

Policy Number

# Public and Products Liability insurance proposal.

## Important notices.

### Please read this section before completing this proposal

**Your Duty of Disclosure:** You have a duty to tell Us before the policy is entered into, every matter known to You which:

- You know, or
- a reasonable person in the circumstances could be expected to know,

is relevant to Our decision whether to insure You and whether any special conditions need to apply to the policy. This duty applies when You renew, extend, vary or reinstate the policy.

You do not need to tell Us about any matter:

- that diminishes Our risk;
- that is of common knowledge;
- that We know or should know as an insurer; or
- that We tell You We do not need to know.

#### Who must tell Us?

Everyone who is an insured under the policy must answer the questions in this way.

#### What happens if You or they do not comply with this duty?

If You or they do not answer the questions this way, We may cancel the policy or reduce the amount We pay if You make a claim. If fraud is involved, We may treat the policy as if it never existed, and pay nothing.

#### Privacy Act 1988.

The Privacy Act 1988 requires Us to tell You that as an insurer We collect Your personal and other information in order to:

- decide whether to issue a policy;
- determine the terms and conditions of Your policy;
- compile data; and
- handle claims.

We disclose personal information to third parties who We believe are necessary to assist Us and them in providing the relevant services and products. For example, in handling claims, We may have to disclose Your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law. We limit the use and disclosure of any personal information provided by Us to them to the specific purpose for which We supplied it.

You have the right to seek access to Your personal information and to correct it at any time. Please contact Us on 1300 360 529, EST 9am-5pm, Monday-Friday and advise Us of the changes. If You do not agree to the collection of Your personal information then unfortunately We will be unable to process Your proposal.

From time to time We may advise or offer You information on other Allianz products or services that may be relevant and of interest to You. If You do not wish to receive these offers or information please call the Allianz Direct Marketing Privacy Service Line – Freecall 1800 000 284, EST 9am-5pm, Monday-Friday.

#### How to fill out this form.

For questions with multiple choice answers, please tick the box in front of the correct answer. For other questions, please write the information requested in the spaces provided.

Make sure You have read the Policy Document We have given to You. If You require another copy of the Policy Document or any assistance, please contact Your insurance broker or agent.

If there is inadequate space to answer any questions, please attach a separate sheet of paper. Show the page number, section and question number before the information You wish to add, eg, Page 2, Question 1, Business Operations.

#### Definitions in this proposal.

**"We", "Our", "Us" or "Allianz"** means Allianz Australia Insurance Limited ABN 15 000 122 850 of 2 Market Street, Sydney, NSW, 2000, which is the insurer of this insurance.

**"You", "Your" or "Yours"** means the person(s) proposing for this insurance and any persons who will be a contracting insured under the policy.

**"Excess"** means the amount You must pay towards the cost of any claim under Your policy.

This proposal also uses words that have a special meaning which begin with a capital letter. The definition of these words can be found in the Policy Document.

#### Rights of subrogation.

This insurance provides (to the extent permitted by law) that You will not be able to recover under it if You enter into any agreement which excludes or limits Your right of recovery from other parties. Therefore You must not have agreed and must not agree to give away any of Your rights because this will affect Our right to recover from these other parties.

#### Interests of other parties.

For any party to be indemnified by this insurance, they must be specified as entitled to cover in the Policy.

### For Office Use Only

Broker/agent	<input type="text"/>	Policy number	<input type="text"/>
Cover note number	<input type="text"/>	Broker/agent account number	<input type="text"/>
Date Proposal received	<input type="text"/> / <input type="text"/> / <input type="text"/>	Replacing policy number	<input type="text"/>
		State	<input type="text"/>
		Time	<input type="text"/> am/pm





2. Are You aware of any claims against You (including pending claims)?  Yes  No

Have You had any Products or Public Liability losses (including any incidents of loss or damage and any product recalls whether insured or not) in the last 5 years or any claims in excess of \$25,000 in preceding years?

Yes  No

If "Yes", give details below:

Date of Loss	Insurer	Amount Paid	Excess	Details of Loss
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**Limit of Indemnity.**

Limit of indemnity required

(a) Public Liability \$ for any one occurrence

(b) Products Liability \$ total for any one period of insurance.

**Public Liability.**

1. **Professional or other services**

Do You provide any professional, technical, consultancy, advisory or like services either for a fee or as an ancillary service to Your business?

Yes  No

If "Yes", give details of such services and to whom such services are offered.

**Note: Professional indemnity is excluded in this policy.**


2. **Property Owner**

If property owner's liability is required, please provide details below.

Location	Occupied by	Tenants occupation	Floor area

3. **Contractual Liability**

Have You assumed any obligations under any contracts or agreements, including hold harmless or indemnification agreements?

Yes  No

If "Yes" provide details and attach copies of these agreements. Such exposures are excluded in this policy, unless specifically agreed and noted in the schedule by Us.


4. **Property in your physical or legal control**

a. Do You have property in Your physical or legal control in excess of \$25,000 aggregate?

Yes  No

If "Yes", list all property of others in Your care, custody or control (include all goods, equipment or merchandise being leased, repaired, serviced, treated or on consignment or bailment).

Location	Type of property	Approximate aggregate value
		\$
		\$

b. List all non-owned premises e.g. real property occupied under lease or rental agreements:

Location	Type of property	Approximate value
		\$
		\$

c. Have You entered into any hold harmless or indemnification agreements which relate to destruction of or damage to the property listed in (b)?

Yes  No

If 'Yes' attach copies of the agreements.

5. **Unregistered vehicles or trailers**

Provide details of the number and types of unregistered vehicles or trailers that You own, possess, control or operate.


**6. Boiler and Pressure Vessels**

Provide details of the number and types of boilers and/or pressure vessels that You own, possess, control or operate.


**7. Hazardous substances or toxic waste**

Provide details of any storage, transportation, process, use and/or disposal of any hazardous substances or toxic waste in Your business operations.


**Products Liability.**

**Products Information**

1. Describe fully the types of products manufactured, constructed, grown, extracted, produced, processed, assembled, erected, installed, repaired, serviced, treated, sold, supplied, hired out or distributed by You:

Description of product/Product name	Est. Gross Annual Turnover
	\$
	\$

- 2. Is Your product range relatively static?  Yes  No
- 3. Do volumes and types of products change frequently?  Yes  No
- 4. Are purchases generally made on terms that involve forfeiture of rights of recovery from original suppliers?  Yes  No
- 5. Do You sell goods under guarantee or warranty?  Yes  No
- 6. Do You design parts or complete component parts for others?  Yes  No
- 7. Do You manufacture to the designs, plans, formulae and/or specifications of others?  Yes  No
- 8. Do you have product brochures? If "Yes", please provide copies.  Yes  No
- 9. In the last 12 months, have You commenced processing, manufacturing, producing, handling, distributing or selling any new products?  Yes  No  
If "Yes", please provide the following information: type of new product(s), year first marketed/introduced and annual turnover.


10. Have You discontinued manufacturing, processing or handling any products?  Yes  No  
If "Yes", please provide the following information: type of product(s) discontinued, year first marketed, year ceased/discontinued, reason for discontinuation and annual turnover prior to discontinuation.


**Imports**

11. Please supply details of all goods directly imported by You, description of such goods, date first imported, country(s) of origin and percentage of turnover.


**Exports**

12. a. Please supply details of all goods exported to the United States of America or Canada or to any country, territory or protectorate to which the laws of the United States of America or Canada apply.

Product	Date first Exported	Destination (USA and/or Canada)	Estimated Gross Annual Turnover
			\$
			\$
Total			\$

**Note: This policy excludes operations in or exports to the United States of America or Canada or in any country, territory or protectorate to which the laws of the United States of America or Canada apply, however We may consider providing coverage for such exports.**

b. Please supply details of all goods exported to countries other than the United States of America or Canada.

Product	Date first Exported	Destination of Products	Estimated Gross Annual Turnover
			\$
			\$
Total			\$

**13. Quality Control**

a. Do You have a quality control manual?

Yes  No

b. If the answer to (a) is "Yes", how long has the manual been in use?

\_\_\_\_\_

c. When was this manual last reviewed?

\_\_\_\_\_

d. Who is responsible for this quality control?

\_\_\_\_\_

e. Please state any Australian or International standards or codes applicable to Your Quality Control Procedures and if Your products comply.

Standard Code

\_\_\_\_\_

\_\_\_\_\_

Do products comply?

Yes  No

Yes  No

f. Do You have a written products recall procedure?

Yes  No

g. Have You ever recalled products because of an actual or possible safety hazard?

Yes  No

h. Have You ever performed a test recall on any products?

Yes  No

If "Yes", please provide details.

\_\_\_\_\_  
 \_\_\_\_\_

i. Can You, with certainty, identify the source of supply of every item used in the manufacture of Your products?

Yes  No

If "Yes", are records kept?

Yes  No

What proportion of Your products is manufactured by others:

in Australia? \_\_\_\_\_ %

elsewhere in the world? \_\_\_\_\_ %

j. Do you confirm Your suppliers have Products Liability Insurance before using them?

Yes  No

k. Do You operate a laboratory?

Yes  No

l. If the answer to (k) is "Yes", is it NATA accredited?

Yes  No

m. Does the laboratory perform works for others?

Yes  No

**Declaration.**

**I/We declare and agree:**

- the information and answers given in this proposal are true and correct;
- that I/We have read the Important Notices at the beginning of this Proposal;
- to make the premises available for inspection by Allianz if so requested;
- that I/We have a copy of the Allianz Public and Products Liability Policy Document and have read it. I/We agree that the Allianz Public and Products Liability Policy Document which is most current at the time any Policy is entered into will apply, unless Allianz states otherwise in writing;
- that I/We if not the only proposed insured have answered the questions on their behalf where they have not signed the Declaration themselves;
- that I/We have read, understood and agreed with the terms of the Privacy Act 1988 Notice at the beginning of this proposal.

I/We authorise Allianz to reference the database of Insurance References Services Ltd or other insurers to confirm the information I/We supplied.

Signed by first proposer	Date	Signed by second proposer	Date
_____	_____	_____	_____

Please check that this document has been fully completed.

**Premium Rating Summary (Internal Use Only).**

ANZSIC Code		_____
Base Premium	\$	_____
GST	\$	_____
Stamp Duty	\$	_____
TOTAL	\$	_____
Excess	\$	_____

**Additional Information**

\_\_\_\_\_  
 \_\_\_\_\_