



**Public & Product Liability Insurance  
New Business Application Form  
1st May 2004/2005**



**AON**

**ABN: 17 000 434 720 AFSL No. 241141**

**GPO Box 4189  
Sydney NSW 2001  
Tel: (02) 9253 7000  
Fax: (02) 9253 7299  
Toll Free: 1800 806 584**

**Policy Number:** \_\_\_\_\_

**Intermediary Number:** \_\_\_\_\_

**Client Number:** \_\_\_\_\_

## THE APPLICANT

NAME(S) IN FULL: \_\_\_\_\_

TRADING NAME(if applicable): \_\_\_\_\_

IS INSURED/APPLICANT:

Public Company	<input type="checkbox"/>
Incorporate Association	<input type="checkbox"/>
Incorporated by Statute	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

TAX STATUS: REGISTERED BUSINESS Yes  No

ABN: \_\_\_\_\_ TAXABLE \_\_\_\_\_ %

STAMP DUTY STATUS: Exempt Yes  No   
If Yes, please provide copy of Exemption

CONTACT: \_\_\_\_\_

CONTACT NUMBERS: PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

PERIOD OF INSURANCE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ at 4pm

## GENERAL INFORMATION

1) Have you had any claims made against you (whether insured or not) or have you recalled any of your products during the last 7 years? If "Yes", please give details. Yes  No

2) Have you had any incident or accident occur which would have been covered by the proposed insurance policy? If "Yes", please give details. Yes  No

3) Have you had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected, special conditions or special excess imposed by an insurer? If "Yes", please give details. Yes  No

## INDEMNITY LIMIT

Limit of Indemnity required:

Public Liability \$ \_\_\_\_\_  
(any one occurrence)

Products Liability \$ \_\_\_\_\_  
(in the aggregate per period of insurance)



### Classes

Does your organisation hold any classes?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If "No" move directly to "Workshops"
If Yes, what type of classes:		
How many classes do you hold annually?		
Average number of attendees at the classes:		

### Workshops

Does your organisation hold any workshops?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If "No" move directly to "Conferences/Trade Fairs"
If Yes, what type of workshop:		
Number of workshops held annually:		
Average number of attendees to the workshop:		

### Conferences/Trade Fairs

Does your organisation arrange any conferences or trade fairs?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If "No" move directly to "Concerts/Dances/Festivals"
If Yes, please advise the number of trade fairs or conference:		
Location of the conference or trade fair:		
Number of people attending the conference or trade fair:		

### Concerts/Dances/Festivals

Does your organisation arrange any concerts/dances/festivals?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If "No" move directly to "Workshops"	
If Yes, please advise the number of concerts/dances/festivals:			
Type of concert/dance/festival to be held:			
Location of the concerts/dances/festivals:			
Estimated attendees at the concert/dance/festival:			

### Camps

Does your organisation arrange any camps?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If "No" move directly to "Workshops"
If Yes, please advise the number of camps:		
Location of camps:		
Estimated number of attendees at the camp:		
If the camp involves children, please advise the adult to child		
List all activities that will occur at the camp, i.e. tennis, archery,		
Does the camp maintain their own liability for the site & activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If "No" move directly to "Dinners"

### Dinners

Does your organisation arrange any lunches/dinners?

Yes

No   
If "No" move directly to "General"

If Yes, how many per year:

Location of lunch/dinners:

Estimated number of attendees:

### General

Are there any other activities not declared on the proposal form that you are undertaking?

Yes

No   
If "No" move directly to "Tourist Information Centres"

If Yes, please advise.

**(NB: All service providers, vendors, stall holders, exhibitors, amusement operators, etc MUST carry their OWN LIABILITY INSURANCE)**

### Tourist Information Centres/Museum/Historical Society

Do you operate a Tourist Information Centre/Museum/Historical Society

Yes

No   
If No, move directly to "Transport"

If Yes, what days do you open?

What are the hours of operation?

For Tourist Bureaus:

How many people operate the centre?

Yes

No

Do you have a café?

Yes

No

How many attendees/visitors do you expect each year?

Do private functions get held at your venue?

Yes

No

If Yes, please advise type of functions, numbers, and attendees.

Does the hirer carry their own insurance?

Yes

No

### Transport

Do members of your organisation provide transportation throughout the organisation's business?

Yes

No   
If No, move to directly to "Overnight Accommodation"

If Yes, how often and for what purpose

Is CTP & Comprehensive cover checked?

Yes

No

Are vehicles owned by the organisation?

Yes

No

If Yes, for what purposes are they used for?

Estimated number of Pick-ups on a daily basis

### Overnight Accommodation

Is overnight accommodation provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If No, move to directly to "Daycare"
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If Yes, please list premises occupied for this purpose as follows:

Premises Location:

Is premises?	Owned <input type="checkbox"/>	Leased <input type="checkbox"/>
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Estimated number of people accommodated on a daily basis? \_\_\_\_\_

Age of people accommodated? \_\_\_\_\_

Is there a live-in carer on site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Does the premises comply with all Government legislation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Is there any security at premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes, please provide details: \_\_\_\_\_

***If there is more than one premises, please provide details as above on separate page for each location.***

### Daycare/Aged Care/Before & After School Care/Vacation Care

Do you operate a Daycare/Aged Care/Before & After School Care/Vacation Centres?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If "No", move directly to "Seniors Clubs/ Neighbourhood Centres"
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If Yes, please advise:-

Premises where carried out:-

Does premises comply with Government legislation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Operating hours: \_\_\_\_\_

Days open: \_\_\_\_\_

Number of people cared for each day: \_\_\_\_\_

What people are you caring for, e.g. age or disabled? \_\_\_\_\_

Do you provide babysitting/childcare?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes, what is age range of children ?

What is carer to child ratio?

***If there is more than one premises, please provide details as above on separate page for each location.***

### Seniors Clubs/Neighbourhood Centres

Do you operate Seniors Clubs/Neighbourhood Centres?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If "No", move directly to "Home Visits"
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What facilities/activities do you provide? \_\_\_\_\_

What is the estimated weekly attendance? \_\_\_\_\_

***If there is more than one premises, please provide details as above on separate page for each location.***

### Home Visits

Do you conduct Home Visits?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If "No", move directly to "Food Service"
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If Yes, estimated home weekly visitations? \_\_\_\_\_

What services are generally provided when you visit? \_\_\_\_\_

### Food Service

Do you provide a Food Service?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If "No", move directly to "Support Groups"
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If Yes, estimated food deliveries on a daily basis? \_\_\_\_\_

Estimated number of drivers on a daily basis? \_\_\_\_\_

### Support Groups, i.e. Landcare, Lobby, Advocacy, Etc

Are you a Support Group	Yes <input type="checkbox"/>	No <input type="checkbox"/> If "No", move directly to "Employment Placement Agencies"
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If Yes, what support is provided? \_\_\_\_\_

How often per week? \_\_\_\_\_

Estimated number of attendees? \_\_\_\_\_

### Employment Placement Agencies

Do you place people in employment elsewhere?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes, estimated weekly number of placements? \_\_\_\_\_

## DETAILS OF THE BUSINESS/PREMISES

1) Do you have representation outside Australia? If “Yes” where and what is the nature of your representation in such country (eg. Domicile employee, power of attorney, branch subsidiary agency etc) ?

\_\_\_\_\_ Yes  No

2) Number of years in this business \_\_\_\_\_ Years

3) Location of Premises occupied for the purpose of conducting the business: Owned Leased

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

4) Location of Premises owned BUT not occupied by you for which property owners cover is required: Type of building eg. shopping centre, office etc.

1. \_\_\_\_\_ \_\_\_\_\_

2. \_\_\_\_\_ \_\_\_\_\_

3. \_\_\_\_\_ \_\_\_\_\_

4. \_\_\_\_\_ \_\_\_\_\_

5) Do you or does anyone on your behalf operate, manage or own or offer or in any way are connected with any of the following?

	Yes	No	If “Yes”, please provide details
a. First Aid Facility	<input type="checkbox"/>	<input type="checkbox"/>	
b. Pressure Vessels	<input type="checkbox"/>	<input type="checkbox"/>	
c. Car Parks	<input type="checkbox"/>	<input type="checkbox"/>	
d. Lifts, Escalators, Hoists, Cranes	<input type="checkbox"/>	<input type="checkbox"/>	
e. Unregistered Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	
f. Railway e.g. sidings	<input type="checkbox"/>	<input type="checkbox"/>	

## CARE CUSTODY AND CONTROL

Coverage is provided for property (excluding any vehicle which is registered or which is required to be registered) in your physical or legal control for the purpose of repair, service, maintenance or alteration or which is on temporary hire or loan to you, subject to a maximum indemnity of \$50,000 for any one occurrence.

Do you require an amount in addition to the above limit?  
If "Yes", please answer questions 1-5

Yes  No

1) What Limit of Indemnity do you require? \$ \_\_\_\_\_

2) What is the total value of such property? \$ \_\_\_\_\_

3) What is the maximum value at any one time? \$ \_\_\_\_\_

4) Provide brief details of the property:

\_\_\_\_\_

5) Is the property insured under any other Policy?  
If "Yes", please provide details.

Yes  No

\_\_\_\_\_

## CONTRACTUAL LIABILITY

Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality as regards your products, or specifically agreed contracts.

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

If "Yes", please provide details and attach copies of all agreements  
(other than lease liability)

Yes  No

Coverage will be provided only if specifically agreed by the insurer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DUTY OF DISCLOSURE

The law 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 and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your proposal and also each time before you alter or renew the Policy.

Each person named as the Insured has the same duty.

## **PENALTY FOR NON-DISCLOSURE**

If you do not tell us everything necessary, we may: reduce or refuse to pay a claim; or cancel your Policy. If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it. You don't need to tell us anything which: reduces the risk; is common knowledge; we already know, or ought to know in the ordinary course of our business; or we indicate we do not want to know. If you are not sure that something is relevant, it is best to disclose it anyway.

## **INADEQUATE SPACE TO ANSWER**

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

### **DECLARATION AND SIGNATURE**

- 1) **The Duty of Disclosure, Non-Disclosure and Inadequate Space to Answer notices set out above have been read by me/us.**
- 2) **All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.**
- 3) **I acknowledge you reserve the right to decline any application.**

**Applicant's Signature:** \_\_\_\_\_

**Applicant's Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_