



Underwriting Agencies of Australia Pty Ltd

ABN 86 003 565 302
AFS Licence No. 23 85 17

ISP – INSURANCE PROPOSAL

Incorporating:-

- Section 1 – Damage
- Section 2 – Hired In Plant
- Section 3 – Additional Benefits
- Section 4 – Financial Protection
- Section 5 – Breakdown
- Section 6 – Road Risk
- Section 7 – Broadform Liability

INDUSTRIAL SPECIAL PLANT

PROPOSAL

IMPORTANT NOTICES

Please read these carefully before completing this Contract of Insurance.

1. Definitions

In this proposal:

You, Your means all of the persons and companies seeking to be named as the Insured.

We, Us, Our mean:

- a) Underwriting Agencies of Australia Pty Limited (ABN 86 003 565 302) (AFS License No. 238517), as the agent of the Insurer; and
- b) the Insurer.

Other words and expressions with initial capital letters have the same meaning as defined in the General Section of the Policy (available at www.uaa.com.au)

2. Your Duty of Disclosure

You have a duty under the Insurance Contracts Act 1984 to disclose to Us, before You enter into a contract of insurance with Us, all information about the risk to be insured that is relevant to Our decision to:

- a) whether or not to insure You; and
- b) the terms and conditions of the insurance, if We agree to insure You.

You have the same duty to disclose such information to Us when You vary, renew or reinstate the insurance with Us.

Your duty of disclosure does not require You to disclose facts that:

- a) diminish the risk
- b) are common knowledge
- c) We know or ought to know in the ordinary course of Our business as insurers.

3. Breach of Your duty of disclosure

If You do not comply with Your duty of disclosure, We may either:

- a) cancel the contract of insurance; or
- b) reduce the amount of indemnity that We may be liable to pay under the contract of insurance.

If Your non-disclosure is fraudulent, the Insurance Contracts Act 1984 allows Us to avoid the contract of insurance, which means to treat the contract as if it had never come into existence between You and Us in the first place.

4. Fraud and the duty of utmost good faith

The law characterises contracts of insurance as 'contracts of utmost good faith'. This means that You are under an obligation to be completely honest in all Your dealings with Us in relation to the insurance You are seeking.

For example, You must answer all Our questions in this Proposal honestly, truthfully and with diligence and not provide false or misleading information.

5. Underinsurance (Average)

Sections 1, 2 and 5 of this Policy are subject to "Average", which is a formula that applies if there is under-insurance.

There will be under-insurance if the Sum Insured is 90% or less than the value of the insured item to which the Sum Insured applies. In that event, the Average formula:

- a) will reduce the amount of indemnity payable under the contract; and
- b) will apply even if the amount of indemnity would be less than the Sum Insured.

6. Precautions and compliance with systems and procedures

You are required to ensure that You, Your employees and all persons operating the insured machinery comply with;

- a) manufacturers' and distributors' recommendations and guidelines; and
- b) systems and procedures imposed or recommended by law and international, Australian and industry standards;

in servicing, maintaining, using and operating the insured machinery.

7. Interests of third parties

The interest of any third parties (e.g. financiers, lessors, etc ...) in the insured machinery will not be covered unless they are identified in the schedule of the contract of insurance as third party interested to be covered. If You wish a third party's interest to be included in the insurance, it is necessary for You to nominate the third party and identify its interest to be insured in the Master Schedule of Machines in this Proposal.

8. Interest Earned on Premium

In accordance with the Corporations Act 2001 and regulations dealing with interest earned on an insurance broking account (i.e. section 981B (1) (b) (iv) of the Act and regulations 7.8.01 (4), 7.8.02 (2) – (4), (7) and (8) of the Corporations Regulations 2001), We declare that We may hold Your Premium in Our insurance broking account for periods of up to a maximum of 90 days, depending upon Our credit terms. During that time, We will be entitled to retain any interest earned on the Premium. However, We will also be required to pay any bank fees and government charges associated with the holding of the Premium.

9. Privacy Statement

We are committed to protecting the privacy of personal information in accordance with the Privacy Act. Our privacy principles, set out at www.uaa.com.au, explains what personal information is collected from the Insured's, why it is collected, how it will be used and to whom it can be disclosed.

See Our full privacy statement at www.uaa.com.au

10. General Insurance Code of Practice

We are signatories to the General Insurance Code of Practice, which aims to raise the standards of practice and service in the insurance industry. We will make available to every Insured entitled to them the internal and external dispute resolution procedures as required by the Code. Further information about the Code is available upon request.

11. Policy

Please consult Your insurance broker or advisor:

- a) if You have any queries in relation to the terms and conditions of the insurance; and
- b) before entering into a contract of insurance with Us.

12. The Insurer

This Policy is underwritten by QBE Insurance (Australia) Limited, ABN 78 003 191 035, AFS Licence No. 239545 of 82 Pitt Street, Sydney.

Underwriting Agencies of Australia Pty Ltd ("UAA"), ABN 86 003 565 302, AFS Licence No. 238517 acts as the Insurer's Agent.

GENERAL INFORMATION

Broker Details

1. Broker:
2. Broker Address:
3. Account Executive Name:
4. Account Executive Email:

General Information

5. **Proposed Period of Insurance:** From To At 4 pm.

Details of those Proposed to be Insured

6. Full names of all persons and companies intended to be insured:

Name	Trading Name	ABN
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Postal Address:

8. Contact Phone No: Fax No:

9. Website Address: Email:

10. Full names and positions held by all directors, proprietors and partners of Your Business:

Name	Position
<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"/>

11. Have:
- (a) any of You, Your partners or directors;
- (b) any current or former partnerships, companies or businesses of which any of You, Your partners or Your directors are or have been partners, directors or more than 20% owners;

ever been:

- i. charged with any offence regarding fraud or dishonesty? YES NO
- ii. made bankrupt or placed in receivership, administration or liquidation? YES NO
- iii. convicted of a criminal offence? YES NO

12. If "Yes", please provide details

Insurance History

13. Have:

- (a) any of You, Your partners or directors;
- (b) any current or former partnerships, companies or businesses of which any of You, Your partners or Your directors are or have been partners, directors or more than 20% owners;

ever had:

- i. insurance refused or a proposal for insurance declined? YES NO
- ii. special terms or conditions imposed on insurance? YES NO
- iii. insurance cancelled? YES NO
- iv. renewal of insurance not invited? YES NO
- v. an insurance claim rejected? YES NO

14. If “Yes”, please provide full details (including insurer’s name, type of insurance, reasons and dates):

15. Who was Your previous plant insurer:

16. Who was Your previous liability insurer:

17. Have:

- (a) any of You, Your partners or directors;
- (b) any current or former partnerships, companies or businesses of which any of You, Your partners or Your directors are or have been partners, directors or more than 20% owners;

ever suffered losses or claims (both insured and uninsured) in relation to contractors’ plant, mobile machinery, motor machinery, motor vehicle, public/products liability insurance during the last 5 years?

YES NO

If “Yes”, please provide full details?

Date	Claim Description	Amount	Insurer

18. Have any of You or Your machinery operators or drivers been reported for or convicted of any offence in connection with the use, operation or control of any mobile machinery or motor vehicles during the previous 5 years?

YES NO

If “Yes”, please provide full details:

Information about the Business

19. Describe Your current business activities directly associated with plant operations and details of any anticipated changes in Your business activities:

20. Describe Your current business activities not directly associated with plant operations and details of any anticipated changes in Your business activities:

21. Are any of Your Machines used or expected to be used for Wet Hire activities (hired with Your operator)?

YES NO

(a) If "Yes", what is the expected percentage of use in respect of Wet Hire? %

22. Are any of Your Machines used or expected to be used for Dry Hire activities (hired out without Your operator)?

YES NO

(a) If "Yes", what is the expected percentage of use in respect of Dry Hire? %

(b) What is the total revenue of Your Business derived from dry hiring plant? \$

(c) Do Your conditions of hire contain any clause or condition which may effect Our rights of recovery against the "dry hirer" in the event of Damage to the hired Machine? YES NO

(d) Do You offer the "dry hirer" a "damage waiver" option in respect to Damage to the hired Machine? YES NO

If "Yes", what is the total revenue derived from the damage waiver provision? \$

(e) Please attach a copy of Your formal conditions of hire to this Proposal form.

23. Are any of Your Machines used or expected to be used:

(a) on, in or under water or in tidal areas? YES NO

(b) underground? YES NO

(c) in demolition? YES NO

(d) in connection with oil and/or gas exploration YES NO

(e) in connection with any other hazardous activity? YES NO

24. If "Yes" to any of the above questions, please provide full details of such use:

25. Does any Machine proposed for insurance have any existing Damage, including but not limited to impact Damage, dents or hail damage? YES NO
 If "Yes", please provide details.
26. Situation of the machine depot:
27. Geographical area of operation:
28. If You propose to insure any road transport / goods carrying vehicle(s) with Us, what will the operating radius of these vehicle(s) be from their garaging address? Km
29. How many years has the business been established?
30. How many years have You owned the business?
31. Estimated annual turnover for the business during the proposed Period of Insurance: \$
32. Estimated annual wage roll for the business during the proposed Period of Insurance: \$
33. Total number of employees (including partners and directors performing employee duties):
34. Total number of employees and others who operate the machinery:

CONCEPT OF COVER – Industrial Special Plant (ISP)

Section	Description	Action
1. Damage	Damage to Your specified machines	Complete "Master Schedule of Machines" on the following page and Questions for Section 1.
2. Hired In Plant	Liability for Damage to machines Hired in by You	Complete "Master Schedule of Machines" on the following page and Questions for Section 2.
3. Additional Benefits	Automatic and optional additional benefits applicable to Sections 1 and 2	Complete "Master Schedule of Machines" on the following page and Questions for Section 3.
4. Financial Protection	Loss of revenue, increased cost of working, lease payments protection and lease value protection resulting from Damage and/or Breakdown Damage to machines.	Complete "Master Schedule of Machines" on the following page and Questions for Section 4.
5. Breakdown	Breakdown Damage for specified machines	Complete "Master Schedule of Machines" on the following page and Questions for Section 5.
6. Road Risk	Third Party Property Damage arising from occurrences involving Your machine being used as a Road Vehicle	Complete "Master Schedule of Machines" on the following page and Questions for Section 6.
7. Broadform Liability	Your Legal Liability to third parties in connection with Your business activities and Your Products.	Complete Questions for Section 7

MASTER SCHEDULE OF MACHINES

Please attach your own schedule of Machines if insufficient space is provided.

Item No	Full Description of Machine to be covered including Attachments (Year/Make/Model)	Rego Number	Serial, Engine and/or VIN Numbers	Lifting / Carrying Capacity	Full Name and Address of Third Party and their Interest (include Owner of Hired Machines)	Garage / Depot State	Garage / Depot Postcode	Current Market Value / Sum Insured
1								
2								
3								
4								
5								
6								
7								
8								

Section 1 - Damage

1. Do You wish to insure Your own machines against Damage? YES NO

2. If "Yes", please identify which machines are to be covered under Section 1 by their item numbers from the Master Schedule of Machines:

Section 2 – Hired In Plant

1. Do You wish to insure Hired-in machines against Damage? YES NO

Specified Cover

2. Do You wish to insure specified machines under Section 2? YES NO

If "Yes", please identify which machines are to be covered under Section 2 by their item numbers from the Master Schedule of Machines and attach a copy of the hire agreement.

Blanket Cover

3. Do You wish to have blanket cover under Section 2 for machines You intend to hire in during the period of insurance? YES NO

If "Yes", please complete the following:

(a) General description of the nature and type of machines to be hired-in.

(b) Estimated number of machines to be hired in during the period of insurance.

(c) Estimated total annual hiring fees paid for hiring these machines.

(d) Estimated market value of all machines hired in at any one time.

(e) Estimated market value of the most valuable individual machine hired in.

Re-Hire, On Hire or Cross Hire

4. Do You wish to insure machines that You hire in and then On-Hire on Dry Hire terms (hired without Your operator)? YES NO

If "Yes"

(a) Estimated number of machines to be on-hired during the period of insurance.

(b) Estimated total annual hiring fees paid for hiring these machines.

(c) Estimated market value for all machines to be on-hired at any one time.

(d) Please state the sum insured required for this Additional Benefit. \$

Section 3 – Additional Benefits for Sections 1 and 2

NOTES:

- Additional Benefits 1 to 9 apply automatically to Sections 1 and 2.
- The limits for Additional Benefits 1, 3, 4, 5 and 9 can be increased for an additional premium.
- Additional Benefit 10 applies automatically to Section 1, but is not applicable to Section 2.
- Additional Benefits 11 to 15 are optional for both Sections 1 and 2 and are available for an additional premium.

Automatic Additional Benefits applying to Sections 1 and 2

Additional Benefit	Automatic Limit	Required Limit
1. Damage to lifted goods	\$5,000	\$ <input type="text"/>
2. Multiple Crane Operation	Included	
3. Expediting Costs	\$10,000 or 20% of indemnity, whichever is lesser	\$ <input type="text"/>
4. Recovery costs (no Damage)	\$50,000	\$ <input type="text"/>
5. Recovery costs (Damage)	\$250,000	\$ <input type="text"/>
6. Employees' property damage	\$5,000	
7. Indemnity to hirer – Wet Hire	Included	
8. Appreciation in value	Included	
9. Extra costs of reinstatement	\$50,000 or 10% of sum insured, whichever is lesser	\$ <input type="text"/>
10. Additions/deletions of machines	Section 1 - \$250,000 * Section 2 - Not Applicable	\$ <input type="text"/>

* Additions and Deletions of Machines must be notified to UAA in writing within 60 Days.

Optional Additional Benefits if either or both Sections 1 and 2 are to be included in the Policy

11. Do You wish Additional Benefit 11 Agreed Value to apply? YES NO
 If "Yes", please identify the machines to have Agreed Value cover by their item numbers from the Master Schedule of Machines and attach a licenced valuers' certificates to substantiate each item's value.
12. Do You wish Additional Benefit 12 Market Value Plus to apply? YES NO
 If "Yes", please identify the machines to have Market Value Plus cover by their item numbers from the Master Schedule of Machines.
13. Do You wish Additional Benefit 13 Owner's Protection to apply? YES NO
14. Do You wish Additional Benefit 14 Owner's Protection Plus to apply? YES NO
15. Do You wish Additional Benefit 15 Hired-out plant – damage waivers to apply? YES NO

Section 4 – Financial Protection

Note: Cover under this section only responds in the event of a valid claim against Damage under Section 1 and/or Breakdown under Section 5, or similar insurance with another insurer.

1. Do You wish to insure for Financial Protection under Section 4? YES NO
- If “Yes”, do You wish to insure;
- (a) Cover Option 1 – Loss of Revenue and Increased Cost of Working YES NO
- (b) Cover Option 2 – Loss of Revenue YES NO
- (c) Cover Option 3 – Increased Cost of Working YES NO
- (d) Cover Option 4 – Lease Payments Protection YES NO
- (e) Cover Option 5 – Lease Value Protection YES NO

Loss of Revenue and Increased Cost of Working

2. If “Yes” to Cover Option 1

- (a) What is the total amount of cover required for Loss of Revenue and Increase Cost of Working?

- (b) What Indemnity Period is required?

 Weeks

- (c) Do You wish to cover all insured machines under this option?

YES NO

- i. If “Yes”, what is the total revenue for the business derived from all machines for the past 12 months after deducting the total cost of working these machines?

\$

- ii. If “No”, please identify the machines to be insured for Loss of Revenue and Increased Cost of Working by their item numbers from the Master Schedule of Machines and state the relative revenue that was derived from these machines for the past 12 months after deducting the total cost of working these machines.

Item	Gross Profit	Item	Gross Profit	Item	Gross Profit
<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"/>
<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"/>
<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"/>
<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"/>

- (d) What would the estimated time be to obtain a similar type of replacement machine if any of the insured machines where damaged;

- i. Dry hired in from an equipment rental company?

- ii. Purchased from a manufacturer or plant dealer?

- (e) Could any of the insured machines (or parts of the machine) be difficult to repair or replace if damaged?

YES NO

If “Yes”, please advise which item number and provide details why?

Loss of Revenue (Only)

3. If "Yes" to Cover Option 2

(a) What is the total amount of cover required for Loss of Revenue?

(b) What Indemnity Period is required? Weeks

(c) Do You wish to cover all insured machines under this option? YES NO

i. If "Yes", what is the total revenue for the business derived from all machines for the past 12 months after deducting the total cost of working these machines? \$

ii. If "No", please identify the machines to be insured for Loss of Revenue by their item numbers from the Master Schedule of Machines and state the relative revenue that was derived from these machines for the past 12 months after deducting the total cost of working these machines.

Item	Gross Profit	Item	Gross Profit	Item	Gross Profit
<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"/>
<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"/>
<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"/>
<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"/>

(d) What would the estimated time be to obtain a similar type of replacement machine if any of the insured machines were damaged;

i. Dry hired in from an equipment rental company?

ii. Purchased from a manufacturer or plant dealer?

(e) Could any of the insured machines (or parts of the machine) be difficult to repair or replace if damaged? YES NO

If "Yes", please advise which item number and provide details why?

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

Increased Cost of Working (Only)

4. If "Yes" to Cover Option 3

(a) What is the total amount of cover required for Increased Cost of Working?

(b) What Indemnity Period is required? Weeks

(c) Do You wish to cover all insured machines under this option? YES NO

If "No", please identify the machines to be insured for Increased Cost of Working by their item numbers from the Master Schedule of Machines and state the sum insured required for each of these machines.

Item	Limit	Item	Limit	Item	Limit

(d) What would the estimated time be to obtain a similar type of replacement machine if any of the insured machines were damaged;

- i. Dry hired in from an equipment rental company?
- ii. Purchased from a manufacturer or plant dealer?

(e) Could any of the insured machines (or parts of the machine) be difficult to repair or replace if damaged?
 YES NO

If "Yes", please advise which item number and provide details why?

Lease Payments Protection

5. If "Yes" to Cover Option 4

(a) What Indemnity Period is required? Weeks

(b) Please identify the machines to be insured for Lease Payment Protection by their item numbers from the Master Schedule of Machines and state the monthly lease repayment for each of these machines.

Item	Lease Payments	Item	Lease Payments	Item	Lease Payments

Lease Value Protection

6. If “Yes” to Cover Option 5, please identify the machines to be insured for Lease Value Protection by their item numbers from the Master Schedule of Machines (Note: cover is limited to an additional 20% of the indemnity payable under Section 1 or Section 5).

Item	Finance Company	Item	Finance Company	Item	Finance Company

Section 5 - Breakdown

1. Do You wish to insure machines against Breakdown Damage under Section 5? YES NO

2. If “Yes”:

(a) Please identify which machines are to be covered under Section 5 by their item number from the Master Schedule of Machines:

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(b) Have any major components of these machines been replaced, reconditioned or otherwise undergone major work in the last 3 years? YES NO

(c) If “Yes”, please provide details, using their item Numbers from the Master Schedule of Machines:

Item Number	Details of Work	Date of Work

Please provide any other information which may be relevant to cover Sections 1 to 5 proposed for by You in this Proposal:

Section 6 – Road Risk

1. Do You wish to insure Your Legal Liability to others for property damage caused by an Occurrence involving the use of Your Road Vehicle in connection with Your Business? YES NO

If “Yes”:

(a) Please indicate amount of cover required:
 \$5,000,000 \$10,000,000 \$20,000,000 \$30,000,000

(b) Please identify by their item numbers from the Master Schedule of Machines the registered vehicles that are to be covered for Road Risk:

2. Do You require additional cover for Legal Liability in connection with Dangerous Goods cartage? (Policy automatically includes a sum insured of \$500,000). YES NO

If “Yes”

(a) Please provide full details of the type or class of Dangerous Goods to be carried.

(b) Please identify which vehicles require this extra cover by their item numbers from the Master Schedule of Machines and the limit of indemnity required for each vehicle.

Item	Limit	Item	Limit	Item	Limit
<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"/>
<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"/>
<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"/>
<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"/>

3. Do You have any unregistered vehicles listed on the Master Schedule of Machines that may obtain conditional registration or a temporary road permit from the motor registry in Your state or territory? YES NO

If “Yes”

(a) Please identify the unregistered vehicles for which You may obtain conditional registration or temporary road permits during the Period of Insurance by their item numbers from the Master Schedule of Machines;

(b) Please estimate how many temporary road permits You expect to obtain for such unregistered vehicles during the Period of Insurance:

4. Do You Dry Hire any registered vehicles (hire out vehicles without Your operator)? YES NO

If “Yes”

(a) Do You offer the hirer the protection of a Damage Waiver provision as part of Your hire agreement? YES NO

(b) Please identify the registered vehicles by their item numbers from the Master Schedule of Machines.

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Please provide any other information which may be relevant to cover Section 6 Road Risk insurance proposed for by You in this Proposal:

Section 7 – Broadform Liability

1. Do You wish to be insured against Legal Liability for an Occurrence in connection with Your Business?

YES NO

If “Yes”, please indicate limit of indemnity required:

\$5,000,000 \$10,000,000 \$20,000,000 \$50,000,000

2. Do You require additional cover for tangible property in Your physical possession or legal control? (policy automatically includes \$250,000)

YES NO

If “Yes”

(a) please indicate limit of indemnity required:

\$500,000 \$1,000,000

(b) please provide full details of this property in Your possession or legal control:

3. Please provide and categorise the precise nature of each activity performed as part of Your Business and indicate the approximate percentage of Your turnover that is derived from same (total must equal 100%)

Business Activity	Percentage
	%
	%
	%
	%
	%
	%
	%
	%
	%

4. Please state the approximate percentage of Your Business turnover that is derived from each state and territory of Australia (total must equal 100%)

NSW	VIC	QLD	SA	WA	TAS	NT	ACT
%	%	%	%	%	%	%	%

5. Do You engage personnel supplied by labour hire companies to perform work on Your behalf and in connection with Your business? YES NO

If "Yes"

(a) Please advise the following:

Company Used	Type of Work	Annual Payments
<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"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

(b) Are You required to insure these labour hire personnel for Workers' Compensation? YES NO

(c) Do You want to insure Your Legal Liability for Personal Injury to labour hire personnel? YES NO

6. Do You engage contractors or sub-contractors to perform work on Your behalf and in connection with Your Business? YES NO

If "Yes"

(a) Please advise the following:

Contractor / Sub-contractor Name	Type of Work	Annual Payments
<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"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

(b) What measures are taken to ensure that Contractors and/or Sub-Contractors engaged have valid Liability and Workers' Compensation insurance policies in place?

(c) Are You named as Principal on all Contractors and/or Sub-Contractors Liability Insurance policies? YES NO

(d) Do You want to insure Your Legal Liability for Personal Injury to Contractors and/or Sub-Contractors YES NO

7. Do You require this section to include cover for Property Owners Liability for properties that are NOT Your trading base(s) of operation? YES NO

If “Yes”, please provide details of each property (or vacant land) required to be included in this section, including but not limited to the:

- Locations / address of each property;
- Description of each property (including land size, number of stories, age, construction, condition etc);
- Information on what each property is being used for / tenanted by;
- Details of maintenance programs as well as details of any managing agent and their responsibilities; and
- If vacant, details of the length of time vacant, future plans, condition and security measures.

8. Do You undertake work activities that involve an exposure to railways? YES NO

If “Yes”;

(a) Are You involved in any rail line work, rail line construction and/or maintenance? YES NO

(b) Are You involved in any rail signal equipment construction and/or maintenance? YES NO

(c) Please state Your specific work activities / arrangements associated with railways and the estimated turnover derived from these activities.

9. Do You undertake demolition work, bridge work or underground works? YES NO

If “Yes”, please provide full details of the type of work undertaken, and the percentage of turnover that relates to that relevant activity.

10. If Your business involves cranes or lifting functions:-

(a) Are You involved in any stevedoring activities (loading / unloading on or off any ship, boat or vessel) YES NO

If “Yes”, please provide detailed information including but not limited to percentage of turnover that relates to such work, location of work, for whom such work is being performed, contractual obligations etc;

(b) Do You perform any crane operations whilst Your Machines are placed on barges or any other form of Watercraft? YES NO

If "Yes", please provide detailed information including but not limited to percentage of turnover that relates to such work, location of work, for whom such work is being performed, contractual obligations etc;

11. Do You Dry Hire machinery and/or equipment (hire out machine and/or equipment without Your operator) as part of Your Business activities? YES NO

If "Yes";

(a) What type of equipment is hired?

(b) Do You have a hire agreement that is signed by all hirers? YES NO

If "Yes", please attach a copy of the conditions of hire agreement to this Insurance Proposal.

(c) Do You have an inspection and maintenance program in place for both pre and post hire: YES NO

If "Yes", please provide details:

12. Please provide details of any hazardous activities undertaken in the course of Your Business (hazardous activities could include but are not limited to drilling, blasting, handling of chemicals and/or waste, welding and activities on, in or under water etc...);

13. Do You manufacture, import, export, wholesale or distribute a product of any kind?

YES NO

If "Yes", please provide full details of all products (attach full product listing or website details if available to this Insurance Proposal):

Five empty rectangular boxes for providing product details.

Please provide any other information which may be relevant to cover Section 7 Broadform Liability insurance proposed for by You in this Proposal:

Five empty rectangular boxes for providing additional relevant information.

DECLARATION

I, _____, the undersigned, make the following Declarations and sign this Proposal as agent of all the persons and companies nominated in this Proposal to be insured:

- 1. I have read the Important Notices in this Proposal and understand what they say.
2. I am aware of the duty of disclosure under the Insurance Contracts Act 1984 of each of the persons and companies to be insured and I am aware of possible consequences of a breach of that duty.
3. All of the information provided by or on behalf of the persons and companies to be insured in this Proposal and any accompanying documents is correct.
4. I have checked to ensure that all of the information pre-populated in this Proposal is correct.
5. I have checked to ensure that all of the information in handwriting other than mine in this Proposal and in any accompanying documents is correct.
6. I authorise the Insurer's agent, Underwriting Agencies of Australia Pty Ltd, to give to Insurance Reference Services Limited and any similar, relevant organisation details about the persons and companies to be insured and myself in relations to the insurance.

Signed: _____ Date: _____

Print Name: _____ Position: _____



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