



# BROADFORM LIABILITY INSURANCE APPLICATION

Custodian Underwriting Agency Suite 3.1 56 Delhi Road NORTH RYDE 2113  
AFSL 301 970  
ABN 17 116 860 103

Broker Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Period of Insurance From \_\_\_\_\_ To \_\_\_\_\_

Full Name of Insured \_\_\_\_\_

Trading Name \_\_\_\_\_

Postal Address \_\_\_\_\_

Contact Details Tel \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Tax Status ABN \_\_\_\_\_ Taxable % \_\_\_\_\_

Interested Party Name \_\_\_\_\_

Address \_\_\_\_\_

Address of Business \_\_\_\_\_

Please provide a full description of all your business activities \_\_\_\_\_

Date Business Started \_\_\_\_\_

Occupancy Owner of the premises  Owner occupier  Tenant

### LIMIT OF LIABILITY

Public Liability \$ \_\_\_\_\_ Any one occurrence  
Products Liability \$ \_\_\_\_\_ Any one period of insurance

### TURNOVER & PAYROLL

### Limit Required

Estimated annual turnover \$ \_\_\_\_\_  
Estimated annual wages based on \$ \_\_\_\_\_ Work at your premises  
\$ \_\_\_\_\_ Work away from premises

Please advise for the next 12 months

WHAT IS THE NATURE OF YOUR BUSINESS  
Retailer  Wholesaler  Property Owner  Other  Manufacturer

If other please advise details

ARE YOU A MANUFACTURER; WHOLESALER OR OTHER  
 YES  NO  
IF YES, PLEASE COMPLETE THE FOLLOWING

Do you require cover for Property In Your Physical Legal Control  
(Instead of the Automatic Policy Limit)

YES  NO

**If yes, please advise**

- nature of property concerned

- limit of Indemnity

\$ \_\_\_\_\_

Do you perform work away from premises

YES  NO

**If yes, please advise**

- what duties do you perform

- the Percentage

% \_\_\_\_\_

Do you employ contractors or sub contractors

YES  NO

**If yes, please advise**

- the nature of work usually carried out

- the annual value of the subcontract work

- the annual wages paid to sub contractors

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Do you check that they carry their own liability cover

YES  NO

Are you always named as principal on contractors or sub contractors liability policy

YES  NO

**Do Your Operations Include :**

Use or storage of explosive

YES  NO

Blasting

YES  NO

Demolition

YES  NO

Welding at your premises or away from your premises

YES  NO

Boilers &/or compressors which require government certificates

YES  NO

Lifts, escalators, cranes, hoists or other lifting equipment

YES  NO

Unregistered vehicles

YES  NO

Manufacture, distribution, storage, transportation, Disposal or Discharge of chemical or other toxic or harmful matter

YES  NO

Construction work

YES  NO

**If yes to any of the above, please provide details**

Do you sell or distribute any product of a type not normally associated with your business / occupation

YES  NO

Do you manufacture, pack or relabel any products which you sell or distribute

YES  NO

Are your products manufactured to comply with any federal or state regulation or recognised international standard or code

YES  NO

**If yes to any of the above, please provide details**

Please provide full details of products  
(attach product brochure, price list etc)

Do you require cover for discontinued products

YES  NO

*If yes, please attach complete details of products*

Do you intend launching any new products during the next 12 months

YES  NO

*If yes, please attach complete details of Products*

Do you keep records that will enable your source of purchase to be identified

YES  NO

Are raw materials / ingredient laboratory tested for quality or impurity before use

YES  NO

Do you have a quality control program in place for finished products

YES  NO

Do you assume liability under contract or hold harmless

YES  NO

*If yes, please provide details*

Please Provide Full Details Of All Products Exported or Imported		
Description Of Goods	Destination / Source	Turnover / Value
		\$
		\$
		\$

Could any of the above products or services be used in connection with

aircraft / missile / aerospace  YES  NO

watercraft or offshore  YES  NO

transportation  YES  NO

Could these products be classified as

pharmaceuticals  YES  NO

cosmetics  YES  NO

Are any of these products sold under another's names or label  YES  NO

***If yes to any of the above, please provide details***

**YOUR PREVIOUS HISTORY**

***Have you either alone or jointly with any other party had any of the following in the last FIVE (5) years***

Had any losses (whether insured or not) <input type="checkbox"/> YES <input type="checkbox"/> NO														
<i>If yes please provide details</i>														
20__ to 20__			20__ to 20__			20__ to 20__			20__ to 20__			20__ to 20__		
Amount	no	Excess	Amount	no	Excess	Amount	no	Excess	Amount	no	Excess	Amount	no	Excess

Had any insurance policy declined or cancelled, proposal rejected, renewal refused or special conditions such as a high excess imposed ?  YES  NO

Had any insurer decline any claim submitted ?  YES  NO

Have you or any of your partners, shareholders or directors of the business ever been declared bankrupt or ever been involved in a company or business which became insolvent or subject to any form of insolvency ?  YES  NO

Been convicted of or charged with any criminal offence (other than minor traffic convictions) ?  YES  NO

***If yes to any of the above please provide details & advise what precautions have you taken to prevent future similar losses (if insufficient space please refer to additional information)***

Please advise names of all companies with whom you have previously insured

**IMPORTANT (Please read the following carefully before signing this Application)**

**DUTY OF DISCLOSURE**

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the insurer anything that you could be reasonably expected to know is relevant to the Insurer's decision whether to accept the risk of the insurance & , 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 matter:

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

If you fail to comply with your duty of disclosure, the insurer 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 insurer may also have the option of avoiding the contract from its beginning

**PRIVACY**

Custodian Underwriting Agency respects your privacy & complies with the Privacy Act & the National Privacy Principals. A copy of our Privacy Statement is available from our office or online at [www.custodianua.com.au](http://www.custodianua.com.au)

**CO INSURANCE**

Our policy contains a condition of co-insurance which means that if your Sums(s) Insured is / are inadequate at the time of loss, part of the loss may not be covered. In addition, we will never pay more that the Sum(s) Insured.

**GOODS & SERVICES TAX (GST)**

To ensure you do not incur any unnecessary GST Liabilities on Claim Settlements please ensure you r Australian Business Number (ABN) & tax status are entered in the space provided in this Application. Any GST Liability from Your incorrect advice is payable by you.

**POLICY DETAILS**

Anything you state in the Application will form part of the Policy Document unless we tell you otherwise. Before you complete the Application, you should read carefully the Policy because it will tell you about the Insurance you are proposing we provide & contains definition of words used in this Application.

**ADDITIONAL INFORMATION**

If inadequate space is provided to answer any of the questions raised in this Application, please attach a separate signed Addendum giving full details of the additional information.

**DECLARATION & SIGNATURE**

You declare & acknowledge as follows

- You have not suppressed misrepresented or mis-stated any material information within your knowledge likely to affect our decision as to your eligibility for insurance & the answers given in this Application are in every respect true & correct.
- You authorise Assetinsure P/L ABN 56 066 463 803 to give to or obtain information from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance I have including this completed application & my insurance claims history & my credit history

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for Completing This Application**