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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 /Conviction 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

\$

Sub-Contract value of contracts for labour & plant & materials

30%

\$

Sub-Contract value of contracts for labour & plant only

80%

\$

Sub contract value for labour only contracts

90%

\$

Estimated Turnover

\$

Estimated Gross Rental

\$

The number of staff including principals

What is the nature of
your business ?

Retailer

Property Owner

Manufacturer

Wholesaler

Other

If other please advise details

Broker Name

Insured

IF YOU REQUIRE PRODUCTS LIABILITY PLEASE PROVIDE ANSWERS FOR 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

- nature of work usually carried out
- what is the annual value of the subcontract work

\$ _____

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

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

Broker Name

Insured

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			
Description of Goods	Country of Destination	Turnover / Value	%
	Australia & New Zealand	\$	

Please Provide Full Details Of All Products Imported			
Description of Goods	Country of Origin	Turnover / Value	%
	Australia & New Zealand	\$	

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 name or label ? YES NO

If yes to any of the above, please provide details