

# General Public & Product Liability Insurance

INSURANCE PROPOSAL

# General Public & Products Liability Insurance Insurance Proposal

## Office Use Only

Intermediary name

Account number

Policy number

## Important notices

### Duty of disclosure

Before you enter into a contract of insurance with Ansvar Insurance Limited, you have a legal duty under the Insurance Contracts Act 1984 to disclose to us every matter you know is relevant to our decision whether to accept this application for insurance and if so, on what terms. You have the same legal duty to tell us about all relevant matters before you renew, extend, vary or reinstate your insurance contract.

Your duty does not require you to tell us about matters:

- that diminish the risk;
- that are common knowledge;
- that we know or in the ordinary course of business as an insurer ought to know;
- where compliance with the duty of disclosure is waived by us.

If you do not tell us all relevant matters, we can reduce our liability for any claim or cancel this policy. If your non-disclosure is fraudulent, we can avoid the policy from the beginning.

### Basis of Cover – Occurrence

Please ensure you have read the Public Liability insurance product disclosure statement/policy document and the important notices in this application to assist your understanding. If you require any assistance, please contact your insurance intermediary or your local Ansvar Insurance office.

### Privacy

Personal information supplied by you in this application and otherwise is for the primary purpose of evaluating and administering the proposed insurance cover. You are entitled to access this personal information. If you do not provide all the information requested by us, this may affect the insurance cover with us by reason of the operation of the Insurance Contracts Act 1984. It may also be necessary for us to disclose personal information to other parties including agents, reinsurers, claims consultants, mailing houses and market research. Any such disclosure will be in accordance with the Privacy Act.

### How we can be contacted

The registered office of Ansvar Insurance is Level 12, 432 St Kilda Road, Melbourne, VIC 3004. You can contact us by:

- Calling in person at any Ansvar Insurance office
- Telephoning 1300 650 540
- Facsimile on 03 9804 5001
- Writing to any office of Ansvar Insurance
- Email to [insure@ansvar.com.au](mailto:insure@ansvar.com.au)

### How to fill out this Application Form

All questions must be answered in relation to the business entity/organisation to be insured and all its subsidiary and controlled entities (if any). Please tick the box in front of the correct answer and/or write the information requested in the space provided.

If there is inadequate space to answer any questions or to describe any matter you need to disclose to us, please provide this information on a separate signed sheet of paper or attach the relevant document to this application.

# General Public & Products Liability Insurance Insurance Proposal

## Applicant(s) Information

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### 1. Policyholder details

Name of organisation to be insured (include any subsidiaries)

Trading Name(s)

ABN/ACN

Date organisation first commenced operations

 /  / 

Authorised contact person

Telephone

Fax

Mobile

Email

Website

Postal Address

  

Former names of organisation (if any)

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### 2. Period of insurance

From  /  /  to  /  /

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### 3. Organisational structure

<input type="checkbox"/> Partnership	<input type="checkbox"/> Company limited by guarantee	<input type="checkbox"/> Public company
<input type="checkbox"/> Incorporated association	<input type="checkbox"/> Private company	<input type="checkbox"/> Unincorporated association
<input type="checkbox"/> Other, please specify	<input type="text"/>	

Are you precluded by your constitution from distributing funds / profits to members (not-for-profit)?  Yes  No

Are you tax exempt?  Yes  No

If yes, exemption certificate date  /  /

Exemption certificate number

Are you registered for GST?  Yes  No

If yes, what is your ITC percentage?  %

Are you required to be licensed, registered or accredited?  Yes  No

If yes, do you have such licence, registration or accreditation?

Yes  No

Expiry date:  /  /

Is there any matter currently pending which may impact on your licence, registration or accreditation or cause them to be suspended or withdrawn? If yes, please provide details.

Yes  No

Do you follow a documented risk management system which includes regular analysis, evaluation and prevention of risks associated with your business including the use of incident report procedures?  
*Ansvar may request evidence of your risk management policy.*

Yes  No

Estimated no. of employees for the upcoming twelve months

Estimated no. of volunteers for the upcoming twelve months

Do you engage any subcontractors/contractors/labour hire personnel to perform activities on your behalf?

Yes  No

If yes, what is the estimated annual payment to subcontractors/contractors/labour hire personnel?

\$

*(Note: this only includes subcontractors that perform your business activities on your behalf – i.e where you outsource the activity to a third party. It does not include subcontractors performing general maintenance services on your premises).*

Do you ensure all subcontractors/contractors/labour hire personnel have their own Public Liability Insurance?

Yes  No

Are background checks in place for all new employees?

Yes  No

**4. General details of business** *(This section must be completed)*

Your liability insurance premium is calculated using a number of factors including the type of business activities you carry out. Please provide an up-to-date description of your business activities (including those activities of any subsidiary companies) and including any proposed new activities over the course of the next 12 months.

If you are a religious organisation, how many congregation members do you have?

Do you conduct Prayer Lines services at your church?

Yes  No

If yes,

1) how many services per year?

2) how many participants?

3) what precautions are taken to prevent injury (ie. "catchers" on hand to assist)?

If your organisation provides Aged Care, how many beds do you have?

High Care beds

Low Care beds

If your organisation is a Retirement Home, how many independent living units do you have?

If your organisation provides Child Care, how many children is your centre licensed to care for?

If your organisation provides Education, how many students are expected to enrol this year?

Does your organisation provide any of the following services?

Babysitting Services

Yes  No

Foster Care

Yes  No

Family Day Care

Yes  No

## 5. Group Recreational Activities

The following activities are considered medium to high personal injury exposure. If you organise, participate or provide these activities, you must declare them here in order to be covered under the standard terms and conditions of your policy. This forms part of your Duty of Disclosure.

Do you organise/participate/provide any of the following activities?

Abseiling	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Rock Climbing with Ropes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Climbing Walls	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Ropes Courses	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Leap of Faith/Pamper Pole	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Snow Skiing/Boarding	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Archery	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Surfing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Sea Kayaking	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Canoeing/Kayaking (up to class 2 rapids)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
White Water Rafting (up to class 2 rapids)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Horse Riding	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Giant Swings/Flying Foxes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Skate Boarding using Ramps	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Jet Skiing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Water Sports with Power Boats	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Paintball/Skirmish	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Trail/Motor Bikes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fun Runs	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
<i>If you have answered yes to any of the above activities, are these activities run by appropriately qualified, accredited and insured third party entities?</i>						<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If yes, what is the estimated annual value of payments to third party entities for the running of these high risk activities?</i>						\$	<input type="text"/>		
<i>If no,</i>									
<i>1) do you have appropriately qualified and accredited employees who are running these activities?</i>						<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>2) do you have risk management procedures in place for the prevention of accident/injury including incident reporting procedures?</i>						<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Do your premises have a Skate Board Ramp on site?  Yes  No

*If yes, was it erected by you or any members of your organisation*  Yes  No

Does it meet engineering requirements and Australian Standards?  Yes  No

Is the ramp available to members of the public for unsupervised use?  Yes  No

Do your premises have a Swimming Pool?  Yes  No

Do your premises have indoor/outdoor sporting courts?  Yes  No

Are there any other activities of a hazardous nature not mentioned above that you organise which you wish to disclose? *If yes, please list*  Yes  No

Excluded activities include: Motor Races, Motor Rallies, Motor Speed Tests, Canyoning, Caving, Rifle/Firearms Shooting, Flying of Aircraft, Hang Gliding, Parachuting, Para Gliding, White Water Canoeing/Kayaking/Rafting (above class 2 rapids), Scuba Diving, Dune Buggies, Vertical & Horizontal Bungee Jumping, Hot Air Ballooning, Gladiator Games, Unsupported Rock Climbing, Go Karts, Motorcross, Martial Arts, Boxing.

Do you provide any of these activities?  Yes  No

*Note: Underwriting consideration may be given in special circumstances. Cover is not in place until agreed in writing*

Over the next 12 months, do you intend to organise any exhibitions or festivals held at premises NOT permanently occupied by you where the expected number of attendees would exceed 500? Eg: Carols by Candlelight in public venues, Religious Festivals, Music Festivals, Street Parties? *If yes, please provide details*

Yes  No

What is the expected number of participants/attendees?

Over the next 12 months, do you intend to organise any public demonstrations, rallies or protests?

Yes  No

*If yes, please provide details*

Over the next 12 months, will you be organising any events that involve the use of fireworks or pyrotechnics?

Yes  No

*If yes, is the provision of fireworks or pyrotechnics done by a third party and do you ensure they have their own Public Liability insurance in place?*

Yes  No

*Note: liability from the use of fireworks or pyrotechnics by You is a Policy Exclusion.*

Over the next 12 months, will you be organising any events that involve the use of mechanical amusement rides or rides involving animals (eg. ponies/camels)?

Yes  No

*If yes, do you own or hire the rides/animals?*

Own  Hire

If you hire the rides/animals, do you ensure the owner has a current Public Liability insurance policy?

Yes  No

## 6. Your Locations

Please provide the following details for all properties owned and/or occupied by you:

Property Address	Owned by you		Occupied by you	
	Yes	No	Yes	No
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you perform any activities outside Australia? *If yes, please advise type of activities and countries where they are conducted.*

Yes  No

Do you manufacture, import or export any Products? *If yes, please provide full details of all Products manufactured, imported or exported over the past 10 years.*

Yes  No

Have any Products been exported or will any Products be exported to the USA/Canada?

Yes  No

Please provide details of any companies or businesses acquired or disposed of by the business entity during the last 12 months or any proposed acquisitions/mergers over the next 12 months.

Gross turnover/income including fees for services, government grants, subsidies, donations and rental income:

i. last financial year	\$
ii. year before last completed financial year	\$
iii. estimated this next financial year	\$

Turnover % split per state:

ACT %	NSW %	VIC %	QLD %	SA %	WA %	TAS %	NT %	O/S %

## Policy Coverage

### 1. Cover Required

What limit of cover do you require?	<input type="checkbox"/> \$5 million	<input type="checkbox"/> \$10 million	<input type="checkbox"/> \$20 million
	<input type="checkbox"/> \$30 million	<input type="checkbox"/> \$40 million	<input type="checkbox"/> \$50 million
Standard Excess you will carry:	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000
	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$	<input type="checkbox"/> Other

Note: An additional excess applies to claims for personal injury to subcontractors/contractors and/or volunteers.  
This will be detailed within our terms.

### 2. Goods in care, custody and control (complete if this cover is required)

Do you require insurance in respect of damage to goods not belonging to you (other than rented premises)?  Yes  No  
If yes, please provide a brief description of goods.


Policy limit is \$250,000. Do you require this limit increased (for an extra premium)?  Yes  No

If yes, please specify amount \$

## Optional Extensions

### 1. Sexual Abuse Cover

Does your organisation require cover for sexual abuse claims?  Yes  No  
A quotation may be provided, however cover will not be confirmed until satisfactory "Prevention of Abuse" questionnaire is received. Please contact our office for this form if required.

If yes, what Limit of Liability do you require?  \$5 million  \$10 million  \$20 million

### 2. Replacement Wages of Stood Down Cover

Does your organisation require cover for the costs of replacement of staff who are under investigation for allegations of sexual abuse?  Yes  No

Please refer to the policy wording for full details of cover.

### 3. Medical Malpractice Cover

Does your organisation require the Medical Malpractice Extension?  Yes  No

If yes, what Limit of Liability do you require?  \$1 million  \$2 million  \$5 million

Please advise how many of the following care providers you employ:

Enrolled Nurses	<input type="text"/>	Other health care providers who are not required to have Professional Indemnity Insurance under the National Law	<input type="text"/>
Registered Nurses	<input type="text"/>		
Nursing Practitioners	<input type="text"/>		

*Note: Any health professionals who require their own Professional Indemnity Insurance under the National Law will not be covered under this extension with the exception of nursing staff.*

#### 4. Retroactive Liability – Prior Claims Made Extension

Prior to insuring with Ansvar, was your previous liability cover on a “Claims Made Basis”?

*If you have answered yes, we will need to amend this policy with our Prior Claims Made Extension to ensure you are adequately protected. Please provide a copy of your most recent “Policy Schedule” so that we can tailor your policy appropriately.*

Yes  No

*If yes, what Limit of Liability do you require?*

\$

#### 5. Contractual Liability Extension

Have you entered into any contracts, warranties or agreements with a Statutory Authority, Government Agency or Department in which you have agreed to indemnify and/or not seek compensation from the Statutory Authority, Government Agency or Department irrespective of their own negligent acts, negligent omissions or negligent defaults?

Yes  No

*If yes, do you wish to extend your policy to include this additional liability exposure?*

Yes  No

*If yes what is the estimated number of such contracts you will enter into over the next 12 months?*

*Please provide a brief description of the nature of the contract(s).*

What is the estimated turnover derived by your organisation as a result of entering into such contract(s)?

Have you entered into any contracts, warranties or agreements in which you have agreed to indemnify or not seek compensation from any other third party apart from Statutory Authorities, Government Agencies or Departments?

Yes  No

*If yes, please provide a copy of the contract in full for underwriting consideration. Cover will only be provided if agreed to in writing by us*

#### 6. Member to Member Extension

This will provide cover to your members, guests or visitors for their own personal liability if they cause bodily injury or property damage to other members of the general public whilst participating in an activity organised by You, subject to the policy terms and conditions.

Do you wish to extend cover to include your members, guests, or visitors as Insured's under this policy?

Yes  No

*If yes, how many members, visitors, guests do you expect to have over the next 12 months?*

#### 7. Trauma Counselling Costs

Does your organisation require cover for trauma counselling services?

Yes  No

*Please refer to the policy wording for full details of cover.*



## Prior History (This section must be completed)

1. Has the organisation or any of its officers:

- i. ever been convicted of a criminal offence within the last 10 years?  Yes  No
- ii. ever been declared bankrupt?  Yes  No
- iii. ever become insolvent or placed in liquidation or receivership?  Yes  No

If you have answered yes to any of the above questions, please provide details.

2. Previous insurance:

- i. Have you previously been insured for public liability insurance?  Yes  No
- ii. Is it the intention that the proposed insurance replaces an existing policy?  Yes  No

If yes to (i) or (ii), please provide the following details.

Insurer	Policy number	Last expiry date
		/ /
		/ /

- iii. Have you ever had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by any insurer?  Yes  No

If yes, please provide details.

3. During the last 5 years, have you claimed under any liability policy?  Yes  No

4. Is there now any claim pending or are you aware of any circumstance that may give rise to a claim against you or any other director or officer of the entity applying for this insurance?  Yes  No

Note the following scenarios are considered reportable:

Obvious events to be disclosed:

- Serious injury or substantial property damage
- letter of demand from client/ solicitor foreshadowing potential litigation
- ASIC/ACCC commences official investigations in to the insured's conduct of the company's affairs
- ACCC obtains a search warrant against the company's records
- OH&S Authority commences investigations into a workplace incident
- Shareholder makes allegations, either verbally or in writing, about the management of the company
- Verbal or written allegations of misleading/deceptive conduct by the insured

Less obvious events to be disclosed:

- Suspicion of incidents of abuse
- media reports a claim against an insured's client for sizeable loss from work/service completed by the insured - potential for a sizeable products liability claim.
- Insured receives complaint about a director of officer's performance, creating suspicions about their management competency
- Company starts receiving complaints from its customers that their advertisements are misleading

If yes to either questions 3 or 4 above, please provide the following details.

Date	Amount	Details of loss or damage claim
/ /	\$	
/ /	\$	

**Additional information** *(if any)*

Is there any other information which you think may affect your insurance or which we should be advised of?  
(See your 'Duty of Disclosure'). *If yes, please provide details on a separate page and attach to this declaration.*

Yes  No

**Declaration** *This section must be completed*

I/we declare that the answers given and statements made are to the best of my/our knowledge, true and correct and that I/we have not withheld any information likely to affect the acceptance of this application or the terms on which it is accepted.

I/we also consent to the use of information supplied in this application to Ansvar Insurance Limited for both the principal purpose of assessing this application for insurance cover and the secondary purpose of disseminating to the business entity information, notices and details regarding this insurance policy, or other products and services distributed or offered by Ansvar Insurance Limited.

Please tick the box if you do not wish to receive any marketing material from us

Signed: ..... Date: .....

Name: .....

Position: .....

**Payment options – You may pay your premium by one of the following options:**

- a.  Cash \$
- b.  Cheque \$
- c.  Credit Card \$

Card Type  Visa  MasterCard

Card Number

Expiry Date  /  /

Name of Cardholder

- d.  Monthly instalments by direct debit
- Please complete a direct debit request agreement. Your intermediary or local Ansvar Insurance office will provide details.  
An additional drawing fee applies.



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