

1. INSURED DETAIL(S)

Name(s) including trading name(s) in full: _____

Period Of Insurance: _____ / _____ / _____ To 4pm: _____ / _____ / _____

Limit of Indemnity: _____ Deductible: _____

Registered business ABN: _____ Taxable %: _____

Proposer Address: _____

Suburb: _____ State: _____ Postcode: _____

Website: _____ Mobile/Telephone: _____

2. DETAILS OF BUSINESS

Please provide a description of your business activities including turnover split for each (if applicable)	Turnover AUD (\$)
	\$
	\$
	\$
	\$

State/Territory	ACT	NSW	VIC	QLD	SA	WA	TAS	NT
Turnover Split % Per State								

3. PRODUCT INFORMATION

3.1 Imported Products

a) Is your product range relatively stable? Yes No
 If "No", provide the details below

b) Do any of your products contain raw materials, parts or components which have been imported? Yes No

c) If 'Yes', can you identify where such items have been imported from including manufacturer or supplier's business name and address?

Please provide details of imports below:

Country Imported from	Product/Component	End product used in

3.2 Exported Products

Are any of your products exported overseas from Australia? Yes No

If 'Yes' provide the details of exported products

Country Imported from	Product/Component	Turnover derived (\$) AUD
		\$
		\$
		\$
		\$
		\$

Have you discontinued manufacturing, processing or handling any products,
 If 'Yes' please provide details below: Yes No

Do you ensure all product used or sold are compliant with applicable Australian Standards: Yes No

4. WORK AWAY FROM PREMISES

4.1 Do you operate or provide any services away from your premises e.g. installation. Yes No

If 'Yes' Please provide details below:

Service Provided

4.2 Do you conduct any activity and work away from premises a any of the following locations:

any railway corridor, sliding, station, workshop or involving equipment for any track maintenance or construction Yes No

any power station (incl wind, hydro, solar), transmission line, substation and/or water utility and mains pipeline Yes No

any mining work underground and/or mine site infrastructure including conveyor systems, CHPP and ship loading facilities Yes No

any activities airside on any domestic or international airport, aerodrome or an airstrip designed for landing of aircraft Yes No

any petroleum refinery, petrochemical plant, fuel storage and handling facilities including off-shore work platforms Yes No

If 'Yes' please provide details below

5. RISK INFORMATION

5.1 Hazardous goods/products

Do you transport, handle, store or use hazardous goods or products? Yes No

If 'Yes' please detail below

5.2 Waste

Does your business create trade waste? Yes No

If 'Yes', please detail waste type and how it is disposed of:

Estimated wage roll for next 12 months AUD (\$): _____ Total Employees (FTE) & Part Time: _____

5. RISK INFORMATION

5.3 Sub-contractors

Do you employ sub-contractor?, Yes No

If 'Yes', please provide the following details below:

i) What is the usual type of work carried out by the sub-contractors?

ii) Do you retain a certificate of currency for subcontractor's liability and workers compensation policies? Yes No

If "No", how do you identify the adequacy of the sub-contractor's insurance?

iii) What are your estimated annual payments to contractors/subcontractors? AUD \$ _____

iv) Do you always require your contractors/subcontractors to name you as a principal on their liability policy? Yes No

5.4 Do you check prior to engagement that are the appropriately qualified and experienced to carry out the required work Yes No

5.5 Property in your care, custody and control

Do you wish to cover property which is left in your care, custody and control above %500,000? Yes No

If 'Yes', please complete questions below and detail how such property is protected:

Type of Property	Value	Details of protection

6. CONTRACTUAL LIABILITY

Coverage for liability assumed under agreement or contract will be limited to incidental contracts and or liability which would have been imposed by law in the absence of such contract or agreement.

6.1 Do you assume liability under contract or hold others harmless (other than lease liability)? Yes No

If 'Yes', please provide details below:

7. RISK MANAGEMENT

7.1 Product/Service compliance

Please detail how you ensure that products and services supplied by you meet relevant legislative/regulatory requirements:
Please detail below how you ensure that products and services meet relevant legislative/regulatory requirements:

7.2 Raw materials, parts or components

Please detail how you ensure that raw materials parts or components utilised meet with relevant industry or regulatory requirements:

7.3 Quality control

Please detail procedures/systems in place which ensure the standards or quality of your products or services:

Is your company ISO 9001 certified and compliant with Quality Management Systems in place for the activities you undertake	Yes	No
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Is your company ISO 14001 certified for Environment Management Systems for the operations you undertake	Yes	No
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Is your company HACCP accredited for any food, beverage, meat production and or manufacturing activities you undertake	Yes	No
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If 'No' to any of the above, please detail procedures/systems in place below which ensure the standards or quality of your products or services

7.4 Premises Risk

Please detail procedures/systems in place to ensure that you meet with Occupational Health & Safety and related legislation:

Do you ensure all employees, contractors; subcontractors and labour hire personnel are inducted for OH&S at site and is this process compliant with Work Health and Safety (WHS) Act 2011.	Yes	No
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Do you ensure strict compliance with any Personal Protective Equipment (PPE) requirement on site or work away from home	Yes	No
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If 'No' to all the above, please detail below procedures/systems in place which ensure the standards of your products or services

8. YOUR GENERAL HISTORY

- | | | |
|--|-----|----|
| 1. After investigation, are you or any principal, partner, or director aware: | Yes | No |
| a) Of any insurance being declined or cancelled, application/proposal rejected, renewal refused, claim rejected, or special conditions or excess imposed by any insurer? | | |
| b) Of any claims made against you? | | |
| c) Of any of your products being recalled? | | |
| d) Of an incident or accident which would be insured by this proposed insurance? | | |
| e) Anyone having been charged with or convicted of any criminal offence (excluding traffic offences)? | | |
| f) Have you or the company ever been fined or prosecuted for any workplace work, health or safety breaches of any kind? | | |
| 2. Have you ever, either alone or jointly with others been declared bankrupt or subject to any form of insolvency administration (eg. liquidation or receivership)? | Yes | No |

If "Yes" to any of the above, please provide details below:

ABOUT BROOKLYN

XL Insurance Company SE, Australia branch, trading as Brooklyn Underwriting ABN 36 083 570 441 (Brooklyn) is a leading Australian Underwriting Agency. In all respects, Brooklyn acts as an agent of the Insurer and not for You.

Contact details for Brooklyn are:-

**Angel Place, Level 28,
123 Pitt Street, Sydney NSW 2000
t: (02) 8270 1790
w: www.brooklynunderwriting.com.au**

ABOUT THE INSURER

This insurance is underwritten by Brooklyn for and on behalf of XL Insurance Company SE, Australia branch (the Insurer) in accordance with the Binding Authority Agreement between the two parties. The Insurer is an APRA-authorised insurance company that enables our partners to provide innovative, tailor-made solutions to their clients.

Listed below are the Insurer's current Insurer Financial Strength Ratings:

AM Best	A+
Standard & Poor's	AA
Fitch Ratings	AA
Moody's	Aa3

YOUR DUTY OF DISCLOSURE

Before You enter into a contract of insurance with Us, You have a duty under the Insurance Contracts Act 1984 (Cth) to disclose to Us anything that You could reasonably be expected to know is relevant to Our decision whether to accept the risk of insurance and if so, on what terms.

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

Your duty however does not require disclosure of a matter:

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

The duty of disclosure applies to You and everyone insured under the contract of insurance. If You, or they, fail to comply with the duty of disclosure, We may reduce Our liability under the contract in respect of a claim.

If the non-disclosure is fraudulent, We may treat the Policy as if it never existed and pay nothing.

It is important that all information provided in support of Your application for insurance is understood by You and is correct, as You will be bound by Your answers and by the information provided by You. If You do not understand any part of this notice, You should obtain independent advice.

Your duty of disclosure continues after Your application for insurance has been completed up until the contract of insurance is entered into.

NON-DISCLOSURE

If You:

- failed to disclose any matter which You were under a duty to disclose to the Us, or
- made a misrepresentation to the Us before this Policy was entered into and if We would not have entered into this Policy for the same premium and on the same terms and Conditions expressed in this Policy but for the failure to disclose or the misrepresentation then -
 - Our liability in respect of any claim will be reduced to an amount to place Us in the same position in which We would have been placed if such non-disclosure had not occurred or such misrepresentation had not been made; or
 - if the non-disclosure or misrepresentation was fraudulent, We may avoid this Policy.

NON-DISCLOSURE

Brooklyn collects personal information in order to provide its various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.

If the personal information Brooklyn requests from You is not provided, Brooklyn or any involved third party may not be able to provide the appropriate services.

Brooklyn discloses personal information to third parties who are involved in the provision of Our services. For example, in arranging and managing Your insurance needs Brooklyn may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, it's advisors such as loss adjustors, lawyers and accountants, and other parties involved in the claims handling process.

By submitting Your Proposal and continuing to deal with Us, You confirm on Your behalf and/or on behalf of those You represent consent to Brooklyn and these parties collecting, using and disclosing personal and sensitive information about You.

Brooklyn has a duty to maintain the confidentiality of its client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of Your personal information is with Your consent or required by law.

Brooklyn may make use of Your personal information to provide You with information about its products and services. Simply contact the Brooklyn Privacy Officer on the details below if You would like to:

- Access the personal information Brooklyn holds about You
- Update or correct the information Brooklyn holds about You
- Discuss Your privacy concerns
- Be removed from the mailing list to receive information about Brooklyn products and services

Privacy Officer
XL Insurance Company SE
trading as Brooklyn Underwriting
Angel Place, Level 28
123 Pitt Street
Sydney NSW 2000
t: (02) 8270 1790
e: privacyaustralia@axaxl.com

9. DECLARATION

This declaration must be completed and signed by or on behalf of the party applying for insurance.

I/We

a) declare that:

- the answers and information given by me/us in this Application are true and correct in all respects;
 - no information has been withheld that would affect Brooklyn's decision to accept this Application;
 - where answers in this Application are not my/our own handwriting, they have attached supplementary pages providing the additional information required;
- iv I/we have read and understood the clauses detailed under the Important Notices section at the front of this Application;
- v. if there was insufficient space to fully answer any questions, I/we have attached supplementary pages providing the additional information required.
- Authorise Brooklyn (the insurer) to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and claims under those insurances.
 - Have received a copy of the Policy terms and conditions and agree to be bound by the terms and conditions in it.

10. SIGNATURE/DATE

Insured Signature: _____ Date: _____ / _____ / _____

Insured Title: _____