

Insurance Renewal Questionnaire

General

Public & Products Liability Insurance

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



ASRTM
underwriting
AGENCIES

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.

Cover Requirements			
Due Date	<input type="text"/>		
Policy Number	<input type="text"/>		
Expiring Premium \$	<input type="text"/>		
Limit of Liability Required	A\$5,000,000 <input type="checkbox"/>	A\$10,000,000 <input type="checkbox"/>	A\$20,000,000 <input type="checkbox"/> other <input type="checkbox"/> <input type="text"/>
Optional Excess	A\$5,000 <input type="checkbox"/>	A\$10,000 <input type="checkbox"/>	

Full Name of Insured(s)

ABN

Trading Name of Establishment	Address of Insured Establishment	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Interested Party (ies)

Type of Interest.(Eg L/ord, Financier, Local Council, etc)

Are you the Property Owner Only? yes no

Are you the Occupier Only? yes no

Are you the Property Owner & Occupier? yes no

Business Activities

Operational Information

Please provide a complete list and description of all your Products (including those which have been discontinued during the past 10 years). Please attach a list if more than 4 Products.

Product Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Product Description	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intended Use, Market	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Est. Annual Turnover	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

THE FOLLOWING DETAILS ARE REQUIRED FOR EXPORTED PRODUCTS

Turnover Exported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Countries Sold To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Representation	<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Branch <input type="checkbox"/> Representative <input type="checkbox"/> Other (Specify)

Cover for Products exported to USA or Canada is excluded. Cover may be available for additional premium and/or subject to additional conditions/terms. An additional questionnaire will be required if cover is to be extended and any additional information provided will be deemed to form part of this application.

Is your Product range stable or changing frequently? yes stable no

Can you identify with certainty, the source of every item used in the manufacture of your Products? yes no

Do you directly import raw materials, components or finished goods? (If "Yes" please advise Countries and nature of goods) yes no

Details

Are any of your products used in
 a) aircraft, watercraft, nuclear installations, electricity generating stations, computers, petro-chemical installations or process control equipment? yes no

b) Prototypes, experimental or single production items? yes no

Details

Do you undertake design work? yes no

Details

What Quality Control Procedures are in place? yes no

Details

Are you ISO accredited? yes no

Details

Are Your Products required to be manufactured in compliance with an Australian or any other Government Standard? yes no

Details

Have you adopted the ASR Underwriting Incident Report Procedures? yes no

Have you adopted the ASR Underwriting Quarterly Inspection Reports? yes no

Have you complied with the risk recommendations requested by ASR Underwriting? (Only if applicable) yes no

Are you aware of any claims / incidents in the last twelve months which may or may not result in a claim against this policy? If yes, please provide full details. yes no

TURNOVER/INCOME DETAILS

Please provide your turnover for the following areas

If you provide just one figure for all areas then you will be charged the one rate on your entire turnover. By doing this you will not achieve the lowest possible premium.

	This Year	Last Year
_____	\$ <input type="text"/>	\$ <input type="text"/>
_____	\$ <input type="text"/>	\$ <input type="text"/>
_____	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL	\$ <input type="text"/>	\$ <input type="text"/>
Number of Staff	Full Time <input type="text"/>	Part Time <input type="text"/>

Additional Information

Risk Management

If you have not done so, it is a condition of this insurance that within one (1) week of the commencement of this insurance you must IMPLEMENT and maintain the following: -

Keep an incident report concerning –

- a) Formal complaints from patrons
- b) Patrons who have caused a fight or altercation in your establishment
- c) Ambulance calls to your premises
- d) Police called to your premises
- e) Patrons who have slipped and fallen on your premises
- f) Patrons who have been injured on your premises

This incident report log should be available for inspection if requested.

DECLARATION – YOUR DUTY OF DISCLOSURE

I confirm that:

I am authorised on behalf of the insured(s) to sign this proposal.

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.

Whilst some or all of the answers to the questions may not be checked by me I certify they are correct to the best of my knowledge and belief.

AUTHORISED SIGNATORY

Dated

NAME OF SIGNATORY

Position