

Important notices

The information requested and provided in this proposal will form the basis of any contract of insurance entered into. Please read the following notices carefully and ensure you answer all questions in full and read and sign the Declaration at the end.

Duty of disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 (Cth), to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer 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 the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know; or
- as to which compliance with your duty is waived by the insurer.

Non disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Claims made insurance

This is a proposal for a 'Claims Made' policy of insurance. This means that the policy covers you for any claims made against you and notified to the insurer during the policy period. The policy does not provide cover in relation to:

- pollution conditions that occurred prior to the retroactive date (if one is specified) in the policy;
- any claim made, threatened or intimated against you prior to the commencement of the policy period;
- any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the policy period;

- any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;
- any claim arising out of any fact you are aware of before the commencement of the policy period;
- any claim made against you after the expiry of the policy period.

However, the effect of Section 40(3) of the Insurance Contracts Act 1984 (Cth) is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the policy period, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the policy period, notwithstanding that the claim was made against you after the expiry of the policy period.

Inadequate space to answer

If there is inadequate space to answer any of the questions or make any comment or you need to disclose something to us because of your Duty of Disclosure, please include attachments to this proposal on your company letterhead, giving full details of additional information.

Instructions

This application must be signed and dated by an owner, principal or other duly authorised person. Please submit the following with this application:

- Standard client and sub-contractor contract documents used
- Representative project listing with descriptions
- Attach a list of proposed named Insureds to be covered by this policy and include ownership information and description of operations for each entity. (Only those entities performing the services and/or operations as proposed will be included as the named insured)
- Environmental Audit Reports for each location requiring coverage (if available)
- Information on any previous environmental coverage and environmental loss experience Environmental site management plan.



1.	INSURED DETAILS				
	Name Insured				
	Address				
	City	State	Pos	stcode	
	Country				
	Website address				
	Period of insurance (at 4pm local standard time)	From	То		
	Are there any new/additional parties to be noted on	the policy?		Yes	No
	If yes, please describe their relationship to the insure				
2	COMPANY OPERATIONS				
۵.					
	Are there any additions or amendments to the cover If yes, please identify:	ed locations designated in the currer	t policy?	Yes	No
	if yes, please identity.				
	Are there any changes to the operations at the cove	red locations designated in the curre	nt policy?	Yes	No
	If yes, please identify:				
	Have any updated environmental reports been cond	lucted during the current policy period	1		
	such as monitoring reports, audits ad surveys?	asiss daring the current policy period		Yes	No
	If yes, please provide details and copies of the repor	rts.			



3.	TURNOVER		
	Actual revenue for current period of insurance	\$	
	Estimated revenue for forthcoming period of insurance	\$	
	Actual wages for current period of insurance	\$	
	Estimated wages for forthcoming period of insurance	\$	
4.	COVERAGE DETAILS		
	Are there any changes to the insured limits, deductibles or coverage required?	Yes	No
	If yes, please provide the details:		
	Limits:		
	Occurrence limit	\$	
	Aggregate limit	\$	
	Deductible limit	\$	
	Please select required coverage. If you require further options, please discuss with your broken	r:	
	a. Clean-up costs resulting from new pollution conditions		
	b. Clean-up costs resulting from pre-existing pollution conditions		
	c. Bodily injury and property damage resulting from pollution conditions		
	 Bodily injury, property damage and clean-up costs resulting from transported cargo (If selecting this coverage option, please complete Coverage Option D below.) 		
	e. Business interruption expense caused by pollution conditions		
	f. Crisis containment expenses resulting from pollution conditions		
	Coverage Option D – Transported Cargo additional questions		
	Number of licensed motor vehicles		
	Please attach your motor vehicle list		
	Are hazardous materials transported	Yes	No
	If yes, please provide a description of such materials:		
	Please provide a description of all cargo being transported:		
	Do you perform vehicle maintenance on site or is it provided by a third party?	On-site	Off-site



Please describe:

	Distance travelled:		
	a. Owned/leased:		
	b. Third party		
5.	PERFLUOROALKYL OR POLYFLUOROALKYL SUBSTANCE (PFAS)		
	Have any PFAS, or any materials or products that may have contained any PFAS, ever been manufactured, used or stored at any covered location?	Yes	No
	If yes, please provide details:		
6	AQUENOUS FILM FORMING FOAM (AFFF)		
0.	Do any operations conduction, or any materials stored, used or manufactured at any covered		
	property have fire suppression requirements other than water?	Yes	No
	If yes, please provide details:		
	Have any AFFF fire suppressants ever been used or stored at any covered property?	Yes	No
	If yes, please provide details (a summary would suffice, or equivalent for our review):		
	Lieus there have any fire at a covered manager, that would AFFF have fire suppressed		
	Have there been any fires at a covered property that used AFFF based fire suppressant to extinguish the fire?	Yes	No
	If yes, please provide details:		
	Have there ever been any fire training exercises that used AFFF conducted at any covered property?	Yes	No
	covered property:	162	INO



7.	CYBER SECURITY		
	Does the company have an established cyber security strategy in place that extends beyond data protection?	Yes	No
	How does the company ensure that cyber security risk management is integrated in the company's over management practices?		
	What is the company's approach towards external and internal penetration tests and vulnerability asse	ssments?	
	How are critical vulnerabilities remedied once identified? What changes are now being implemented at a recent breach (if applicable)?	s a result of	
	Please provide a copy of the named insured's cyber incident response plan (executive summary would equivalent for our review.	I suffice), or	
8.	CLAIMS INFORMATION At the time of signing this application, does the company know of any facts or circumstances which may reasonably be expected to result in a claim or claims being asserted against the company for environmental clean-up or response, or for bodily injury or property damage arising from the release of pollutants into the environment? If yes, please provide details:	Yes	No



9. DECLARATION

I/we, the undersigned, declare and acknowledge:

- · that, if applicable, I am/we are, authorised by all persons and entities seeking insurance, to make this proposal
- that all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a Contract of Insurance is entered into, I am/we are obliged to inform Liberty of any changes to any information supplied or of any new information that is relevant to this proposal
- that I/we understand Liberty relies on the accuracy of the information and documentation supplied in proposing for this
 insurance
- that if a Contract of Insurance is entered into, all information and documentation supplied in proposing for this insurance will be incorporated into and form part of such Contract of Insurance
- that I/we have read the Important Notices which form part of this proposal
- that I/we understand that no insurance is in force until a Contract of Insurance is entered into by Liberty and the Proposer/s
- that the proposed Insured is a small business with a turnover of less than AU\$2 million in the last financial year. Note that if 'no' is selected or this question is left blank, Liberty will charge stamp duty on risks that 1) occur within or partly within NSW or 2) cover NSW property.

To be signed by the partner, director or authorised representative of the insured.

Please indicate your authority as a signatory:

Partner Director	Authorised Agent
------------------	------------------

Signature	Date
Name (please print)	

Privacy Notice

Liberty Specialty Markets is a trading name of Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (Liberty). It is a member of Boston-based Liberty Mutual Group. Liberty Australia's head office contact details are:

Address: Level 38, Governor Phillip Tower, 1 Farrer Place, Sydney NSW 2000, Australia Phone: +61 2 8298 5800

Liberty is bound by the Privacy Act 1988 (Cth) and its associated Australian Privacy Principles when it collects and handles your personal information.

Liberty collects personal information, including from insurance brokers, in order to provide its services and products, manage claims and for purposes ancillary to its business. Liberty passes it to third parties involved in this process such as Liberty's related companies, reinsurers, agents, loss adjusters and other service providers. We may store your information with third party cloud or other types of networked or electronic storage providers. Third parties may be located locally or overseas in the United States, Canada, United Kingdom, Singapore, Hong Kong and Malaysia. Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from Liberty. If you do not provide the personal information Liberty or other relevant third parties require to offer you specific products or services, Liberty may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal information, make a privacy complaint, or if you have any query about how Liberty collects or handles your personal information please write to Liberty's Privacy Officer at the address above or by emailing: **privacy.officer.ap@libertyglobalgroup.com**. To obtain a copy of Liberty's Privacy Policy go to Liberty's website (www.libertyspecialtymarkets.com.au) or request a copy from Liberty's Privacy Officer.

When you give Liberty personal or sensitive information about other individuals, Liberty relies on you to provide its Privacy Notice to them. If you have not done this, you must tell Liberty before you provide the relevant data.



APPENDIX A – ADDITIONAL LOCATIONS TO BE ADDED TO THE POLICY

Address	Current land use	Prior land use	Surrounding land use

APPENDIX B – STORAGE TANKS

Are tanks present at your site?

Yes

No

If yes, please complete:

Select 'Above' or 'Below'	Year Installed	Tank Capacity	Tank Construction	Contents of Tank	Condition of Tank	Type of Leak Detection