

IMPORTANT NOTES

Completing this Proposal Form does not mean that you will automatically be granted insurance cover proposed. However, if insurance is granted, it will be based upon representations you give us. Should any particulars given have changed or be incorrect you must notify us immediately. We reserve the right to revise or withdraw any insurance granted at any time subject to any changes in such particulars.

ROLE OF WINSURE UNDERWRITING PTY LTD

Winsure Underwriting Pty Ltd A.B.N. 68 169 336 252 is acting under an authority given to it by the Underwriter, and is acting as the Underwriters agent and not as your agent.

THE INSURER

Certain underwriters at Lloyd's

DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an Underwriter, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Underwriter 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 any matter:

- ▼ that diminishes the risk to be undertaken by the Underwriter;
- ▼ that is of common knowledge;
- ▼ that your Underwriter knows or, in the ordinary course of its business, ought to know;
- ▼ as to which compliance with your duty is waived by the Underwriter.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

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

Non – Disclosure

If you fail to comply with your duty of disclosure, the Underwriter may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Underwriter may also have the option of avoiding the contract from its beginning.

CHANGE OF RISK OR CIRCUMSTANCES

You should advise Winsure as soon as practicable of any material change to your normal business as disclosed in the proposal, such as changes in location, acquisitions and activities.

PRIVACY STATEMENT

Only in this statement "we", "us" and "our" means Lloyd's and Winsure Underwriting Pty Ltd as its agent.

We are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012. This sets out basic standards relating to the collection, use, storage and disclosure of personal information.

Our Privacy Policy, available at www.winsure.com.au or by calling us, sets out how:

- ▼ we protect your personal information;
- ▼ you may access your personal information;
- ▼ you may correct your personal information held by us;
- ▼ you may complain about a breach of the Privacy Principles or Registered Privacy Code and how we will deal with such a complaint.

We need to collect, use and disclose your personal information in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

We may disclose your personal information to third parties who assist us in providing the above services. These parties (which include our related entities, distributors, agents, insurers - including reinsurers - and service providers) will only use the personal information for the purposes we provided it to them for (unless otherwise required by law). It is likely that the information will be disclosed overseas.

Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your representatives or co-insured's). If you provide information for another person you represent to us that:

- ▼ you have the authority from them to do so and it is as if they provided it to us;
- ▼ you have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, 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 or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information if you wish and request correction if required. You may also opt out of receiving materials sent by us by contacting Winsure.

INSTRUCTIONS TO PROPOSER

This proposal is to be completed by a director, partner, principal or an authorized officer of the insured or you as the insured. The answers to the following questions will determine the acceptance or declination of coverage proposed. There is a duty on you as the proposing insured to answer all questions accurately and fully as all statements shall form the basis of, and be incorporated into any contract of insurance which may be issued by Winsure.

Please answer all the questions fully. If there is insufficient spaces please provide further details on your letterhead. If a particular question is not applicable to you and/or your occupation or business please mark that question as not applicable "N/A".

Please attach the following to assist your proposal for insurance: (1) brochures, pamphlets, advertisements or other descriptive literature of your operations and/or services; (2) financial statement and/or annual report; and (3) copies of standard contract(s) with clients, if applicable.

PROPOSERS DETAILS

Name of Proposer

First Name

Last Name

Trading Name (e.g. Company Name Pty Ltd)

PROPOSERS DETAILS (Continued)

Postal Address

Number, Street Address

City / Suburb

State

Postcode

Contact Number

Phone Number

Mobile

Email

Email

Website

Website

ABN

Australian Business Number

Registered for GST?

Yes

No

GST % (If varied from 100%)

%

Period of Insurance

Start Date

TO

End Date

BUSINESS DESCRIPTION

Established

How long have you been established in this "Business"?

Years Established

Provide a full description of the type of "Business" proposed to be insured.

If your Business has undergone any changes in the past year, describe those changes.

INSURANCE HISTORY

Are you at present insured, or have you ever been insured, in respect of the classes of insurance now proposed? If so please state the name of insurer.

Has any insurer ever declined your proposal, cancelled or declined to renew your policy or imposed special terms? If so please provide full details.

LIMITS OF LIABILITY

Limits Required For

Public Liability

Products Liability

REVENUE

Annual Turnover - Please provide gross annual Turnover for the following:

<input type="text"/> Australia	<input type="text"/> Operations	<input type="text"/> \$ Gross Annual Turnover
<input type="text"/> Elsewhere (Specific Country)	<input type="text"/> Operations	<input type="text"/> \$ Gross Annual Turnover
<input type="text"/> Elsewhere (Specific Country)	<input type="text"/> Operations	<input type="text"/> \$ Gross Annual Turnover

Do you export any of your products? If "Yes", please detail which products and to which countries.

Yes No

In respect of products exported to the USA or Canada, please advise

<input type="text"/> Type(s) of products exported	<input type="text"/> \$ Annual Turnover
<input type="text"/> Type(s) of products exported	<input type="text"/> \$ Annual Turnover
<input type="text"/> Type(s) of products exported	<input type="text"/> \$ Annual Turnover

Are you represented or do you have assets within the USA or Canada?

Yes No

If Yes, give full details (including copies of contracts, etc.) of all contractual agreements, terms and conditions existing between you and any USA or Canadian importer, distributor, agent or purchaser of the products exported thereto:

Is the USA or Canadian importer, distributor, agent or purchaser insured for Products Liability?

Yes No

Are you included as a named insured on such insurance?

Yes No

How are the products exported (e.g. F.O.B.)?

For how long have you been exporting such products to the USA or Canada?

Number of Years

NOTE: This insurance does not apply to claims made within the USA or Canada or other countries to which the laws of the USA or Canada apply other than for liability arising from specified products exported thereto and/or travelling executives or salespersons. This cover will only be provided if specifically agreed by us and then subject to payment of an additional premium.

PREMISES

Primary Location

Number, Street Address

City / Suburb

State

Postcode

Other Locations

How many Premises

Where are they located?

How many Premises

Where are they located?

NON OWNED / LEASED PREMISES

Please provide details per situation of any non-owned premises:

<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Location 1 - Occupancy	Construction	Fire Protection	Value of Building
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Location 2 - Occupancy	Construction	Fire Protection	Value of Building

Do you provide fire insurance on these buildings?

Yes No

ANNUAL WAGES AND SALARIES (Including earnings of Principals, Directors and Partners)

Clerical & Managerial
(Non-Manual)

\$
Within Australia

\$
Outside Australia

Manufacturing

\$
Within Australia

\$
Outside Australia

Installation

\$
Within Australia

\$
Outside Australia

Other

\$
Within Australia

\$
Outside Australia

TOTAL

\$
Within Australia

\$
Outside Australia

CONTRACTORS AND SUBCONTRACTORS

Contractors Do you engage contractors or subcontractors in any part of your Business? Yes No

Do you check to ensure that all contractors or subcontractors have their own Public Liability Insurance? Yes No

Payments Estimated Annual payments to contractors / subcontractors. \$
Total of all Payments

Activities
Describe in full the nature of work carried out by contractors / subcontractors.

LABOUR HIRE

Do you use personnel supplied by labour hire companies to perform work for your Business? Yes No

Company

Type of Work

\$
Annual Payments

Company

Type of Work

\$
Annual Payments

Company

Type of Work

\$
Annual Payments

Company

Type of Work

\$
Annual Payments

Insurance Are you required to insure these labour hire personnel for Workers Compensation? Yes No

Please provide copies of the indemnity clauses and insurance clauses of agreements entered into with the labour hire company

HAZARDOUS SUBSTANCES

Do you process, handle or store any industrial materials that are toxic, explosive, flammable or corrosive?
If "Yes", please detail which substances, quantities, storage method and their use by you.

Yes No

Are you aware of any risks to any third party persons or property associated with pollution or contamination which may occur as a result of your Business? If "Yes", please provide details.

Yes No

ASBESTOS

Have you ever or are you likely to produce, import or handle any products containing asbestos? If "Yes", please provide full details

Yes No

FIRST AID AND MEDICAL FACILITIES

What first aid facilities, if any, do you maintain at your locations?

Please indicate the numbers and qualifications of medically trained persons you employ:

Employees

DESIGN AND MANUFACTURING

Products Are any of the products designed or formulated by your own staff?

Yes No

Design Do you design any products for others?

Yes No

Do you have a separate design team/department? If "Yes", please provide staff numbers, qualifications and experience.

Yes No

Review Is there a formal product design/safety review process?

Yes No

Manufacture Do you manufacture to the designs, formula, plans or specifications of others?
If "Yes", please give full details of quality control procedures and laboratory testing used.

Yes No

Static Does the design, formula, plans or specifications provided by others frequently change? If "Yes", provide details.

Yes No

Not Applicable

Quality Control Please provide details of quality control procedures and laboratory testing used.

DESIGN AND MANUFACTURING

Supply Can you identify the source of supply of every item used in the manufacture of your products? Yes No
If "Yes", the details are.

Importation If any products or components are imported, please provide details of the country(ies) of origin and manufacturers names?

Do you retain all rights of recourse against the overseas manufacturers or suppliers? Yes No

Do the products meet Australian Standards? Yes No

Risk Industries Do you supply any products for nuclear, petrochemical, power generation, off-shore platforms, underground mines, aviation, pharmaceutical, motor, marine or any other high risk industries? If "Yes", please provide details. Yes No

New Products Do you plan to manufacture/supply or introduce any new products in the next 12 months? If "Yes", the details are Yes No

Testing Do you have a formal and tested product recall plan in place? If "Yes", the details are. Yes No

Recall Have any of your products ever been the subject of a recall? If "Yes", the details are. Yes No

PRODUCTS

Please give details of all products in respect of which insurance is required and attach any product brochure(s) or other descriptive documents.

Name of Product	Function or end use of Product	Manufacture / Import / Distribution	Estimated Annual Turnover
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	\$ <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	\$ <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	\$ <div style="border: 1px solid black; height: 25px; width: 100%;"></div>

PROPERTY OF OTHERS IN YOUR PHYSICAL OR LEGAL CONTROL

Cover of others in your physical or legal control is excluded from the insurance other than for leased premises, vehicles in car parks and employee's property.

Is cover for property of others in your physical or legal control required? Yes No

Do you in the normal course of Business have the property of others in your physical or legal control? Yes No

If yes, what is the maximum value at any one time? \$

Please provide brief details of the property:

How is the property insured?

CONTRACTUAL LIABILITY

Cover for liability assumed under contract or agreement is limited to public liability (but excluding liability assumed in respect of the failure of you to effect insurances over leased property, penalties or liquidated damages or arising from the sole negligence of the indemnity) or liability assumed under a warranty of fitness or quality as regards your products, or specifically agreed contracts.

Please give full details and attach copies of all agreements where you assume liability under contract or hold other parties harmless:

CLAIMS INFORMATION

History

Have you in the past either alone or in partnership or jointly with any party or if a corporation, any of its directors:

Had any insurer decline any claims submitted? Yes No

Had any insurer decline any proposals submitted? Yes No

Ever been bankrupt? Yes No

Ever been convicted of or charged with any civil or criminal offence? Yes No

You or any other insured parties ever had insurance refused or cancelled or has any insurance company ever imposed special terms, conditions or restrictions on your policies? Yes No

If you answered "Yes" to any of the above, please provide full details.

Detail all insurance claims made in the last five years together with any uninsured losses. Please include dates and amounts. Please also include details of any known facts or circumstances which are reasonably likely to give rise to a claim in the future, even if no claim has yet been made.

Date of Loss	Circumstances / Details of Loss	Insurer	Amount Paid / Outstanding
			\$
			\$
			\$
			\$

DECLARATION AND SIGNATURE BY PROPOSER

We acknowledge that we have read and understand the Important Notices contained in this application.

We agree that this proposal, together with any other information or documents supplied, shall form the basis of any contract of insurance.

We acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the certificate as issued or as otherwise specifically varied in writing by the Underwriters.

We declare after enquiry that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

We undertake to inform the Underwriters of any material alteration to those facts before completion of the contract of insurance.

Signed

Name

Title / Position

Signed

Dated