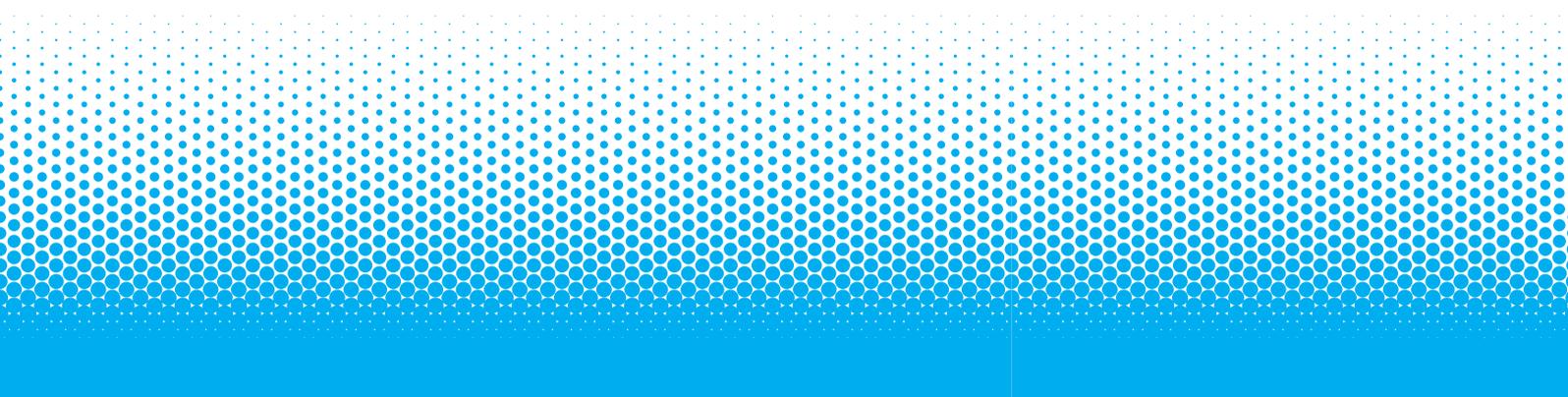




General Liability
Insurance
Proposal Form



IMPORTANT NOTICES

BINDER AGREEMENT

The contract of insurance is arranged by Halo Underwriting Pty Ltd (ABN 48 008 497 318, AFSL 237267) ('Halo') acting under a binding authority as agent for the Insurer(s), certain underwriters at Lloyd's. Halo does not act as Your agent.

DEFINED TERMS

Some words used in this Proposal Form ('Proposal') have a special meaning as defined in the Policy wording and such other documents which make up the Policy which contain definitions. We, Us, Our, Insurer(s) means Certain Underwriters at Lloyd's. You, Your, Insured means the person(s) or parties shown as the Insured in the schedule.

COMPLETING THE PROPOSAL FORM

1. This application must be completed in full including all required attachments.
 2. If more space is needed to answer a question, please attach a separate sheet with details.
 3. The terms proposer, whenever used in this proposal form shall mean the insured listed and all subsidiary companies of the insured for which coverage is proposed under this proposal.
 4. The terms insured and subsidiaries have the same meaning in this proposal form as in the policy.
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YOUR DUTY OF DISCLOSURE

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

You have this duty until We agree to insure You.

You have the same duty before You renew, extend, vary or reinstate an insurance contract.

You do not need to tell Us anything that:

- Reduces the risk We insure You for; or
- Is common knowledge; or
- We know or should know as an insurer; or
- We waive Your duty to tell Us about.

If You do not tell Us something

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

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

PRIVACY STATEMENT

Halo value the privacy of Your personal information and We will ensure the handling of Your personal information is dealt with in accordance with the Privacy Act 1988 (Cth) and the relevant Australian Privacy Principles. Our full privacy policy can be accessed from Our website www.halounderwriting.com.au.

When We provide insurance products and/or services, We ask you for the personal information We need to assess applications for insurance policies, to administer and manage insurance policies and to investigate and handle claims. This can include a broad range of information ranging from Your name, date of birth, address and contact details to other information about Your personal affairs including Your profession, financial affairs including financial statements, any criminal convictions or claims.

We may need to disclose personal information that You provide us to contractors, coinsureds, insurers and underwriters (who may be located overseas), lawyers, claims adjusters and others engaged by Halo to enable them to administer policies or handle claims. Regardless of the information shared, We will take all reasonable steps to ensure that the above parties protect Your information in the same way that We do.

Our Privacy Policy shown in the above link contains information about how You can access the information We hold about You, ask us to correct it, or make a privacy related complaint.

HALO GENERAL LIABILITY INSURANCE PROPOSAL FORM

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We may not be able to assess Your application or administer and manage Your insurance Policy and respond to any claim that You make.

Our privacy policies contain information on how You may access personal information that each of us 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, You can access certain underwriters at Lloyd's Privacy Notice at <https://www.lloyds.com/help/privacy> and Halo's Privacy Policy at halounderwriting.com.au

All questions in this proposal form must be answered

PERIOD OF INSURANCE

Period of insurance: FROM TO at 4pm.

DETAILS OF THOSE PROPOSED TO BE INSURED

Full names of all companies to be insured (hereinafter called the proposer and/or you)

NAME	<input type="text"/>	YEAR THE BUSINESS WAS ESTABLISHED	<input type="text"/>
TRADING NAME	<input type="text"/>		
ABN	<input type="text"/>	What proportion of this insurance premium are you claiming as an Input Tax Credit	<input type="text"/> %
NUMBER, STREET ADDRESS	<input type="text"/>	CITY / SUBURB	<input type="text"/>
		STATE	<input type="text"/>
		POSTCODE	<input type="text"/>
WEBSITE ADDRESS	<input type="text"/>		

Please describe the main activities of the business and any anticipated changes

Please provide details of the locations of the premises and the activities carried out on such premises (please also specify if the premises are leased or owned)

GENERAL INFORMATION

Has any insurance company refused to meet a claim lodged by You or by any person named as the proposer herein, in respect of these classes of insurance? Yes No

If 'Yes', please provide details

Is there any additional information or detail of which You are aware and which may assist Us to better assess the nature of the risks? Yes No

If 'Yes', please provide details

Has any insurance company

(a) declined to accept a proposal? Yes No

(b) cancelled a policy, contrary to the proposer's wishes? Yes No

(c) declined to renew a policy, contrary to the proposer's wishes? Yes No

If 'Yes', please provide details

GENERAL INFORMATION (CONTINUED)

Details of all claims and uninsured losses, damage or liabilities that have involved the proposer's Business during the past five (5) years.

Item	Date of notification of loss	Description	Insurer	Amount paid	Amount outstanding	Deductible applicable
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

(a) What is your current policy deductible?

(b) Please provide the prior 4 years deductible if different

Year <input type="text"/>	Deductible \$ <input type="text"/>	Year <input type="text"/>	Deductible \$ <input type="text"/>
Year <input type="text"/>	Deductible \$ <input type="text"/>	Year <input type="text"/>	Deductible \$ <input type="text"/>

(c) Is your deductible applying to all claims? Yes No

If 'No', please provide details

LIMIT OF LIABILITY

Tick Indemnity Limit required for both General Liability any one occurrence and Products Liability any one Period of Insurance	\$5 Million	\$10 Million	\$20 Million	\$50 Million
Deductible applicable to General & Products Liability	\$1,000	\$2,500	\$5,000	\$10,000
	\$25,000	\$50,000	\$75,000	\$100,000
			Other \$ <input type="text"/>	Other \$ <input type="text"/>

PRODUCT INFORMATION

PLEASE REFER TO THE POLICY WORDING FOR DETAILS REGARDING TERRITORIAL LIMITS.

Estimated annual turnover:	<input type="text" value="\$"/>			
Turnover exported:	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Turnover imported:	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Country involved:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company representation in this country	Power of attorney Branch Representative Other (specify)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Coverage for PRODUCTS EXPORTED TO BELARUS, CANADA, CUBA, IRAN, NORTH KOREA, RUSSIA, UKRAINE or USA, is excluded from this insurance. Coverage will be provided only if specifically agreed by the Insurer(s) and then subject to additional terms and conditions and payment of an additional Premium. A USA/Canada export questionnaire may have to be completed. Any additional information supplied in respect of such exports shall be deemed to form part of this Proposal.

PRODUCT INFORMATION (CONTINUED)

Can You with certainty, identify the source of every item used in the manufacture of the products? Yes No

Is Your product range relatively stable or changing frequently? Relatively stable Changing frequently

If changing frequently, provide full details:

Do You have quality control procedures in place? Yes No

If 'Yes', provide full details:

Are Your products subject to any Australian or international standard? Yes No

If 'Yes', provide full details:

Do You have recall procedures in place? Yes No

If 'Yes', provide full details:

Have You discontinued manufacturing, processing or handling any products? Yes No

If 'Yes', provide full details:

Are any products specifically designed, manufactured, imported or handled for use in aircraft or other aerial devices or Watercraft? Yes No

If 'Yes', provide full details:

ESTIMATED ANNUAL PAYROLL (INCLUDING EARNINGS OF PRINCIPALS, DIRECTORS, PARTNERS)

Type	Number of staff	Estimated annual payroll
Managerial, Clerical & Sales		\$
Manufacturing		\$
Installation		\$
Other		\$
TOTAL		\$

ESTIMATED ANNUAL PAYROLL (INCLUDING EARNINGS OF PRINCIPALS, DIRECTORS, PARTNERS) (CONTINUED)

Does the proposer hire the services of contractors, sub-contractors, labour hire or other people engaged on the proposer's premises? **If 'Yes',** Yes No

(a) Does the proposer strictly maintain a programme to ensure control over contractors/subcontractors/labour hire? Yes No

(b) Does the proposer insist that all contractors/subcontractors have Liability Insurance for at least \$10 million? Yes No

(c) Does the proposer insist to be named either as Principal or as a joint insured in liability policies of contractor/subcontractors and do you obtain a Certificate of Currency of such Insurance. Yes No

(d) What is the forecasted annual turnover or wage roll for contractors/subcontractors, labour hire or people engaged on the proposer's premises?	Contractors	\$	Labour Only	%
	Sub Contractors	\$	Labour & Service	%
	Labour Hire	\$	Labour & Materials	%

(e) If you employ subcontractors, please state Nature of work usually carried out – split between contractors/subcontractors/labour hire

GENERAL LIABILITY INFORMATION

Will the proposer's annual advertising budget exceed \$50,000? **If 'Yes', please state** Yes No

(a) number of staff involved in advertising

(b) what type of media used Newspaper Periodicals Radio Television

Other

(c) whether the proposer engages an advertising agency **If 'Yes', please advise** Yes No

- name of agency

- liability insurance limits of agency (if known)

Website

(a) Does the proposer own a website? Yes No

(b) Does the proposer sell products by website? Yes No

Does the use and storage of all toxic substances comply with all the Statutory Regulations and By-Laws? Yes No

Does the proposer have its own fuel supply? Yes No

If 'Yes', please supply type of fuels, how stored, capacity and if banded (include capacity of bund).

Do any of the proposer's trade processes produce toxic waste or other pollutants which have the potential to cause injury or damage to property or to otherwise harm the environment? Yes No

If 'Yes', please details (including the method of disposal and storage)

During the last five years, has the proposer been cited or prosecuted for any violation of any standard or law relating to the release of a substance into the environment? Yes No

If 'Yes', please provide details

GENERAL LIABILITY INFORMATION

Describe any environmental incidents (spills or releases) which have occurred within the last five years?

Does the proposer own or use any unregistered vehicle or mobile plant and equipment?

Yes No

If 'Yes', please provide details of the type of vehicles and the number of vehicles

Describe all the proposer's products past present and anticipated for which indemnity is required under the proposed policy.

Yes No

If possible attach catalogues, annual reports, other literature of such products.

Does the proposer import raw materials components or finished products from abroad?

Yes No

If 'Yes', state countries from which you import and the type of quality control you apply on such products

Are any of the proposer's products used in aircraft, watercraft, hovercraft, power stations, chemical plants, petrochemical plants, pharmaceuticals, mining or drilling sites?

Yes No

If 'Yes', please provide full details

Do you assume any liability under contract or hold harmless other parties under contract?

Yes No

Do you have any in-house legal counsel and/or engage external legal providers to vet or contractual agreements?

Yes No

If 'Yes', please provide full details

Is there a documented escalation process which deals with any contractual obligations that are in dispute?

Yes No

Do you use any standard contract to transfer liabilities to other parties?

Yes No

If 'Yes', please provide a copy

Do you maintain full rights or recourse against all other parties?

Yes No

NOTES

A large, empty rectangular box intended for handwritten or typed notes.

DECLARATION

I declare that:

- (a) I have read and understood the Important Notices set out in the Proposal.
- (b) I am authorised to complete and sign this declaration on behalf of all the applicants.
- (c) I confirm that the answers and statements in this Proposal are true and correct and I have not withheld any information which may affect the decision to accept this Proposal or the terms and conditions of any insurance provided.
- (d) I understand that if this Proposal is accepted, the insurance cover will be subject to the terms and conditions set out in the Policy.
- (e) I acknowledge that the particulars and statements contained in this Proposal shall form the basis of the contract should a Policy be issued.
- (f) I further acknowledge that Halo on behalf of the Insurer(s) may decline this Proposal.
- (g) I consent to Halo and the Insurer(s) collecting, storing, using and disclosing personal information as set out in the Privacy Statement.
Where I have provided personal information on behalf of another person, I have complied with my obligations as set out in the Privacy Statement.
- (h) I understand that this insurance does not operate until Halo issues the Policy Schedule and the Premium has been paid (except for any cover provided under an interim contract of insurance).

Applicant 1	NAME	TITLE
	<input type="text"/>	<input type="text"/>
	SIGNATURE	DATE (DD/MM/YY)
	<input type="text"/>	<input type="text"/>
Applicant 2	NAME	TITLE
	<input type="text"/>	<input type="text"/>
	SIGNATURE	DATE (DD/MM/YY)
	<input type="text"/>	<input type="text"/>

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