



DECLARATION FORM

## Public and Products Liability

[libertyinternational.com/au](http://libertyinternational.com/au)

# Declaration Form



## IMPORTANT NOTICE

The information provided in this declaration will form the basis of any contract of insurance entered into. Please read the following notices carefully and ensure you answer all questions in full and read and sign the Declaration at the end.

## YOUR DUTY OF DISCLOSURE

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

This includes but is not limited to every fact and matter that you know, or could reasonably be expected to know that might give rise to a claim against you. This may also include information which is additional to the questions asked in this declaration form.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. This means that prior to renewal or any policy variations, as well as advising of new information, you also need to advise the insurer of any changes to the facts previously notified.

Your duty however does not require disclosure of matter:

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

## NON DISCLOSURE

If you fail to comply with your duty of disclosure or make a material misrepresentation to us, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning and therefore decline to pay any claim. This means that your policy would be deemed to have never existed and no claims would be payable.

# Proposal Form



## PRIVACY NOTICE

Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**) is part of the Liberty Mutual Group headquartered in the United States.

We collect personal information to provide insurance products and services, manage claims and support related business operations. This may include information collected from insurance brokers, intermediaries, or directly from you. If you do not provide the personal information requested, we may be unable to offer the appropriate type or level of service.

If you provide Liberty with personal or sensitive information about other individual, you must ensure they are aware of this notice and have consented to the disclosure. If you have not done so, please inform Liberty before sharing their data. Your personal information may be disclosed to Liberty's related entities, reinsurers, insurance intermediaries, loss adjusters, legal and professional advisors and other service providers. We may also store your information with third party cloud or electronic storage providers.

Some recipients may be located overseas in the United States, Canada, United Kingdom, European Union, India, China, Australia, Hong Kong, Singapore and Malaysia. Where reasonably necessary, your information may be transferred to countries without comparable data protection laws to deliver the services you request. By engaging with Liberty, you consent to these cross-border transfers unless you notify us otherwise in writing.

We are committed to protecting your privacy and ensuring transparency in how we use your personal information. As part of this commitment, we confirm Liberty does not currently use automated decision-making (**ADM**).

You may access or seek correction of your personal information, make a privacy complaint, or raise any queries by contacting Liberty's Privacy Officer: [privacy.officer.ap@libertymutual.com](mailto:privacy.officer.ap@libertymutual.com). If you require a physical mailing address, please contact the Privacy Officer via email.

For more information, and to view the relevant privacy policy for your jurisdiction, visit: [Australia Privacy Policy](#).

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## PUBLIC AND PRODUCTS LIABILITY DECLARATION FORM

**Important:** Please answer all questions fully. If any section does not apply, please indicate with N/A. All questions will be deemed to be answered in respect of all entities & persons to be insured under this policy. If the space provided is insufficient please include attachments on your company letterhead.

### 1. THE INSURED

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a) Full name of proposed Insured including subsidiaries:

Company Name

### 2. PERIOD OF INSURANCE

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Period of Insurance

From:

at 4pm Local Standard Time

To:

at 4pm Local Standard Time

### 3. CLAIMS AND/OR LOSS EXPERIENCE

a) Over the last five years have you had any claims experience and/or uninsured loss experience that would have been covered under the proposed insurance? If Yes, please provide details.

Yes

No

Dates	# Claims Reported	Amount paid & outstanding	Applicable Excess	Description
From      To				

# Declaration Form



- 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 No
- If Yes, please provide details.

## 4. PREVIOUS INSURANCE HISTORY

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- After investigation have you ever had any:
- |   |     |    |
|---|-----|----|
| a) Insurance declined or cancelled?           | Yes | No |
| b) Renewal refused?                           | Yes | No |
| c) Special conditions imposed?                | Yes | No |
| d) Increased excess imposed?                  | Yes | No |
| e) Claims denied for this class of insurance? | Yes | No |

## 5. BROKER INFORMATION

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Broker name

Address

# Declaration Form



## DECLARATION

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(To be signed by a partner or director.)

I, the undersigned, declare and acknowledge:

- that I am, after enquiry, authorised by all person(s) or entities seeking insurance, to make this declaration;
- that after enquiry, all information supplied in this declaration and any supporting documents attached to this declaration or supplied separately, is true and correct and I have not withheld any material information from this declaration
- that this declaration and any accompanying documents shall form or partly form the basis of the contract proposed.
- that until a Contract of Insurance is entered into, I am obliged to inform Liberty of any changes to any information supplied or of any new information that is relevant;
- that I understand Liberty relies on the accuracy of the information and documentation supplied proposing for this insurance;
- that I have read and understood the Important Notices which form part of this declaration;
- that I understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposer's acceptance of an offer by Liberty if any;

- that the proposed Insured is a small business with a turnover of less than AU\$2 million in the last financial year. Note that if No is selected or this question is left blank, in accordance with Ch 8, Pt 5A of the *Duties Act 1997 (NSW)*, from 1 January 2018 Liberty will charge stamp duty on risks that 1) occur within or partly within NSW or 2) cover NSW property.      Yes                  No

Signed

Print Name

Title

Dated