

# Insurance Renewal Questionnaire

## Scaffolders

### Combined Liability Insurance

Arranged through ASR Underwriting Agencies Pty Ltd Underwritten by Certain Underwriters at Lloyd's



In order that we may consider offering renewal of the above account, we would ask that you have your client complete the following information in full and return to this office within three weeks prior to the renewal date. Please note that we require all questions to be answered, and we will require an original along with the Insured's signature if cover is required from Renewal date.

#### Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

#### If you do not tell us something:

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

#### Privacy

We are committed to protecting your privacy. We use the information you provide to us to assist with your insurance needs. We provide your information to insurance underwriters, brokers and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to certain Underwriters at Lloyd's when we are seeking insurance terms from them, or to reinsurers who are located overseas. We also supply your information to the providers of our policy administration and underwriting systems that help us to maintain our products and services. You will be advised where those companies are located at the time any advice is given to you. We do not trade, rent or sell your information.

If you do not provide us with full information, we cannot properly seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by telephone to our Privacy Officer on 07 3442 3301 or visit our website [www.asruw.com.au](http://www.asruw.com.au)

#### Excess

The policy provides that You will be required to bear a specified amount of all claims and this is for each and every claim made against You including defence costs. We will let You know when the excess is payable.

#### Your Legal Liability

If you take out a Liability cover section, the financial risk of court awards through litigation is ever increasing and we recommend that You select a Limit of Liability that takes into account the future cost of claims including legal fees and costs of defence. Even higher limits are available than your current limit if required. Defence costs are included within the limit of liability, when you take out a Liability cover section.

#### Waiver of Rights

If You have entered into an agreement with another party, which prevents your Insurer from taking recovery action for compensation from that party it may affect Your rights to cover under this Policy. Should You now be a party to such an agreement or be requested to enter such an agreement in the future, please advise your Broker in writing so we may notify the Insurer.

Broker

Contact Name

Phone

Fax

Email

**Cover Requirements**

Due Date  /  /  Policy Number

Limit of Liability Required A\$5,000,000  A\$10,000,000  A\$20,000,000  other

Optional Excess A\$5,000  A\$10,000

Full Name of Insured(s)

ABN

Address  Suburb  State  Postcode

**Operational Information**

Are all Directors, Employees and Sub Contractors licensed Scaffolders? yes  no

Is work carried out over 10 metres? yes  no  If yes, advise percentage  % Max Height?  m

Majority works  % Residential  % Commercial

Do you perform work on, at or from any of the following sites?

- Mine site (above or underground)
- Refinery, gas producing or bulk fuel storage facility
- High voltage power supply or power generating facility
- Airport, airfield or aerodrome
- Wharf or any form of ship handling or loading facility
- Railway track, railway bridge, railway culvert or crossing
- Grandstands, stages, lighting and camera towers at concerts and sporting events
- None of the above

Do you: Manufacture any Scaffolding Products? yes  no

Regularly hire out scaffolding for long term contracts? yes  no

Regularly inspect the above equipment for safety and maintenance? yes  no

Have documentation to support repair, maintenance and safety inspections in place for all of your equipment? yes  no

Sell any used or second hand equipment? yes  no

Have formal training in place for your staff? yes  no

Own or Hire Lifting Equipment for the erection of scaffolding? yes  no

Does your product and or service comply with the relevant Australian Standards? yes  no

Do you assume or provide liability under contract or hold harmless agreements? yes  no

If you have answered Yes to any of the above questions, please provide full details

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**Turnover / Income Details**

Show percentage of work performed in each state.

NSW	<input type="text"/> %	ACT	<input type="text"/> %	QLD	<input type="text"/> %	WA	<input type="text"/> %
VIC	<input type="text"/> %	TAS	<input type="text"/> %	SA	<input type="text"/> %	NT	<input type="text"/> %

	This Year	Last Year
Total Annual Turnover	<input type="text"/>	<input type="text"/>
Payments to Subcontractors	<input type="text"/>	<input type="text"/>

What is the nature of work carried out by Sub Contractors?

Are contractors / Sub Contractors required to carry their own Insurance for:

a) Public Liability? yes  no

b) Workers Compensation? yes  no

What procedures are in place by you to check that this is in place?

Number of: Subcontractors  Full Time Staff  Part Time Staff

## Other Operational Information

Have you adopted the ASR Incident Reporting Procedures?

yes  no

Are you aware of any claims / incidents in the last five years which may or may not result in a claim against this policy? If yes, please provide full details under "Additional Information".

yes  no

## Additional Information

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## Declaration - Your Duty of Disclosure

I confirm that:

I understand that the duty of disclosure applies to all Insured(s). The answers are provided on behalf of all persons/entities comprising the Insured(s).

I understand the questions in the proposal.

AUTHORISED SIGNATORY

Dated

NAME OF SIGNATORY

Position

### CANCELLATION CHARGES

If we are requested to cancel the policy, we will charge the following short period rate premiums. We will hold you and or your insurance intermediary liable to pay these amounts.

Within 1 month of inception:	25% of the quoted premium
Within 2 months of inception:	20% of the quoted premium
Within 3 months of inception:	15% of the quoted premium

Thereafter at terms to be agreed with underwriters.