

General Liability Renewal Form

Insured details

Name of Insured

Policy Number Expiry Date

The above Policy is due to expire at 4:00pm on the date shown above. To enable us to consider renewal terms and conditions please provide us with the following information 21 days prior to the expiry date. Upon receipt of the required information our renewal offer will be prepared and forwarded to you. Cover will cease at 4:00pm on the Expiry Date shown unless you have provided us with the information requested and we have agreed to renew your Policy.

General Information

1. Please provide a description of your business activities and products (if applicable) and details of any changes in operation in the last 12 months or anticipated changes in the coming year

2. Have you discontinued manufacturing, processing or handling any products within the last 12 months? Yes No
If 'Yes', please provide full details

3. Do you have representation outside Australia? If 'Yes', where and what is the nature of your representation in such Country? (e.g. domiciled employee, power of attorney, branch subsidiary, agency etc.) Yes No
If 'Yes', please provide full details

4. Please provide an updated schedule of properties owned or occupied and the occupancy therein.

5. Turnover split by major business activity. (Where the business is conducted in more than one State, we will require a split of turnover by State).

	State	Actual for Last 12 Months	Estimate for Next 12 Months
Business activity		\$	\$
Business activity		\$	\$
Business activity		\$	\$
Business activity		\$	\$
Where you are a property owner, please provide details of gross rentals.		\$	\$

General Liability Renewal Form

6. Estimated wages.

Actual for Last 12 Months	Estimate for Next 12 Months
\$	\$
\$	\$
\$	\$

7. Do you engage personnel from labour hire companies (other than contractors mentioned in Question 8. below)? Yes No

Note: Question must be answered 'Yes' or 'No' in absence of information a personal injury to labour hire personnel exclusion may be applied (if not already excluded).

Payment to Labour Hire Companies or other parties

Actual for Last 12 Months	Estimate for Next 12 Months
\$	\$
\$	\$
\$	\$

(a) Number of people?

(b) Type of work undertaken?

8. Do you engage contractors or sub-contractors? Yes No

Note: Question must be answered 'Yes' or 'No'. In absence of information a personal injury to contractors, sub-contractors exclusion may be applied (if not already excluded).

If 'Yes', please estimate annual contract value split between:

	Actual for Last 12 Months	Estimate for Next 12 Months
(a) Labour only	\$	\$
(b) Labour and Services	\$	\$
(c) Labour and Materials	\$	\$
(d) Type of work carried out:	<input type="text"/>	

9. Do you assume liability under contract or hold others harmless (other than lease liability)? Yes No

If 'Yes', please provide details and attach copies of all agreements

General Liability Renewal Form

10.

	Product and Destination	Estimate for Next 12 Months
(a) If you import products, please provide details of products and revenue generated.		\$
(b) If you have exports, please provide details by products and revenue generated.		\$

Coverage for PRODUCTS EXPORTED TO USA or CANADA is excluded from this insurance. Coverage will be provided only if specifically agreed by QBE, and then subject to additional terms and conditions and payment of an extra premium. It will be necessary to complete a USA/Canada export questionnaire. Any additional information supplied in respect of such exports shall be deemed to form part of this application.

11. Is work performed away from your premises? Yes No
If 'Yes', please provide

	Actual for Last 12 Months	Estimate for Next 12 Months
(a) Percentage of turnover?	%	%
(b) Type of work?		

12. Is welding performed by you? Yes No
If 'Yes', do you operate to AS 1674 – Part 1 Yes No

13. Do you have property in your care, custody or control? Yes No

Note: Cover is limited to the standard sub-limit unless QBE has agreed in writing to a higher amount.

If 'Yes', please provide brief details including the total value of the property.

14. Have any products been the subject of a recall notice in the past 5 years? Yes No
If 'Yes', please provide details

15. Have any incidents occurred that may give rise to a claim that has not been advised to QBE? Yes No
If 'Yes', please provide details

16. Was this liability cover insured with an underwriter other than QBE during the last 5 years? Yes No
If 'Yes', please provide details of updated claims experience for this preceding period on Insurer letter head.

General Liability Renewal Form

17. Please provide your website address:

Note: Provision of website does not alleviate any requirements you have as a Duty of Disclosure.

If insufficient space please attach separate sheet with information.

Duty of Disclosure – What you must tell us

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- **You do not have to tell us about any matter**

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- which we indicate we do not want to know.

- **If you do not tell us**

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

Privacy

QBE includes information about how we manage your personal information in our Policy booklets. You can obtain a copy of the QBE Privacy Policy Statement from our website www.qbe.com or contact the Compliance Manager on 02 9375 4656 or email compliance.manager@qbe.com for further information.

Return the completed form to your Financial Services Provider

Submit your proposal form

Adam Bevan

Senior Underwriter - Casualty

phone : 02 9253 7051

adam.bevan@oneunderwriting.com.au

Privacy policy. At One Underwriting we take privacy very seriously.

For full details please refer to oneunderwriting.com.au/privacy

One Underwriting ABN 50 006 767 540 AFSL 236 653

GPO Box 1230 Melbourne VIC 3001

ONE0006AD 0916