

# Broadform Liability Quotation Form

AIB AUSTRALIA

APPLICANT DETAILS	
Names of Insured in full Including any Trading Names or Trusts	Name
Tax Status	Registered <input type="checkbox"/> Yes <input type="checkbox"/> No ABN: <input type="text"/> Taxable: <input type="text"/> %
Insured's Phone	<input type="text"/> Email <input type="text"/>
Website	<input type="text"/>
Postal Address	<input type="text"/> Postcode <input type="text"/>
Interested Party Name	<input type="text"/>
Address	<input type="text"/> Postcode <input type="text"/>
Type of Interest	<input type="text"/>
Period of Insurance	From: <input type="text"/> To: <input type="text"/>

INDEMNITY LIMIT	
Limit of indemnity required	Public Liability – any one occurrence <input type="text"/>
	Products Liability – in the aggregate per period of insurance <input type="text"/>

THE BUSINESS	
<b>Business Operations</b> Fully describe the business activities and each subsidiary company under control of the Applicant	<input type="text"/>
Number of Years in this business	<input type="text"/>
Location of all Premises occupied for the purpose of conducting business	<input type="text"/> <input type="checkbox"/> Owned <input type="checkbox"/> Leased
	<input type="text"/> <input type="checkbox"/> Owned <input type="checkbox"/> Leased
	<input type="text"/> <input type="checkbox"/> Owned <input type="checkbox"/> Leased
	<input type="text"/> <input type="checkbox"/> Owned <input type="checkbox"/> Leased

THE BUSINESS (continued)

Location of Premises owned by You for which Property Owners Only cover is required and type of building/tenant Construction / age of building

Indicate if your operations Include

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Wholesale/Distribution | <input type="checkbox"/> Design/Formulation | <input type="checkbox"/> Services/Repair          |
| <input type="checkbox"/> Manufacture            | <input type="checkbox"/> Importing          | <input type="checkbox"/> Welding & Heat Processes |
| <input type="checkbox"/> Processing             | <input type="checkbox"/> Exporting          | <input type="checkbox"/> On - Site                |
| <input type="checkbox"/> Installation           | <input type="checkbox"/> Retail             | <input type="checkbox"/> Off - Site               |
| <input type="checkbox"/> Construction           | <input type="checkbox"/> Property Owner     |   |

Actual past year

Estimate next year

Annual Turnover



Value of Annual Sales



Value of Gross Rental



% of Turnover by State

NSW	QLD	VIC	TAS	ACT	WA	SA	NT
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

Estimated Annual Wages

Salaries & Wages

Number of Staff

Managerial, clerical and sales



Manufacturing



Installation, repairs and maintenance



Work at your Premises



Work away from your premises



Activity

Details

% of Turnover













Do you employ contractors &/or sub-contractors ?

Yes  No

If Yes —

Estimated Annual Payment — Labour Only

Labour & Materials

Do you ensure contractors &/or subcontractors have their own insurance ?

Yes  No

Do you require insurance to cover your liability for their actions?

Yes  No

Advise type of work provided

Do you employ labour hire ?

Yes  No

If Yes —

Estimated Annual Payment —

Advise type of work provided

**If Yes to any of the following questions please provide full details**

- a) Has Your Business had two or more liability claims within the last three years, or are You aware of any circumstances that may give rise to a claim?  Yes  No
- b) Has Your Business assumed, or intend to assume liability under any contract, or have You entered into or do You in future intend to enter into any hold harmless agreements?  Yes  No
- c) Does Your Business, or does Your Business intend to import or export goods?  Yes  No
- d) Does Your Business, or does Your Business intend to transport, handle, use or store dangerous goods in bulk quantities as defined by the Australian Dangerous Goods code?  Yes  No

THE BUSINESS (continued)

**If Yes to any of the following questions please provide full details**

- e) Has Your Business used or handled asbestos at any time?  Yes  No
- f) Does Your Business discharge waste or hazardous material into the atmosphere, sewer or elsewhere?  Yes  No
- g) Does Your Business carry out any of the following: Use of explosives, bridge construction/maintenance, demolition activities, building work exceeding 10 metres in height, construction or maintenance work involving chemical works, underground mines, offshore platforms, aircraft, petrochemical plants, power stations, ships?  Yes  No

If you answered Yes to any of the above questions please provide full details

Do you have property in Your Physical or Legal Control ?  Yes  No

Estimated value of property in Your Physical of Legal Control

GENERAL INFORMATION

All questions must be answered by and in respect of all insured persons.

- 1) Have you had any claims made against you (whether insured or not) or have you recalled any of your products during the last 7 years?  Yes  No
- 2) Have you had any incident or accident occur which would have been covered by the proposed insurance policy?  Yes  No
- 3) Have you had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected  Yes  No
- 4) Have you been charged with or convicted of any criminal offences in the last 10 years?  Yes  No
- 5) Have you ever been declared bankrupt, or put into voluntary receivership or liquidation?  Yes  No

**IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE SUPPLY FULL DETAILS, DATE, CIRCUMSTANCES, AMOUNTS, ETC** (If insufficient space, please provide additional details on a separate page)

Date of incident	Name	Full Details of event
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGNATURE & DECLARATION

I/We declare that  
 The information in this application is true and correct and I/We have not withheld any relevant information.  
 I/We understand that any statement made in this application will be treated as a statement made by all of the people insured.

Signature of Applicant  Date

Signature of Applicant  Date