

Master Electricians Broadform Liability & Professional Indemnity Insurance Proposal

Full Insured Title: This must be EXACTLY the same as your ELECTRICAL CONTRACTORS LICENCE!

Electrical Contractor Licence Number:												ABN Number:											
Contact Name:						Annual Turnover:\$						Input Tax Credit: %											
Business Address:																							
Suburb:						State:						Postcode:											
Postal Address: (if different from above)																							
Suburb:						State:						Postcode:											
Phone:						Fax:						Mobile:											
Email:																							
Fully describe your business activities:																							
How long have you been in this type of business?																							
If you perform work not associated with Electrical Contracting, please explain the nature of such work:																							
Principals/Workers/Employees/Staff																							
Principals:				Trade Staff:				Office Staff:				Apprentices:				Other:				TOTAL:			
Percentage of work performed by subcontractors: %												Percentage of turnover derived from subcontractors: %											
Explain the type of work performed by subcontractors:																							
Have any claims been made against you in respect of your business in the past 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO																							
Date of Incident				Details of Claim								Insurer				\$ Amount							
																\$							
																\$							
Has an insurer ever declined to insure you, or declined to renew any of your insurances? <input type="checkbox"/> YES <input type="checkbox"/> NO																							
Has an Insurer ever required special terms before insuring or continuing to insure You? <input type="checkbox"/> YES <input type="checkbox"/> NO																							
Have you or any of your employees or subcontractors ever been subject to any disciplinary action by any Industry Association or Government Body? <input type="checkbox"/> YES <input type="checkbox"/> NO																							
If the answer to any of the above questions are 'YES', provide full details below:																							
PUBLIC LIABILITY																							
Limit of Liability: <input type="checkbox"/> \$5 Million <input type="checkbox"/> \$10 Million <input type="checkbox"/> \$20 Million												Excess <input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000											
PROFESSIONAL INDEMNITY																							
Limit of Indemnity: <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$ 1Million <input type="checkbox"/> \$2 Million <input type="checkbox"/> \$5 Million																							
Period of Insurance From												To: at 4:00pm											
ECA Member?		<input type="checkbox"/> YES		<input type="checkbox"/> NO		If 'NO' may we provide your details to the ECA?						<input type="checkbox"/> YES		<input type="checkbox"/> NO									

If you work in any of the specialist areas listed below, please show the percentage of your total turnover that relates to each area.		
SPECIALIST AREAS	Yes	% of Turnover
Aircraft Industry		%
Data & Communications		%
Design work where you act purely as a consultant		%
Equipment manufacturing for products manufactured by You, but not installed by you, but for sale to others		%
Fire Detection and Security Alarm Installation		%
Hazardous work – High voltage cable work		%
Heavy engineering work at Quarries, Coal Handling Facilities, Open Cut Mines where work involves mining machinery		%
Large conveyor belt installation, manufacturing or servicing		%
Overseas Operations		%
Passenger / goods lift, elevator, escalator installation, manufacturing or servicing		%
Railway Signalling		%
Refineries - Oil or Gas		%
Mines		%
Working with Explosives		%
Power Utilities		%
Airports		%
Ships/Wharfs		%
Water Pumps (excluding pool pumps and domestic use pumps)		%
Medical Equipment		%
Offshore Drilling Rigs		%
Project Management Activities including Shut-Down Supervising		%
Electrical Engineering		%
If the answer to any of the above questions are 'YES', provide full details below:		
Are any of your workers engaged through an employment placement agency, labour hire company or any other organisation whose business is the supply of labour, and where such workers perform their duties under your care, control, direction or supervision? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If 'YES', please advise: a) expected total expenditure on such labour in next 12 months: \$		
b) if you include hired labour workers in your Workers Compensation declarations <input type="checkbox"/> YES <input type="checkbox"/> NO		
c) the type of work performed:		
If 'YES' please also supply us with a copy of all labour hire agreements (including the terms & conditions)		
Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under warranty or quality as regards to your products, or specifically agreed contracts.		
Do you assume liability under contract or hold others harmless (other than lease liability) <input type="checkbox"/> YES <input type="checkbox"/> NO		
If 'YES', provide full details and attach copies of all agreements (other than lease liability):		

Insurance Contracts Act 1984 – Duty of Disclosure

You and everyone who is an insured under your policy must comply with the duty of disclosure. Make sure you explain the duty to any other insured's you may apply on behalf of. The duty requires you to tell the insurer certain matters which will help them decide whether to insure you and, if so, on what terms.

The duty applies when you first apply for your policy and on any renewal, variation, extension or replacement of the policy. It applies up until the policy is entered into i.e. if you have submitted an application and the information provided changes or you become aware of new matters before the policy is finalised you need to tell us.

If we act on behalf of the insurer, you need to refer to the policy which will set out the duty that applies.

If we act on your behalf, to assist us in protecting your interests, it is important that you tell us every matter that:

you know; or

a reasonable person in the circumstances could be expected to know

is relevant to the insurer's decision whether to insure you and, if so, on what terms.

We will then assist you in determining what needs to be disclosed to the insurer in order to meet your duty.

When you answer any questions asked by the insurer, you must give honest and complete answers and tell the insurer, in answer to each question, about every matter that is known to you and which a reasonable person in the circumstances could be expected to have told the insurer in answer to the question.

Examples of matters that should be disclosed are:

any claims you have made in recent years for the particular type of insurance;

cancellation, avoidance of, or a refusal to renew your insurance by an insurer;

any unusual feature of the insured risk that may increase the likelihood of a claim.

If you (or anyone who is an insured under the policy) do not comply with the duty, the insurer may cancel the policy and/or reduce the amount it pays in the event of a claim (this could be to nil). If the failure to comply with the duty is fraudulent, the insurer may treat the policy as if it never existed and pay nothing.

Confirming Transactions

You may contact us or your advisor in writing (which is always required if you are advising cancellation) or by phone to confirm any transaction under your Policy. Any transaction will be documented by us as soon as possible.

Goods & Services Tax

To ensure you do not incur any unnecessary GST liabilities on claim settlement, please ensure your ABN and tax status are entered in the space provided on this proposal.

DECLARATION & SIGNATURE

I/We declare that the answers given herein are in every respect true & correct and that I/We have not withheld any information likely to affect the acceptance of this Proposal.

Signature:

Date:

Printed Name:

Job Title