

Complex Risks Liability Proposal Form

BROOKLYN 
UNDERWRITING

About Brooklyn

Catlin Australia Pty Ltd, trading as Brooklyn Underwriting, ABN 64 108 319 786 (Brooklyn) is a leading Lloyd's syndicate service company. Brooklyn arranges this insurance for and on behalf of Certain Underwriters at Lloyd's under a Binding Authority Agreement which permits Brooklyn to administer and issue policies, alterations and renewals on their behalf. 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**

Catlin Australia Pty Ltd, trading as Brooklyn Underwriting (ABN: 64 108 319 786) AFSL:301617.

About the Insurer

This insurance is underwritten by Brooklyn for and on behalf of Certain Underwriters at Lloyd's (the Insurer) in accordance with the Binding Authority Agreement between the two parties.

Special provisions in the Insurance Act 1973 allow Lloyd's Underwriters to underwrite insurance business in Australia as an authorised Australian insurer, regulated by the Australia Prudential Regulation Authority (APRA). Lloyd's is the world's leading insurance market providing specialist insurance services to businesses in over 200 countries and territories. Lloyd's holds a financial strength rating of A+ (Standard and Poor's).

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:

- (i) failed to disclose any matter which You were under a duty to disclose to the Us, or
- (ii) 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 -
- (a) 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
- (b) if the non-disclosure or misrepresentation was fraudulent, We may avoid this Policy.

Privacy Statement

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

Catlin Australia Pty Limited
trading as Brooklyn Underwriting
Level 28, 123 Pitt Street
Sydney NSW 2000
t: (02) 8270 1790
e: privacyaustralia@axaxl.com

Complex Risk Liability Proposal Form

Proposer Detail(s)	
Name(s) including trading name(s) in full:	
ABN:	
Proposer Address :	
Postal Address if different to the above:	
Website:	
Period of Insurance:	From 4.00pm on the / / to 4.00pm on the / /

NOTE: Should you require additional space to respond to any question please complete and reference questions on a separate page.

1. Business Information (Please continue on Notes page at back of proposal form if you run out of space)																																									
1.1 Please describe business activities and/or occupation:																																									
1.2 Date operations commenced:																																									
1.3 Have your activities materially changed since commencement of operation?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify																																								
1.4 Please list premises from where your business is conducted:	<table border="1"> <thead> <tr> <th>Owned</th> <th>Leased</th> </tr> </thead> <tbody> <tr> <td>1. () ()</td> <td>-----</td> </tr> <tr> <td>2. () ()</td> <td>-----</td> </tr> <tr> <td>3. () ()</td> <td>-----</td> </tr> </tbody> </table>	Owned	Leased	1. () ()	-----	2. () ()	-----	3. () ()	-----																																
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1.5 Please provide details of any permanent representation you have outside of Australia e.g. branch, agency, sales office?																																									
1.6 Please advise the following:	<table border="1"> <thead> <tr> <th colspan="4">Turnover AUD\$ (last financial year)</th> <th colspan="4">Turnover AUD\$ (estimated for coming year)</th> </tr> </thead> <tbody> <tr> <td>Australia</td> <td></td> <td></td> <td></td> <td>Australia</td> <td></td> <td></td> <td></td> </tr> <tr> <td>New Zealand</td> <td></td> <td></td> <td></td> <td>New Zealand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>US/ Canada</td> <td></td> <td></td> <td></td> <td>US/ Canada</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> <td>Other</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Turnover AUD\$ (last financial year)				Turnover AUD\$ (estimated for coming year)				Australia				Australia				New Zealand				New Zealand				US/ Canada				US/ Canada				Other				Other			
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2. Risk information

2.1 Product information

Do you manufacture any products? If yes, please complete this question. If no, please state "NONE". Please detail your products below. If more than 5 products, please attach a full product material literature list.

2.2 Imports

Do any of your products contain raw materials, parts or components which have been imported? Yes No
 If yes, can you identify where such items have been imported from e.g. manufacturer or suppliers business name and address?

Yes No
 (please tick appropriately) Please provide detail imports below.

Country imported from	Product/ Component detail	End product used in

2.3 Exports

Are any of your products exported? Yes No
 If yes, please provide the following information:

Countries exported to	Product Name	Turnover derived (\$)

2.4 Work away from premises

Do you operate or provide any services away from your premises e.g. installation. Yes No
 If yes, please detail the services you provide below:

Service provided e.g. installation	Product(s) used	Turnover derived (\$)

2.5 Hazardous goods/products Do you transport, handle, store or use hazardous goods or products? If yes, please complete the following:		Yes	No
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Details of good/ product	What is good/ product used for?

2.6 Waste Does your business create trade waste? If yes, please detail below types of waste created and how it is disposed of.		Yes	No
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Type of waste	Disposal process

2.7 Sub-contractors Do you employ sub-contractors? If yes, please provide the following details below:		Yes	No
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i) What is the usual type of work carried out by the sub-contractors? 	
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ii) Do you obtain a copy of the certificate of currency for your subcontractor's liability and workers compensation insurance? If No, how do you identify the adequacy of the sub-contractor's insurance?		Yes	No
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iii) What is your estimated annual payment to contractors/subcontractors?	\$
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iv) Do you always require your contractors/subcontractors to name you as a principal on their liability policy?	Yes	No
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2.8 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? If yes, please complete questions below and detail how such property is protected:		Yes	No
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Type of Property	Value	Details of protection

3. Risk Management

3.1 Product/ Service compliance

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

3.2 Raw materials, parts or components

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

3.3 Quality control

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

3.4 Premises Risk

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

3.5 Agreements

Do you, in the course of your business sign, or agree to any 'hold harmless' or similar agreements? Yes No
If yes, please provide details below:

4. Your General History

		Yes	No
1.	After investigation, are you or any principal, partner, or director aware:		
(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)?		
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)?		

If you have answered 'Yes' to any of the above questions, please provide full details. For claims or uninsured losses, please detail the total cost of the claim, date of loss, how the loss occurred, the name of insurer and the policy number. (if you require further space please attach additional pages)

5. Declaration

I/We the undersigned duly authorised person(s) declare that:

- I am / we are authorised by each of the Proposers to sign this Proposal Form; and
- The above statement are correct, true and complete; and
- No information material to this Proposal Form has been withheld; and
- I/we have read the important facts which you have put before me / us and I / we understand the advice given in relation to necessary and detailed enquiries in order to comply with the duty of disclosure; and
- I / we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- I / we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- I / we acknowledge that the Insurer relies on the information and representations in this Proposal Form and otherwise made by me / us in relation to this insurance.

Signature: _____ Date: ____/____/____

Print Name: _____

Company: _____