

**COMBINED PUBLIC AND PRODUCTS LIABILITY INSURANCE
FERTILISER SERVICES PROPOSAL FORM**

IMPORTANT NOTICES

Please read the following important Notices carefully before completing this documentation

IMPORTANT INFORMATION

Please note that “You” “Your” means the named Insured specified in the Schedule.

Duty of Disclosure

Before You enter into a contract of general insurance with Lumley Insurance, You have a duty under the Insurance Contracts Act 1984, to disclose to Lumley Insurance every matter that You know, or could reasonably be expected to know, is relevant to Lumley Insurance’s decision whether to accept the risk of the general insurance and, if so, on what terms.

You have the same duty to disclose those matters to Lumley Insurance 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 Lumley Insurance;
- that is of common knowledge;
- that Lumley Insurance knows or, in the ordinary course of business, ought to know;
- as to which compliance with Your duty is waived by Lumley Insurance.

Non-Disclosure

If You fail to comply with Your duty of disclosure, Lumley Insurance may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

If Your non-disclosure is fraudulent, Lumley Insurance may also have the option of avoiding the contract from its beginning.

Subrogation Rights

If You have entered into an agreement with another party which prevents Lumley Insurance from taking a recovery action for compensation from that party it may affect Your rights to cover under the Policy.

Should You now be a party to such an agreement or be requested to enter such an agreement in the future please advise Lumley Insurance immediately in writing.

Cooling Off

If You are not completely satisfied with Your Policy You may cancel it by notifying Lumley Insurance in writing within 21 days of cover having commenced. You will receive a refund of the amount You have paid unless something has occurred for which a claim may become payable under the Policy.

Confirming Transactions

You may contact Lumley Insurance or Your adviser, in writing (which is always required if You are advising cancellation) or by phone, to confirm any transaction under Your Policy. Any transaction will be documented by Lumley Insurance as quickly as possible.

Code of Practice

A self-regulatory Code of Practice exists for the general insurance industry, designed to raise overall standards. Lumley Insurance has adopted the Code, details of which can be obtained from Your insurance Agent or Broker or any of Lumley Insurance’s offices.

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**Complaints - Internal and External
Complaints Procedure**

"Financial Ombudsman Service (FOS)" provided it falls within their jurisdiction.

If You do not agree with any decision Lumley Insurance make in relation to Your insurance, please write to Lumley Insurance stating what You disagree with and why.

Privacy

Wesfarmers General insurance Limited, respects Your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of Our Privacy Policy is available at any of Lumley Insurance's offices.

Lumley Insurance will then either resolve or attempt to resolve Your complaint immediately or refer the matter to Lumley Insurance's Internal Dispute Resolution Committee (IDRC).

If You are not satisfied with a claim decision by the IDRC, the matter may be referred to an independent alternate dispute resolution body, the

Every question must be answered fully and clearly. Your answer will influence our decision as to whether we will insure You and if so the terms of that insurance. If any question is unclear to You or You do not understand what information is being sought, please let us know. If a complete answer cannot be provided on the proposal, please set it out on a separate sheet of paper, sign and date it and attach it to the proposal.

Intermediary Name: _____ **Account No:** _____

Policy No: _____

Underwritten by: Wesfarmers General Insurance Limited, trading as
Lumley Insurance
ABN 24 000 036 279
Level 3, 99 King Street
Melbourne Victoria 3000

THE INSURED: (ie. Your name, company name, subsidiary companies, 'You/Your' when used in this proposal means the Insured).

The Insured: _____
Postal Address: _____
A.C.N. _____ A.B.N. _____

BUSINESS OF THE INSURED: List all of Your Business Activities.
(Place a tick beside each box applicable)

	<input type="checkbox"/>	<i>Approx % of turnover</i>	%
Spreading of fertiliser	<input type="checkbox"/>	_____	%
Spreading of soil or sand	<input type="checkbox"/>	_____	%
Cartage of fertiliser	<input type="checkbox"/>	_____	%
Cartage of soil or sand	<input type="checkbox"/>	_____	%
Retail sales of fertiliser, soil or sand	<input type="checkbox"/>	_____	%
Distribution for commission (of fertiliser, soil or sand)	<input type="checkbox"/>	_____	%
Other – please specify	<input type="checkbox"/>	_____	%

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PERIOD OF INSURANCE: Commences 4pm on ___ / ___ / ___ and ends 4pm on ___ / ___ / ___

LIMIT OF LIABILITY: \$ _____
Deductible \$ _____ Any one Occurrence (inclusive of Law Costs and Expenses).

EXPERIENCE / QUALIFICATIONS

How many years of experience have You had in the Business? _____

Please specify details of Your Trade Qualifications, ie. qualification, date qualified? _____

Estimated Annual Turnover \$ _____ No. of Manual Working Proprietors and Employees \$ _____

Estimated Annual Labour only payments to sub-contractors \$ _____

Nature of work performed by sub-contractors _____

PRODUCT DETAILS

In regards to all goods or products involved in Your Business, do You do any of the following:

Manufacture	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Retail, supply or distribution	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mix or blending	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Export	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Package	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Label	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Decant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Import	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If You answered "Yes" to any of the above, please list the type of goods or products involved.

	Type of Goods or Products	Activity Performed	Approximate \$ Turnover Derived
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$

Note: If You are involved in Stockfeed, Veterinary Products then such products must be included in the above list.

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Do any goods or products involved in Your Business contain any pesticides, fungicides, insecticides, herbicides and/or defoliant or do You spray or spread such goods or products? Yes No
If "Yes", please provide details and relevant turnover.

CONTRACTUAL LIABILITIES

Have You entered into any contract or agreement (including any in respect of the supply of raw materials, components or finished goods) under which You have assumed liability for which You would not otherwise be liable, or under which You have waived Your legal rights of recovery (eg. hold harmless agreements)?
Yes No

If "Yes" please attach copies of the contract or agreement.

INSURANCE HISTORY

a) Within the last five years has any incident occurred or claim been made against the Insured or Directors of the Insured or any corporate entity operated by the Directors of the Insured involving Personal Injury to any person not being Your employee or damage to property of others? Yes No
If "Yes", please provide details:

Date of Loss	Cause of Claim/Incident	Amount of Claim
		\$
		\$

b) Has any Insurer ever declined, refused to renew, cancelled or imposed special terms or conditions to any application, renewal or policy held by You, either alone or jointly with another person or company or held by any corporate entity operated by the Directors of the Insured or held by the Directors of the Insured?
Yes No

If "Yes", please provide details (separate sheet, signed and dated by the Insured).

Declaration and Acknowledgements

I/We declare and acknowledge as follows:

- I/We have not suppressed misrepresented or mis-stated any material information within my/our knowledge likely to affect the decision of the Insurer as to my/our eligibility for insurance and the answers given in this Proposal are in every respect true and correct.
- Insurance cover will only arise upon the acceptance of this Proposal as notified by the issue of an appropriate Policy Schedule or Policy Document.
- I/We authorise Lumley Insurance to obtain from any other insurer or insurance reference bureau, any information relating to this proposal, this insurance, any renewal of this insurance or any claim.
- The Insurer will be relying on the information provided by me/us in this Proposal in deciding whether to provide cover and, if so, upon what terms.
- I/We have read and understood the notice contained herein concerning my/our Duty of Disclosure.
- Where answers on this Proposal are not in my/our own handwriting they have been checked by me/us and I/We certify they are correct.

Signature of Proposer: _____ **Date:** ____/____/____