website does not alleviate any requirements you have as a Duty of Disclosure.	www.
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Duty of Disclosure – What you must tell us

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- You do not have to tell us about any matter
 - that diminishes the risk
 - that is of common knowledge
 - that we know or should know in the ordinary course of our business as an insurer, or
 - which we indicate we do not want to know.
- If you do not tell us
If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

Privacy

QBE includes information about how we manage your personal information in our Policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact the Compliance Manager on **02 9375 4656** or email compliance.manager@qbe.com for further information.

Declaration and Authorisation

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

- I/We have received a copy of the Policy Terms and Conditions.
- I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
- I/We authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Applicant's Signature	X	Date	
Applicant's Title			

Inadequate Space to Answer

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this Application giving full details of additional information.