

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 policy, it is Your duty to disclose every matter that You know, or could reasonably be expected to know, to be relevant to the Insurer's decision whether to give You insurance cover and, if so, on what terms.

Consequences of Non-Disclosure or Misrepresentation

If You breach Your duty of disclosure; the Insurer(s) may be able to refuse to pay a claim or to cancel Your policy. The same applies where You have made a misrepresentation, if fraudulent (ie. done deliberately for the purpose of obtaining insurance, or for obtaining it on favourable terms) the Insurer(s) may be able to 'avoid' Your policy. This means that the Insurer(s) can treat the policy as never having existed. Non-disclosure or misrepresentation in relation to one policy may affect Your ability to obtain other insurance in the future.

If You are unsure whether some information may be disclosable or not we suggest You call Your insurance broker and seek guidance.

Privacy

We are committed to protecting Your privacy. We only use the personal information You provide to us to quote on and insure this risk. We only provide Your personal information to our Insurer(s) and Reinsurers (and their representatives) and those we appoint to assist us with claims under Your policy (ies). We do not trade, rent or sell Your information. Some or all of the Insurer(s) and Reinsurers may be overseas.

If You don't provide us with complete information, we cannot properly quote for Your insurance and we cannot insure You. You can check the information we hold about You at any time. For more information about our Privacy Policy, ask us for a copy. Copies of the Proposal Form should be retained for Your own records.

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

Turnover / Income Details

	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

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.