



**5 Turnover and Contractor/Subcontractor Information**

a	Estimated annual turnover	\$
b	Number of employees	
c	Do you use subcontractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**6 Claims and/or Loss Experience**

a	Have you had any insured and/or uninsured claims in the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes, please provide details:

Dates	# Claims Reported	Amount Paid & Outstanding	Applicable Excess	Description of loss/claim	Insurer
From					
To					
From					
To					
From					
To					
From					
To					
From					
To					

b	After investigation, are you aware of any circumstances which could give rise to a claim under the proposed policy and which are not mentioned above?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes, please provide details:

c	Have you ever had any insurance declined or cancelled or had any renewal or terms refused?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes, please provide details:

d	Have you ever had any entitlement to indemnity under any insurance policy affected due to non-disclosure, misrepresentation or breach of a policy provision?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes, please provide details:

e	Have you ever had any convictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes, please provide details:

f	Please attach a copy of claims experience on previous Insurer's letterhead	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**7 Statutory Liability Cover**

a	Have you had any insured and/or uninsured statutory fines and penalties in the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes, please provide details below:		
Date of Fine	Amount	Offence
From            to		
From            to		
From            to		

## 8 Declaration

I declare that:

1. The answers given above and documents submitted represent the true position and have been produced after due enquiry;
2. I have not withheld any material information or any matter relevant to the decision of Liberty whether to accept this risk
3. I agree that this proposal and any accompanying documents shall form or partly form the basis of the Policy.

The person signing this proposal is duly authorised to sign on behalf of the Insured.

Signature

Print Name

Position

Date

PLEASE NOTE THAT NO QUOTATION WILL BE OFFERED UNLESS THIS PROPOSAL FORM IS FULLY COMPLETED AND SIGNED AND DATED.

### PRIVACY NOTICE

We are bound by the Privacy Act and its associated National Privacy Principles when we collect and handle your personal information. We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as our reinsurers, agents, loss adjusters and other service providers. You can seek access to and if necessary, correct your personal information by contacting our Privacy Officer. When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information.

### CLAIMS MADE NOTICE

Please note that certain sections of this policy may be issued on a Claims Made basis. Accordingly, Liberty will only cover the Insured in respect of Claims which are first made against the Insured during the Policy Period and reported to Liberty during the Policy Period. The Insured should carefully read all of this Policy, including all definitions and, in particular, the exclusions, to ascertain the precise scope of the cover afforded by this Policy. The Insured is advised to consult its insurance agent or broker to ensure a clear understanding of the Insured's rights and obligations under this Policy.

### YOUR DUTY OF DISCLOSURE

A. Your attention is drawn to Section 21 of the Insurance Contracts Act 1984 (Commonwealth) which provides, in relation to your duty of disclosure, as follows:

Section 21 (1) Subject to this Act, an Insured has a duty to disclosure to the Insurer, before the relevant contract of insurance is entered into, every matter that is known to the Insured being a matter that:

- (a) the Insured knows to be a matter relevant to the decision of the Insurer whether to accept the risk, and if so, on what terms,
- or
- (b) a reasonable person in the circumstances could be expected to know to be a matter so relevant.
- (2) The duty of disclosure does not require the disclosure of a matter:
  - (a) that diminishes the risk,
  - (b) that is of common knowledge
  - (c) that the insurer knows or in the ordinary course of his/her business as an insurer ought to know,
  - or
  - (d) as to which compliance with the duty of disclosure is waived by the Insurer.
- (3) Where a person:
  - (a) fails to give an answer, or
  - (b) gives an obviously incomplete or irrelevant answer to a question included in a proposal form about a matter, the Insurer shall be deemed to have waived compliance with the duty of disclosure in relation to the matter.