

1. Important Information

“you” or “your” where used in this Proposal refers to the Proposer and if more than one, each of them.

“we” “us” “our” and “Lumley Insurance” means Wesfarmers General Insurance Limited, ABN 24 000 036 279, trading as Lumley Insurance.

Your Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty at law to disclose to us anything that you could reasonably be expected to know which is relevant our decision whether to accept the risk of insurance and if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- to which compliance with your duty is waived by us.

If you fail to comply with your duty of disclosure, we may be entitled to reduce the liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, then we may also have the option of avoiding the contract from its beginning.

Proposal Included in “Policy”

Anything you state in this proposal will form part of the Policy document unless we tell you otherwise. Before you complete this proposal, you should read the policy because it will tell you about the insurance you are proposing we provide and contains definitions of words used in this proposal.

Goods and Services Tax (GST)

To ensure you do not incur any unnecessary GST liabilities on claim settlements, please ensure your ABN and Tax Status are entered in the space provided on this Proposal.

Privacy

We respect your privacy and comply with the Privacy Act and the National Privacy Principles. A copy of our Privacy Statement is available at any of our offices or online at www.lumley.com.au

Confirming Transactions

You may contact us or your adviser, in writing (which is always required if you are advising cancellation) or by phone, to confirm any transaction under the policy. Any transaction will be documented by us as quickly as possible.

Average

The Material Damage and Consequential Loss sections of this policy each contain a section of ‘average’ which means if there is underinsurance at the time of loss, a part of the loss will not be covered.

In addition the policy will never pay more than the amounts specified in the Limits and Sub-limits.

It is essential that all amounts be carefully checked to ensure their adequacy at the time of completing the proposal and throughout the currency of cover.

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291	Phone (02) 9248 1111 Phone (02) 4925 7500	Fax (02) 9248 1122 Fax (02) 4940 0295
VIC	Level 3, 99 King Street, Melbourne 3000	Phone (03) 8627 4333	Fax (03) 8627 4312
ACT	Level 4, 10 Rudd Street, Canberra City 2601	Phone (02) 6279 0333	Fax (02) 6279 0330
TAS	Level 11, 27 Paterson Street, Launceston 7250	Phone (03) 6345 4700	Fax (03) 6345 4711
SA	465 Pulteney Street, Adelaide 5000	Phone (08) 8228 1700	Fax (08) 8228 1777
WA	Level 9, 50 St George’s Terrace, Perth 6000	Phone (08) 9220 8222	Fax (08) 9220 8251
QLD	Level 2, 99 Melbourne Street, South Brisbane 4101	Phone (07) 3307 4800	Fax (07) 3307 4899
	Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone (07) 4722 6000	Fax (07) 4724 4398
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800	Phone (08) 8946 4600	Fax (08) 8946 4666

Lumley Insurance is a trading name of Wesfarmers General Insurance Limited

PROPOSER TO COMPLETE ALL SECTIONS IN FULL

1. Proposal Details

Proposers name in full

Postal address

Suburb

State

Postcode

Phone

Period of cover

From to at 4:00pm local standard time

Describe all business activities

ABN

Tax Status (% entitlement to Input Tax Credits)

2. Limit of Liability

(a) Public Liability (Limit of Liability any one Occurrence)

\$

(b) Products Liability (Limit of Liability any one Period of Insurance)

\$

"Your Product(s)" means anything (after it has ceased to be in your possession or under your legal control) manufactured, constructed, erected, assembled, installed, repaired, serviced, treated, sold, supplied or distributed by you in the course of your business, including any packaging or containers (other than a vehicle) used to package or contain your Product(s).

3. Estimated Annual Wages

Including earnings of directors, partners and sub-contractors

Please provide a breakdown of wages as follows:

(a) Work at your Premises

\$

(b) Work away from your Premises

\$

(c) Sub-contractors

\$

Estimated annual turnover

\$

4. Premises

(a) Owned by You

Address	Occupancy	No. of storeys	Floor area

(b) Leased by You

Address

5. Contractual Liability

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 normally be liable, or under which you have waived Your legal rights of recovery (eg. Hold Harmless Agreements) *(please tick)*? Yes No

If **Yes**, please provide details and attach copies of the Contract or Agreement

6. Property in Your Care, Custody and Control

Do you wish to increase the sub-limit for your legal liability in respect of property in your Care, Custody or Control above \$100,000?

Yes No

If **Yes**,

(a) What Limit of Liability is required for any one Period of Insurance?

\$

(b) Please describe the property in your Care, Custody or Control?

7. Business Activities

Do Your business activities include any of the following:

- | | Yes | No |
|--|--------------------------|--------------------------|
| (a) Manufacture of pharmaceuticals? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Mining, processing, storage, installation, removal or treatment of asbestos? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Working with or storage of chemicals, gases, inflammables, explosives or other dangerous substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Construction works involving: | | |
| - Underpinning, removal, and weakening of supports of any adjoining structures? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Underground work? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Tunnelling? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Dams? | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Demolition? | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Sub-aqueous construction or maintenance? | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Hoists, cranes or other lifting equipment | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Welding or cutting equipment involving the application of heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Work away from your premises? | <input type="checkbox"/> | <input type="checkbox"/> |

If **Yes** to any of the above, please provide details

8. Use of Sub-Contractors

What steps do You take to check that Sub-contractors employed by you hold adequate liability insurance?

9. Product Details

Please provide a complete list and description of all of your products (including those which have been discontinued during the last 10 years).

Product	Intended use, market etc	Est. Annual Turnover
		\$
		\$
		\$
		\$
		\$

Do you undertake design work? Yes No

If **Yes**, please provide details

Does Your business involve any of the following:

Manufacture? Yes No

Packaging? Yes No

Retail? Yes No

Labelling? Yes No

Assembly? Yes No

Repair? Yes No

10. Exports

Do you export any of your products? Yes No

If **Yes**, please provide details of:

(a) Estimated Annual Turnover derived from exports:

(b) Countries to which your products are exported

(c) Nature of your exports and size of turnover in respect of exports to USA and Canada.

(d) Countries in which you have a branch or subsidiary company.

11. Imports

Do you import raw materials, components or finished goods? Yes No

If **Yes**, please provide details of:

(a) Countries from which you import

(b) Nature of imports

12. Quality Control

What quality control procedures are in place?

Are you ISO accredited? Yes No

If **Yes**, please provide details

13. Standards

Are your products required to be manufactured in compliance with Australian Standards or any other government standard?

Yes No

If **Yes**, please provide details:

14. Use of Products

Are any of your products:

(a) Used in aircraft, watercraft, nuclear installations, electricity generating stations, computers, petro-chemical installations or process control equipment?

Yes No

(b) Prototypes, experimental or single production items?

Yes No

If **Yes**, to any of the above, please provide details:

15. Insurance History

(a) Has any insurer ever declined to insure you?

Yes No

(b) Has any insurer ever declined to renew any of Your insurances?

Yes No

(c) Has any insurer ever required special terms before insuring or continuing to insure you?

Yes No

If **Yes**, to any of the above, please provide details

(d) Name your previous liability insurer

(e) Expiry date of previous policy

16. Claims History

(a) Have any claims been made against you in respect of your legal liability for injury or damage in the past 5 years?

Yes No

If **Yes**, please provide details

Date of incident	Nature of injury or damage	Insurer	Amount of claim

(a) Are you aware of any circumstances that may give rise to a claim not mentioned above?

Yes No

If **Yes**, please provide details

4. Declaration and Signature

If insufficient space is provided on this proposal in respect of any questions contained on the proposal, please attach a sheet of paper containing the additional information, noting the relevant question number and sign and date such attachment.

I/We declare that the answers given herein are in every respect true and correct and that I/we have not withheld any information likely to affect the acceptance of the Proposal. I/We have read and understood the Proposal and the Policy conditions.

Signature

Date (dd/mm/yyyy)

Signature

Date (dd/mm/yyyy)

5. Office Use Only

Broker/Agent

Number

Commission

 %

Cover note number

Replacing policy number

D/No.					REC no.				
Branch code		Policy prefix		Policy number					

Coy no.		Prop %		XC %	
Checked by		Rearranged by		Prepared by	
on / /	on / /	on / /	on / /	on / /	on / /

Warranties & Extensions		Premium SD/LF	Current		Future	
			\$	c	\$	c
Calculation of Premium		Total				
Indemnity	\$		Statistics		Rate %	State