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LIABILITY INSURANCE QUOTATION REQUEST

**Broker Firm &
Contact Name**

Contact Details

Date

Subject

Please provide your quotation based on the following

Insured	
Address Of Risk	
Occupation	

Are you the Holding Broker Yes No

Current Underwriter

Current Deductible

Expiry Date

Claims Details last 5 years

Number of Years in Current Business

Previous Industry Experience if less than 5 years
in current Business

Principal Geographical area of operation

Limit Of Indemnity Required

\$

Estimated Wages

\$

Estimated Turnover

\$

The number of staff including principals

What is the nature
of your business ?

Retailer

Property Owner

Manufacturer

Wholesaler

Other

If other please advise details

ARE YOU A MANUFACTURER; WHOLESALER OR OTHER

YES NO

IF YES, PLEASE COMPLETE THE FOLLOWING

Broker Name

Insured

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

- nature of work usually carried out

- what is 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 you use Labour Hire employees under a contract of service

YES NO

If yes, please advise

- nature of work usually carried out

- what is the annual value of the subcontract work

\$ _____

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

Broker Name**Insured**

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 / ingredients laboratory tested for quality or impurity before use YES NO
- Are there any products destined for end use in Aircraft, Watercraft, Ethical Drugs, Petrochemical or Chemicals Pesticides, Fungicide or Fertilizers 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*
- Are you represented outside Australia YES NO *If yes, please provide details*

Please Provide Full Details Of All Products Exported or Imported

Description Of Goods	Destination / Source	Turnover / Value
		\$
		\$