



BROKER

All questions are to be answered. If insufficient space on this form, please use an attachment page

1. The Insured

a. Full name of proposed Insured including subsidiaries

Company Name	Australian Business Number	Input Tax Credit Entitlement %

b. Trading Name

(please complete the attached Schedule of Company Names if insufficient space above).

c. Postal Address

Postcode

d. Full description of your operations and activities.

e. Number of years in continuous business

2. Period of Proposed Insurance

From	/ /	at 4.00pm Local Standard Time
To	/ /	at 4.00pm Local Standard Time

3. Limit of Indemnity

(a) Public	\$	any one Occurrence
(b) Products	\$	in the aggregate for all Injury and/or Damage during the Period of Insurance
(c)	\$	Deductible

4. Details of Premises *(including overseas locations)*

Details of premises occupied by you for the purpose of conducting the Business.

	Premises 1	Premises 2	Premises 3
Address			
Occupied as			
Age of premises	years	years	years
Please tick	Owned <input type="checkbox"/> Leased <input type="checkbox"/>	Owned <input type="checkbox"/> Leased <input type="checkbox"/>	Owned <input type="checkbox"/> Leased <input type="checkbox"/>

For any additional premises please attach a schedule supplying details as above.

5. Estimated Payroll

Estimated Annual Payroll *(including earnings of principals, directors, partners)*

	\$	Number of Staff
Management, Clerical and Sales	\$	
Manufacturing	\$	
Work away from premises	\$	
Payment to contractors and/or sub-contractors	\$	
Other <i>(please specify)</i>	\$	

6. a. Please show gross annual turnover for each product or service

Description of Product	Type of Service*	Total Turnover (\$)	Exports/Imports (\$)	Destination
TOTAL				

* (M) Manufacture (I) Import (D) Distribute (IS) Installation (E) Exports

Attach product brochures, Annual Reports or other material if applicable.

b. Do you operate a Quality Control/Recording System? If yes, please provide details including Australian or other relevant standards applicable.

Yes No

c. Estimated turnover for USA/Canada
(This cover excludes USA/Canada Exports)

\$

7. Pollution

a. Does your use and storage of all toxic substances comply with all statutory Regulations and By-Laws?

Yes No

b. Do any of your trade processes produce toxic waste and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment? If yes, please provide details.

Yes No

c. Does your waste disposal or waste storage comply with Government Regulations and By-Laws?

Yes No

Please give full details of any chemicals, gases, explosives, radioactive or toxic substances used and/or stored.

8. Care Custody and Control

a. Do you require cover for property of others in your care, custody or control? (no coverage is afforded unless specifically endorsed to the policy)

Yes No

If Yes,

i. What limit of indemnity do you require?

\$

ii. What is the total value of such property at all locations?

\$

iii. What is the maximum value of any one Item?

\$

b. Give brief description of such property.

c. Is coverage afforded by any other Policy of Insurance? If yes, please provide details.

Yes No

9. Contractual Liability

a. Do you assume liability under contract or hold others harmless (other than lease liability)?

Yes No

If yes, please provide full details and attach copies of all agreements (other than lease liability).

10. Professional Exposure

Do you provide any advice, design or specification to third parties
(no coverage is afforded unless specifically endorsed to the policy).

(a) for a fee Yes No
(b) for no fee Yes No

If Yes, please provide details.

11. Do you currently or have you in the past been involved in the manufacture, distribution or sale of the following:

- | | | | | | |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| a. Aircraft (including component parts) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | g. Pesticides | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Ethical Drugs | Yes <input type="checkbox"/> | No <input type="checkbox"/> | h. Fungicides | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Industrial chemicals | Yes <input type="checkbox"/> | No <input type="checkbox"/> | i. Liquid or gas fuels | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Petrochemicals | Yes <input type="checkbox"/> | No <input type="checkbox"/> | j. Watercraft (exceeding 20 metres in length) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Class 1 dangerous goods or ammunition | Yes <input type="checkbox"/> | No <input type="checkbox"/> | k. Spacecraft or satellites | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Fertilisers | Yes <input type="checkbox"/> | No <input type="checkbox"/> | l. Radioactive material or any product containing asbestos | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If Yes, please provide details.

12. Claims and/or Loss Experience - Has there been any claims or losses in the last 5 years? If Yes provide details.

Yes No

a) After investigation please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered under the proposed insurance. Please show claim amount after the application of any excess.

Date of Loss	Amount paid and outstanding	Applicable Excess	Cause of Loss

b) After investigation are there any circumstances of which you are aware which could give rise to a claim under the proposed Policy and which are not mentioned above. If yes, please provide details.

Yes No

c) Is there any additional information or detail of which your are aware and which may assist the Underwriter to better assess the nature of the risk? If yes, please provide details.

Yes No

13. Previous Insurance History

a) After investigation has any proposed insured ever had any:

- | | | |
|--|------------------------------|-----------------------------|
| (i) Insurance declined or cancelled? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (ii) Renewal refused? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iii) Special conditions imposed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iv) Increased excess imposed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (v) Claims denied for this class of insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

b) If any of the above questions are answered "Yes" please provide particulars.

Schedule of Company Names

Company Name

ABN

Input Tax Credit Entitlement %

Business Activities

Company Name

ABN

Input Tax Credit Entitlement %

Business Activities

Company Name

ABN

Input Tax Credit Entitlement %

Business Activities

Company Name

ABN

Input Tax Credit Entitlement %

Business Activities

Duty of Disclosure

A. Your Duty of Disclosure

The law (Section 21 Insurance Contracts Act 1984) requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you. This duty applies before you enter into a contract with us, that is, before we accept your application and also each time before you alter or renew the policy. Each person/corporation named as the insured has the same duty. You do not have to tell us anything: that reduces the risk; that is common knowledge; that we already know or in the ordinary course of business ought to know or we indicate we do not want to know. If you fail to comply with this duty we may reduce our liability with regard to a claim or refuse to pay it entirely, we may cancel the contract of insurance or where the failure is fraudulent, we may avoid the contract of insurance from inception.

B. Don't Prevent Our Right of Recovery

The policy contains a provision (Condition 4.12) which states that if you surrender your right to seek recovery from another party for a loss covered by the policy, we have a right to reject any claim from you in relation to that loss.

C. Contractual Obligations

Take care to avoid entering into contracts in which you assume obligations above and beyond what the law would otherwise impose upon you. Exclusion 3.4 excludes any claims arising in such circumstances.

D. We Are An Agent

JUA Underwriting Agency Pty Ltd is an authorised agent for the underwriters (ie. insurers), for the purpose of entering into contracts of insurance with intending insured parties and for the dealing with and settling of claims thereunder. At no time do we act in the capacity of agent for the insured or intending insured parties, in either capacity or any other capacity.

Our Privacy Policy

We are bound by the National Privacy Principles formulated pursuant to the Privacy Act 1988.

In our dealings with you, we will need to collect your personal information, the primary purpose of which is for a decision to be made on the acceptance of your insurance risk (see notice on Your Duty of Disclosure above) and on what terms and to handle your insurance claims. In so doing, we may need to disclose your personal information to our underwriters, loss assessors/adjusters, forensic experts, lawyers and your insurance broker.

We may also need to disclose your information to our auditors, or ASIC or APRA pursuant to their industry supervisory role, or to any claims review body, to which you may refer a claim.

Where it is reasonable and practicable for us to do so, we will only collect your personal information from you.

Secondary purposes for collecting your personal information are to provide information to our underwriters, compiling (anonymous) statistics, reporting to parties with a legal right to require such knowledge and the general operation of our business.

Sensitive information about race, ethnic origin, political or religious opinions, beliefs or affiliations, trade/professional unions or associations, sexual preferences/practises or health information that discloses a criminal record, is not collected by us unless you consent, or collection is required by law.

We will not use or disclose your personal information for any purpose other than the primary purpose of collection, except that if we use or disclose your personal information for any secondary purpose: that purpose will be related to the primary purpose of collection and you would reasonably expect disclosure for the secondary purpose; you consent to its use; we suspect unlawful activity and it is a necessary part of our investigation; the use or disclosure is authorised by law; or necessary for the prevention, investigation and punishment of crime or breaches of the law; is necessary to protect the revenue; or is necessary for court proceedings.

If the information is health information, it will only be used for a secondary purpose where it is necessary for research or compilation of health statistics or to lessen or prevent a serious and imminent threat to life health or safety or you otherwise consent to its use.

We take all reasonable steps to protect your personal information from misuse, loss, unauthorised access, modification or disclosure and to ensure that it is accurate, complete and up-to-date.

Upon request, we will take reasonable steps to let you know, generally, what sort of personal information we hold, for what purposes it is held and how we collect, hold, use and disclose it.

Also upon request, we will make your personal information available to you (subject to the terms of the National Privacy Principles) and allow you to provide information that corrects any information that is incorrect, incomplete or out-of-date.

Declaration

I declare that to the best of my knowledge and belief the answers given above, documents or papers submitted, represent the true position and that I have not withheld any information material to this proposal. I agree that this proposal and accompanying documents or papers shall form or partly form the basis of the Contract proposed.

I also understand that no contract of insurance is deemed to be formed unless this completed and signed form has been received by the underwriter and to its satisfaction it finds the information acceptable.

Signature

Date

Signature

Date

JUA Underwriting Agency Pty Ltd

ABN 70 004 566 465

Sydney: Level 1, 210 George Street, Sydney NSW 2000 Locked Bag 11, Royal Exchange NSW 1225 Tel: 02 8272 4800 Fax: 02 9247 2411

Brisbane: 433 Logan Road, Stones Corner QLD 4021 Tel: 07 3394 8393 Fax: 07 3394 8396

www.juaunderwriting.com.au