



PRplus

PROPOSAL FORM

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Liberty
Specialty Markets



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.

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

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, 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.

PRIVACY POLICY

We are bound by the Privacy Act 1988 (Cth) 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. If you do not provide the information we need we may not be able to offer you insurance or deal with claims under your insurance.

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.

You can seek access to and if necessary, correct your personal information by contacting our Privacy Officer, during business hours on:

Telephone: 02 8298 5800
Mail: Locked Bag 18, Royal Exchange, NSW, 1225
Email: privacy.officer.ap@libertyglobalgroup.com

SUBROGATION

If Liberty grants indemnity under this policy then Liberty shall be subrogated to all of the Insured's rights of recovery against any person or entity whether or not a payment has in fact been made and whether or not the Insured or Insured Person has been compensated in full for their loss. The Insured must, at its own cost, provide all reasonable assistance to Liberty (including, but not limited to giving information, signing documents and giving evidence) to help enforce those rights.

The Insured must not do anything that may prejudice Liberty's position or potential or actual rights of recovery against any parties.

Any amounts recovered by Liberty in excess of Liberty's total payment to the Insured shall be restored to them less the cost to Liberty of such recovery.

CLAIMS MADE INSURANCE

This is a proposal for a 'Claims Made' policy of insurance. This means that the policy covers you for any claims made against you and notified to the insurer during the policy period. The policy does not provide cover in relation to:

- acts, errors or omissions that occurred prior to the retroactive date (if one is specified) in the policy;
- any claim made, threatened or intimated against you prior to the commencement of the policy period;
- any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the policy period;
- any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;
- any claim arising out of any fact you are aware of before the commencement of the policy period;
- any claim made against you after the expiry of the policy period.

However, the effect of Section 40(3) of the Insurance Contracts Act 1984 (Cth) is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the policy period, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the policy period, notwithstanding that the claim was made against you after the expiry of the policy period.

APPLICANT INFORMATION

1. a. Name of Applicant to be insured under this Policy:

b. Applicant's mailing address:

c. Applicant's website address:

FINANCIALS

2. a. Actual total turnover for the last 12 months: \$

b. Estimated turnover for the next 12 months: \$

PRODUCT OVERVIEW (ATTACH ADDITIONAL PAGES AS NEEDED)

3. a. Products	% of Total Sales	Commercial or Consumer End User
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. If you sell to retailers, how many stores do you sell to?

c. What percentage (%) of products are sold as components?

_____%

d. Does the Applicant manufacture, bottle or pack for any third parties?

Yes No

PRODUCT DETAILS

4. a. Have any of the Applicant's products ever been reworked due to a suspected defect?

Yes No

b. Do any of the Applicant's products include rechargeable batteries, power adaptors or power packs?

Yes No

c. Is a batch coding system utilised?

Yes No

d. Can all products be tracked so that the source and destination of individual batches can be identified?

Yes No

e. Does the Applicant have full recovery rights (including cost of goods and any consequential loss) against all suppliers in the event of a recall?

Yes No

IMPORTERS (WHERE APPLICABLE)

5. a. What percentage of the Applicant's finished products are manufactured by third parties?

_____%

b. Please list countries of import and % of turnover for each country?



c. What is the maximum batch size of any product purchased from a suppliers? \$ _____

d. (i) Does the Applicant perform site visits on all suppliers? Yes No

If Yes, please provide details:

(ii) Are products tested in country of manufacture prior to shipping? Yes No

If Yes, please provide details:

MANUFACTURERS (WHERE APPLICABLE)

6. a. Does the Applicant have a written, in force Quality Assurance Plan? Yes No

b. Are Quality Assurance audits performed by independent third party parties? Yes No

c. What is the maximum batch size? \$ _____

d. Does the Applicant perform product safety testing on all: raw materials? Yes No
end products? Yes No

HISTORY

7. a. Have any products or any of the Applicant's premises been the subject of comment or complaint by any government agency or department in the past 5 years? Yes No

b. Has the Applicant or any of its division or subsidiary companies had any actual, threatened or suspected errors in manufacturing, design, labeling or packaging in the past 5 years? Yes No

c. Has the Applicant or any of its division or subsidiary companies had any actual, threatened or suspected tamperings, extortions, Kidnappings, Wrongful Detention or Hijackings in the last 5 years? Yes No

d. Has the Applicant had any statutory fines or penalties during the last 5 years? Yes No

e. Has the Applicant had any product recalls or withdrawals during the last 5 years? Yes No

If yes, please provide details:

DECLARATION

I declare that I have made all necessary enquiries into the accuracy of the responses given in the Proposal Form and confirm that the statements and particulars in this Proposal Form are true and complete and that no material facts have been omitted, misstated or suppressed. I acknowledge receipt of the Important Notices and confirm that I have read and understood them. I confirm that I am authorised by the Applicant to complete, sign and submit this Proposal Form on behalf of the Applicant.

Signed

Print Name

Title

Dated
