



Public and Products Liability Questionnaire

Insured	<input type="text"/>		
Address:	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
ABN:	<input type="text"/>		
Limit of Indemnity	<input type="text"/>	Expiry Date	<input type="text"/>

Insured Details

Please describe below your activities including any subsidiaries:

Please provide the following information;

Last 12 months

Coming 12 months

Revenue
Wages
Full time employees
Part Time employees
Number of volunteers
Number of locations/offices

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please give a percentage split totalling 100% of which states generate your income

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have representation outside Australia?

☐ Yes

☐ No

If Yes, please provide details:

Do you directly import any products or export any products to North America?

☐ Yes

☐ No

If Yes, please provide details:

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

☐ Yes

☐ No

If Yes, please provide details and attach copies of the agreements concerned:

Is manual work performed away from your premises?

☐ Yes

☐ No

If Yes, please provide details of the work:

Do you engage contractors or sub-contractors?

☐ Yes

☐ No

If Yes, please provide details of the work and estimated annual payments:

Do you engage personnel from labour hire companies?

☐ Yes

☐ No

If Yes, please provide details of the work and estimated annual payments:

Claims

Have you ever been declined, had cancelled or refused any proposal or renewal?

☐ Yes

☐ No

If Yes, please provide details:

In the last 5 years have any liability claims been made against you?

☐ Yes

☐ No

If Yes, please provide details of incident including dates and amounts paid:

List details of conferences, seminars, workshops and other events:

Events p.a.:

Number of Attendees:

Your Duty of Disclosure:

Before you enter into this insurance contract with us for the first time, the Insurance Contracts Act 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your insurance. You will be asked various questions when you apply for this policy.

When you answer these questions, you must give us honest and complete answers, tell us everything you know and tell us everything that a reasonable person in the circumstance could be expected to tell us. You do not need to tell us about any matter:

- that diminishes the risk;
- that is of common knowledge;
- that we know or should know as an insurer; or
- that we tell you we do not need to know.

Who does the duty apply to?

Everyone who is insured under the policy must comply with the relevant duty.

What happens if you or they breach the duty?

If you or they do not comply with the relevant duty, your insurer may cancel the policy or reduce the amount they pay if you make a claim. If fraud is involved, they may treat the policy as if it never existed and pay nothing.

I, _____ declare that the information
on this Questionnaire is valid as of _____ / _____ / _____.