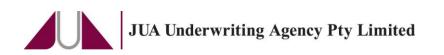


_		_
Pro	posal	Form

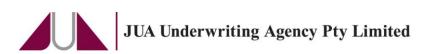
BROKER						
All questions are to be answered. If insufficient space on this form, please use an attachment page.						
1. THE INSURED						
(a) Full name of proposed Ins	ured including su	ıbsidiaries				
Company Name	Australian Business Number (ABN) Input Tax Credit %					
					, ,	
(b) Trading Name (Please com	anlata the attached	schodula of Comp	any Namos if insu	efficient chase hele	n44)	
(b) Trading Name (Please Com	piete the attached	scriedule of Comp	uny Numes ij msu	fficient space beio	iw)	
(c) Postal Address						
					Postcode	!
(d) Full Description of your O	perations and Bu	siness Activities				
(e) Number of years in contin	uous business					
2. Period of Proposed Ir	isurance					
From				Opm Local Stand		
То			At 4:0	Opm Local Stand	lard Time	
3. Limit of Indemnity						
(a) Public Liability \$		Any one occ	urrence			
(b) Products Liability \$		In the aggre	gate for all Injur	y and/or Damage	e during th	e period of
		insurance				
(c) Deductible \$						
4. Details of Premises (in	ncluding oversea	s locations)				
Details of premises occupied b	_		ing the Business			
Details of premises essapies s	Premi	•				Premises 3
Address						
Occupied As						
Age of Premises		years		years		years
Please tick	Owned 🗌	Leased 🗌	Owned 🗌	Leased 🗌	Owned	Leased
5. Estimated Payroll						
Estimated Annual Payroll (inclu	uding earnings of	Principal Direct	ors Partners)			
Estimated Amidai Fayron (men	Juling Earthings Of	Fillicipal, Direct		Amount	Nu	mber of Staff
Management, Clerical and Sale	es		\$		IVU	scr or starr
Manufacturing			\$			
Work Away from Premises			\$			
Payment to Contractors and/o	r Sub-Contractor	'S	\$			
Other (Please Specify) \$						

TOTAL \$



6. Turnover (a) Please show gross annual turnover for each product or service						
Description of Product	Type of Service*	Turnover (\$)	Exports / Imports (\$)	Destination	n / Origin	
	Service					
TOT	AL TURNOVER	\$	Attach product brochures, and	nual reports or other m	aterial if applicable	
*(M) Management (I) Import (D) D			1			
(1) 2	0 1 1/0 1			,	\Box	
(b) Do you operate a Quality If YES, please provide deta			standards applicable.	Yes 🔛	No 📙	
DETAILS:						
(c) Estimated Turnover for U	SA / Canada (Excl	udes USA / Canada Expo	orts)	\$		
7 0 11 .:						
7. Pollution (a) Does your use and storag	e of all toxic subs	tances comply with all s	tatutory Regulations	Yes	No 🗆	
and By-Laws?			, ,			
	(b) Do any of your trade processes produce toxic waste and/or other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the					
environment? If YES, please provide details						
DETAILS:						
(c) Does your waste disposal	_		_	Yes 🗌	No 🗌	
Laws? Please give full details of any chemicals, gases, explosives, radioactive or toxic substances used and/or stored						
DETAILS:						
8. Care Custody and Contro						
(a) Do you require cover for p	property of other lemnity do you re	-	or control?	Yes \$	No 📙	
ii) What is the total	value of such pro	operty at all locations?		\$		
iii) What is the maxi (b) Give a brief description of	imum value of an	y one item?		\$		
DETAILS:	such property					
(c) Is coverage afforded by a	ny other Policy of	Incurance? If Vec. pleas	e provide details	Yes	No 🗍	
DETAILS :	ny otner Folicy of	insurance: ir res, pieas	e provide details	163 🔲	110	
9. Contractual Liability						
Do you assume liability under	contract or hold	other harmless (other th	nan lease liability)? If	Yes 🗌	No 🗌	
YES, please provide full details DETAILS:	and attach copie	es of all agreements				
DETAILS.						



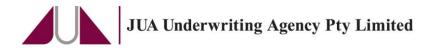


10. Professional Exposure				
(a) Do you provide any advice, design or specification to third parties for a fee? Yes No				
DETAILS:	,			
11. High Hazard				
	have you in the past be	en involved in the ma	inufacture, distribution or sale of th	ne following? If Yes, please
provide details below	•			
(a) Aircraft (including	ing component parts)	Yes No No	(b) Pesticides	Yes No No
(c) Ethical Drugs		Yes No	(d) Fungicides	Yes No No
(e) Industrial Chem		Yes No	(f) Liquid or gas fuels	Yes No No
(g) Petrochemicals		Yes No	(h) Watercraft (over 20 metres	s) Yes No
	ous goods or ammunitio	on Yes No	(j) Spacecraft or satellites	Yes No
(k) Fertilisers		Yes No	(I) Radioactive Material	Yes No No
DETAILS:				
12 Claims and/c	or Loss Experience			
•		ses in the last 5 years?	P If Yes, please provide details	Yes No No
Date of Loss	Amount Paid &	Applicable Excess	Cause of L	
Date of Loss	Outstanding	Applicable Excess	Gudoc o	055
	Outstanding			
		I		
		I		
		I		
(b) After invest	tigations are there any	circumstances of which	ch you are aware which could give	Yes No
	_		not mentioned above? If Yes,	
please prov				
DETAILS:				
(c) Is there any	y additional information	n or detail of which yo	u are aware and which may assist	Yes No No
the Underw	•	·	If Yes, please provide details	
DETAILS:				
13. Previous Insu	urance History			
	ion has any proposed in	nsured ever had any:		
If Yes to any of the below, please provide details				
(a) Insurance declined or cancelled?				
			Yes No	
			Yes No	
	excess imposed?			Yes No
• •	ied for this class of insu	rance?		Yes No
DETAILS:				
	-	-		
	-	-		
	-	-		



SCHEDULE OF COMPANY NAMES				
Company Name				
ABN	Input Tax Credit (%)			
Business Activities				
Company Name				
ABN	Input Tax Credit (%)			
Business Activities				
Company Name				
ABN	Input Tax Credit (%)			
Business Activities				
Company Name				
ABN	Input Tax Credit (%)			
Business Activities				
·				

ADDITIONAL INFORMATION				



DUTY OF DISCLOSURE

Before you enter into a contract of general insurance, you have a duty under the Insurance Contract Act 1984 to disclose to underwriters every matter than you know, or could reasonably be expected to know, is relevant to underwriters decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

You do not need to tell us anything that:

- Reduces the risk undertaken by the Insurer;
- That is of common knowledge;
- That the underwriter knows or ought to know;
- As to which compliance with your duty is waived by the underwriter.

NON DISCLOSURE

If you do not tell underwriters anything you are required to, underwriters may cancel your contract or reduce the liability under the contract in respect of a claim. If your failure to tell us is fraudulent, underwriters may refuse to pay a claim and treat the contract as if it never existed.

OUR PRIVACY POLICY

UNDERWRITERS AT LLOYD'S OF LONDON

The Certain Underwriters at Lloyd's, London want you to know how we protect the confidentiality of your non-public personal information. We want you to know how and why we use and disclose the information that we have about you. The following describes our policies and practices for securing the privacy of our current and former customers.

INFORMATION WE COLLECT

The non-public personal information that we collect about you includes, but is not limited to:

- Information contained in applications or other forms that you submit to us, such as name, address etc.
- Information about your transactions with our affiliates or other third-parties, such as balances and payment history
- Information we receive from a consumer-reporting agency, such as creditworthiness or credit history

INFORMATION WE DISCLOSE

We disclose the information that we have when it is necessary to provide our products and services. We may also disclose information when the law requires or permits us to do so.

CONFIDENTIALITY AND SECURITY

Only our employees and others who need the information to service your account have access to your personal information. We have measures in place to secure our paper files and computer systems.

RIGHT TO ACCESS OR CORRECT YOUR PERSONAL INFORMATION

You have a right to request access to or correction of your personal information that is in our possession.

CONTACTING US

If you have any questions about this privacy notice or would like to learn more about how we protect your privacy, please contact the agent or broker who handled this insurance. We can provide a more detailed statement of our privacy practices upon request.

DECLARATION

I declare that to the best of my knowledge and belief the answers given above, documents or papers submitted, represent the true position and that I have not withheld any information material to this proposal. I agree that this proposal and accompanying documents or papers shall form or partly form the basis of the contract proposed.

I also understand that no contact of insurance is deemed to be formed unless this completed and signed form has been received by the underwriter and to its satisfaction it finds the information acceptable.

Signature	Date	
Signature	Date	

JUA UNDERWRITING AGENCY PTY LTD

ABN 70 004 566 465 / AFSL 235 411

Street Address: Level 4, 215-217 Clarence Street Sydney NSW 2000 Postal Address: PO Box Q1205, QVB Building, Sydney NSW 1230 Email: sydney@jua.com.au / Website: www.jua.com.au