

Ocean Underwriting.

Liability Proposal Form.



General Information

All entities to be insured in this application: *(Required)*

Premises occupied to conduct your business: *(Required)*

Period of Insurance:

From 4pm on the: *(dd/mm/yyyy)*

From 4pm on the: *(dd/mm/yyyy)*

Public Limit of Indemnity any one occurrence: *(Required)*

Products limit in the aggregate for Period of Insurance:

Years in continuous operation: *(Required)*

Your website:

Details of your business activities

Turnover in past 12 months AUD:

Estimated turnover coming 12 months AUD: *(Required)*

Please list full description of your business activities including applicable turnover % for each activity listed below:

Activity 1: *(Required)*

% of Turnover: *(Required)*

Activity 2:

% of Turnover:

Activity 3:

% of Turnover:

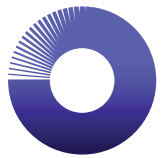
In respect of turnover for the last financial year, please provide a % breakdown by state:

NSW %	ACT %	QLD %	VIC %	TAS %	SA %	WA %	NT %	Overseas %	Total %
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Please forward completed exemption form for NSW eligible companies for stamp duty component to be removed at quoting.

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Wages/Salaries

Staff Numbers

Managerial, clerical and sales

Manufacturing

Installation/work away
from premises

Other

Boiler/pressure vessels:

Do you hire out equipment? **Yes** **No**

Unregistered vehicles/ hire out equipment? (Number and type of type of equipment):

Products Information

Please provide details of all products for which insurance is required. Please attach product brochures and documents separately *(Required)*

Product Name or Type	Function / End use	Manufactured (M), Imported (I), Distributed (D) and Exported (E).	Turnover/ Sales	Origin / Destination
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Do you modify, re-label or repackage any of the products you import, export or distribute? *(Required)*

Yes **No**

Are any of your products used in motor vehicles, aircraft, watercraft, hovercraft, rail equipment, at power stations or chemical plants or mining or drilling sites? *(Required)*

Yes **No**

Do you manufacture any petrochemicals, industrial chemicals, pesticides, fungicides, fertilisers or radioactive materials? *(Required)*

Yes **No**

Do you export any of your products to North America, For the purpose of this insurance, North America is defined as the United States of America and Canada and its dominions and protectorates. *(Required)*

Yes **No**

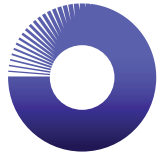
Can you please disclose % of turnover related to exports **Or AUD \$**

Do you own or operate a Limited Liability Company (LLC) entity or subsidiary in the United States of America and Canada and its dominions and protectorates. *(Required)*

Yes **No**

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Quality Assurance & Risk Management Controls

Do you have quality control procedures in place? *(Required)*

Yes No

If you are involved in the importation of goods or products, do you ensure all products are third party tested to ensure compliance with Australian Standards or quality warranty as required by law? *(Required)*

Yes No

Have you obtained ISO9001 certification? *(Required)*

Yes No

Are all goods or products manufactured compliant to Australian Standards (If applicable)? *(Required)*

Yes No

Do you ensure all products labels include clear instructions on use and contain health and safety warnings? *(Required)*

Yes No

For all the product which you manufacture, can you with certainty identify the source of each item or all raw materials used?. *(Required)*

Yes No

Is there a dedicated person in your company or management that is responsible for overall safety including cleanliness of site, factory and enforcing occupational health and safety risk controls in your workplace on each shift? *(Required)*

Yes No

If "NO" to any of the above, can you please provide information on how you ensure compliance to quality of products or services and regulatory standards for labelling and batch identification.

Contractors and Subcontractors Information

Do you use contractors and/or sub-contractors to perform work in your business? *(required)*

Yes No

Do you use labour hire personnel supplied by labour hire companies in your business? *(Required)*

Yes No

Do you assume the liability of others under contract or hold others harmless? *(Required)*

Yes No

Do you ensure that contractors and/or subcontractors have their own liability of \$10,000,000? *(Required)*

Yes No

If "YES" to the above, please provide details of work performed by the contractors and subcontractors in your business or on your behalf. Please provide any payments made in the "Other" section of the payroll information.

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Work away from premises

Do you conduct any activity on, or work away from premises at or on or in;

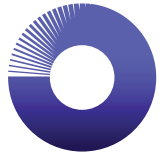
- a) the operation, service or repair of airports and aerodromes including air traffic control equipment, runway, taxiway, runway threshold, apron, hanger, aircraft stand and fuel farm of any kind
- b) the service, repair, maintenance and operation of trains, trams, rolling stock and light rail services including the signals and overhead electrification system of any kind
- c) any inspection, repair and service on offshore oil and gas platforms, floating production storage and offloading (FPSO) and drilling rigs or related equipment of any kind
- d) underground work on mine shafts and tunnels of any kind
- e) any subaqueous or underwater work of any kind
- f) any construction, maintenance and repair of dams, reservoirs or weirs impacting the structure of the dam of any kind
- g) petrochemical plants, refineries, tank farms, fuel depots and storage facilities, oil and gas pipelines including its related infrastructure for above/below ground and undersea uses
- h) power stations including service, maintenance and repair on turbines, generators, boilers, conveyor systems, cooling tower, substations and transmission lines of any kind
- i) the blasting or use of explosive or detonation devices of any kind
- j) the demolition of buildings or other structures exceeding 5 metres in height of any kind
- k) operation of thermal coal-fired power plants, thermal coal mines, oil sands, or new Arctic energy exploration activities of any kind
- l) the operation of any toxic waste disposal facility, waste transfer station and landfill site of any kind
- m) the use fireworks, ammunition, fuse, cartridges powder, Nitroglycerin and or any substances intended for use as an explosive of any kind
- n) the service, repair, maintenance, and operation of commercial vessel of any kind. For the purpose of this exclusion a commercial vessel is defined as a ship used for activities that are undertaken for financial reward or fee

Work away from premises *(Required)*

Yes No

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Your General History

1. After investigation, are you or any principal, partner, or director aware:

Of any insurance being declined or cancelled, application/proposal rejected, renewal refused, Yes No claim rejected, or special conditions or excess imposed by any insurer? *(Required)*

No Yes

Of any liability claims made against you? *(Required)*

No Yes

Of any of your products being recalled? *(Required)*

No Yes

Of an incident or accident which would be insured by this proposed insurance? *(Required)*

No Yes

Anyone having been charged with or convicted of any criminal offence (excluding traffic offences)? *(Required)*

No Yes

If you or the company ever been fined or prosecuted for any workplace work, health or safety breaches of any kind? *(Required)*

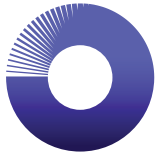
No Yes

2. Have you ever, either alone or jointly with others been declared bankrupt or subject to any form of insolvency administration (eg. liquidation or receivership)? *(Required)*

No Yes

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Your Duty of Disclosure

For the avoidance of doubt, You, Your, Me, My, I means any principal, director, stockholder or shareholder, partner, proprietor, officer, executive, or employee authorised to complete this insurance application on behalf of all entities to be insured in this application

Us, We, Our is defined as Ocean Underwriting Pty Ltd acting under a binder as an agent of the insurer

Before You enter into a contract of insurance with Us, You have a duty under the Insurance Contracts Act 1984 (Cth) to disclose to Us anything that You could reasonably be expected to know is relevant to Our 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.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by Us;
- that is of common knowledge;
- that We know or, in the ordinary course of business, ought to know; or
- as to which compliance with Your duty is waived by Us.

The duty of disclosure applies to You and everyone insured under the contract of insurance. If You, or they, fail to comply with the duty of disclosure, We may reduce Our liability under the contract in respect of a claim.

If the non-disclosure is fraudulent, We may treat the policy as if it never existed and pay nothing.

It is important that all information provided in support of Your application for insurance is understood by You and is correct, as

You will be bound by Your answers and by the information provided by You. If You do not understand any part of this notice, You should obtain independent advice.

Your duty of disclosure continues after Your application for insurance has been completed up until the contract of insurance is entered into.

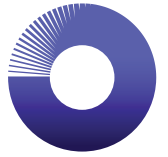
Non-Disclosure

If You:

- failed to disclose any matter which You were under a duty to disclose to the Us, or
- made a misrepresentation to the Us before this policy was entered into and if We would not have entered into this policy for the same premium and on the same terms and conditions expressed in this Policy but for the failure to disclose or the misrepresentation then -
 - Our liability in respect of any claim will be reduced to an amount to place Us in the same position in which We would have been placed if such non-disclosure had not occurred or such misrepresentation had not been made; or
 - if the non-disclosure or misrepresentation was fraudulent, We may avoid this policy.

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Declaration

I declare that to the best of my/our knowledge and belief the answers given above, documents or papers submitted, represent the true position and that We have not withheld any information, material to this proposal.

I acknowledge that no cover is provided unless and until;

- Ocean Underwriting advise in writing of the cover and terms which they can provide, and
- this cover including the terms and conditions is then accepted by me, and
- Ocean Underwriting are advised by me of acceptance of their cover and terms offered, and
- Ocean Underwriting acknowledges to me that cover is provided.

Where answers in this proposal are not in my own handwriting, they have been checked by me and I agree that they are correct.

I have read and understood the Your Duty of Disclosure notice in this proposal form. I authorise Ocean Underwriting to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to or which may impact on this insurance cover, and any other insurances held by Me and claims under those insurances.

I agree that this proposal and accompanying documents or papers shall form part of this proposal and are the basis of the insurance contract proposed.

I have read and agree to the duty of disclosure requirements. *(Required)*

Declaration signature(s) on behalf of the applicants:

Signature

Print Name: *(Required)*

First

Last

Position: *(Required)*

Date: *(dd/mm/yyyy) (Required)*