

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).

Business Activity	State	Actual	Estimate for 12 Months	
		\$		
		\$		
		\$		
		\$		

Where you are a property owner? Please provide details of gross rentals:

Estimated wages	\$
Number of Employess	\$

Do you engage personnel from labour hire companies? (other than contractors mentioned in Question below)

Yes No

Payment to Labour Hire Companies or other parties

Actual Last 12 Months Estimate for 12 Months

	\$
	\$
	\$

- a) Number of Labour Hire people?
- b) Type of work undertaken?

Yes No

- a) Labour only: \$
- b) Labour and Services: \$
- c) Labour and Materials: \$
- d) Type of work undertaken:

Product & Destination

If you import products, please provide details of products and revenue generated. \$

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Coverage for PRODUCTS EXPORTED TO USA or CANADA is excluded from this insurance. Coverage will be provided only if specifically agreed by Genesis Underwriting and then subject to additional terms and conditions and payment of an extra premium. If the insured does Export to the USA or Canada please confirm; Turnover for Exports and Products Exported

Can you with certainty, identify the source of every item used in the manufacture of the products? Yes No

Do you have quality control procedures in place? Yes No

If Yes, provide full details:

Are your products subject to any Australian or international standard? Yes No

If Yes, provide full details:

Do you have product recall measures in place? Yes No

If Yes, provide full details:

Have any products been the subject of a recall notice in the past 5 years: Yes No

Have you discontinued manufacturing, processing or handling any products? Yes No

If Yes, provide full details:

Yes No

Do you have product exposure in any in any other countries?

Type of Business:	Manufacturer	Importer	Wholesaler
	Retailer	Property owner	
If importer, where are products imported from:	Eastern Europe	China	India
	Western Europe	Middle East	USA
	Southeast Asia		
If retail only, where are your suppliers based?	Eastern Europe	China	India
	Western Europe	Middle East	USA
	Southeast Asia	Australia	New Zealand

Contractual Liability

Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality as regards your products, or specifically agreed contracts.

Do you accept liability or hold others harmless / give away your legal rights (other than lease liability)? Yes No

If Yes, please provide details and attach copies of all agreements (other than lease liability). Coverage will be provide only if specifically agreed by AU.

Details of the Business / Premises

Do you or does someone on your behalf perform work away from the premises? Yes No

Actual last 12 months Estimate for 12 months

If Yes, what is the split of turnover associated the activity? %

Type of work?

Is Welding performed by you? Yes No

If yes, do you operate to AS1674 - Part 1? Yes No

Do you hold any goods in your care, custody or control in the course of your normal business? Yes No

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

Important Information

Subrogation Clause

This Policy contains provisions which have the effect of excluding or limiting the Insurer's liability in respect of a Loss where You have prejudiced the Insurer's rights of subrogation, where You are a party to an agreement which excludes, or limits the Insurer's rights to recover the Loss from another party.

Declaration

Please Note: Signing the Declaration does not bind You or the Insurer to complete this insurance. I declare that I have made all necessary inquiries into the accuracy of the responses given in this application and confirm that the statements and particulars given in this application are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that should any of the information given by me alter between the date of this application and the inception date of the insurance to which this application relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the Important Notice contained in this application form and that I have read and understood the content of that Notice. I confirm that I am authorised by the Company and its Directors to complete, sign and submit this application on behalf of the Company and its Directors.

Name:

Title:

Signature of the insured:

Date:

Additional Notes

Additional Documents

If you have any additional documentation please attach copies to this form.