



HERBERT INSURANCE
GROUP LIMITED

BROADFORM LIABILITY INSURANCE APPLICATION

Details of the Insured

Surname		Given Name(s)	
Postal Address:			
State:		Postcode	
Contact Number(s) Home ()		Business Phone:	()

General Information

1. Have you ever had any claims made against you (whether insured or not) or have you recalled any of your products during the last 7 years? If "Yes" please give details	<input type="checkbox"/> Yes; <input type="checkbox"/> No
2. Have you had any incident and accident occur which would have been covered by the proposed insurance policy?	<input type="checkbox"/> Yes; <input type="checkbox"/> No
3. Have you had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected, special conditions or special excess imposed by an insurer?	<input type="checkbox"/> Yes; <input type="checkbox"/> No

Indemnity Limit

Limit of indemnity required			
Public Liability	\$	Products Liability	\$
(any one occurrence)		(in the aggregate per period of insurance)	
Estimated Payroll			
1. Estimated annual payroll (including earnings of principals, directors, partners)			No. of Staff
Managerial, Clerical and Sales		\$	
Manufacturing		\$	
Installation		\$	
Other		\$	
Total		\$	
2. Do you employ contractors or subcontractor? <input type="checkbox"/> Yes; <input type="checkbox"/> No. If "Yes", please complete a, b, c and d below			
a) Estimated annual payment	Labor Only \$	Labor & Plant \$	Labor, Plant and Materials \$
b) Nature of work usually carried out?			
c) Precautions taken to identify the adequacy of their liability and workers compensation insurance arrangements			
d) Are you always named as principals on contractors and/or sub-contractors liability policy?			

Details of Business/ Premises

1. Please state the full details of your business operations (including subsidiary companies) including design, formulation, manufacturer, distribution, servicing, welding and other hot work. Please attach product brochures, latest annual reports and other pertinent matters.
2. Do you have representation outside Australia? <input type="checkbox"/> Yes; <input type="checkbox"/> No If "Yes", where and what is the nature of your representation in such country (e.g. domicile employee, power of attorney, branch subsidiary, agency etc.)?

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3. Number of years in the business			
4. Location of premises occupied for the purpose of conducting the business.		Owned	Years
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
5. Location of the Premises Owned BUT not occupied by you for which property owners cover is required.		Type of building eg Shopping Centre, Office Block etc.	
6. Do you or does anyone on your behalf operate, manage or own or offer or in anyway are connected with any of the following			
a) First Aid Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b) Pressure Vessels	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c) Car Parks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d) Lifts, Escalators, Hoists	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e) Unregistered Vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
f) Railway e.g. Slidings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. Do you or does someone on your behalf perform any work away from the premises stated above?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please provide details e.g. Welding, installation, servicing, repair etc.			
8. Do you store, transport, use or handle any hazardous goods e.g. chemicals, radioactive materials, gasses ect?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please provide details			
9. Does your operation/business create trade waste?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please provide details (e.g. type of waste, how it is disposed of etc.)			

Care Custody and Control

Coverage is provided for property (excluding vehicle which is registered or which is required to be registered) in your physical or legal control for the purpose of repair, service, maintenance or alternation or which is on temporary hire or loan to you, subject to a maximum indemnity of \$50,000 for any one occurrence and in the aggregate for any one period of insurance.		
Do you require an amount in addition to the above limit? If "Yes", please answer questions 1 – 5	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1. What limit do you require?		\$
2. What is the total value for such property?		\$
3. What is the maximum value at one time?		\$
4. Provide brief details of the property.		
5. Is this property insured under any other policy? If "Yes", please provide details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Product Information / Territorial Limits

1. Give details of all products in respect of which insurance is required. Attach brochures and other product literature. If more than four (4) products, attach additional list.				
Product Name	1	2	3	4
Date First Marketed				

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Product Description				
Product Use				
Est. Annual Turnover	\$	\$	\$	\$
The following Details are required for exported products only				
Turnover expected	\$	\$	\$	\$
Country sold to				
Company representation in this country (Please circle)	Power of Attorney	Power of Attorney	Power of Attorney	Power of Attorney
	Branch	Branch	Branch	Branch
	Representative	Representative	Representative	Representative
	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)
A202Coverage for PRODUCTS EXPORTED TO USA OR CANADA is excluded from this insurance. Coverage will be provided only if specifically agreed by L261 of London and then subject TO terms and conditions and payment of an extra premium. A US/ CANADA export questionnaire will have TO be completed. Any additional information supplied in respect of such exports shall be deemed TO form part of this application.				
2. Can you with certainty, identify the source of every item used in the manufacture of the products? If "No", please provide reason			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is your product range relatively stable or changing frequently? If "Yes", please provide full details			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have control procedures in place?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are your products subject to any Australian or International standard?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you have re-call procedures in place?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you discontinued manufacturing, processing or handling any products? If "Yes", please provide full details of reason, type of product, year etc.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are any products specially designed, manufactured, imported or handled for use in an aircraft or any other aerial devices or watercraft? If "Yes", please provided full details			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Contractual Liability

Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality as regards to your products, or specifically agreed contracts.		
Do you assume liability under contract or hold others harmless (other than lease liability)? If "Yes", please provide details and attach copies of all agreements (other than lease liability).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your policy, to tell us everything you know that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the policy, and if so, on what terms.

You do not have to tell us about any matter:

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- Which we indicate we do not want to know.

If you do not tell us

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may also have the option of avoiding the contract from its beginning.

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

Declaration and Authorisation

Please remember we will treat a statement or claim or an act or omission by anyone of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Policy Terms and Conditions.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorize Herbert Insurance Group Limited ABN 811 231 407 14 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance of mine including this completed application and my insurance claims history and my credit history.

Applicant's Signature _____

Applicant's title _____ Date: ____/____/____

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