

LIABILITY QUESTIONNAIRE

INSURED [Please show all names used]: _____

TRADING NAME: _____

DUE DATE: _____ / _____ / _____

A) Please describe all your activities:

B) What percentage of your work is away from premises: _____%

C) If your business is Construction what percentage of turnover is allocated to Domestic, Industrial and Commercial Construction:
Domestic Construction: _____% Commercial Construction: _____%
Industrial Construction: _____%

D) Does your work involve Welding and/or Hot Work: YES/ NO
i) If Yes, what percentage of turnover _____%
ii) What percentage occurs away from your premises. _____%

E) How many locations are owned and used in performing the business activities: _____

F) How many locations are leased in performing the business activities including the value of such premises: _____

G) What are the actual wage roll of the employees for the last year and the estimate for the next year?
Actual Wages: \$ _____ Estimated Wages: \$ _____

H) The actual turnover for the last year, and the estimate for the next year:
Actual Turnover: \$ _____ Estimated Turnover: \$ _____

I) If sub-contractors or labour hire used, please provide:
i) Payments to sub-contractors:
Labour only On Premises: \$ _____
Off Premises: \$ _____
Labour & Plant: \$ _____
ii) Labour Hire Payments: \$ _____
iii) Nature of work carried out: _____

iv) Do you ensure that sub-contractors have a Public Liability and Worker's Compensation insurance policies and request certificate of currencies from them:

YES/NO

J) Please provide a full list of products manufactured or wholesaled: _____

K) Please provide details of any exports or imports of products:

Imports: Where from: Total Value: \$ _____

Exports: Where to: Total Value: \$ _____

L) Please provide details of any new product lines commences in the last 12 months or anticipated for commencement in the next 12 months:

M) Please advise details of any circumstances likely to give rise to a claim known by you but not yet reported.

N) Have you ever been under investigation or prosecuted for any breach of The Occupational Health and Safety Act 1995: YES/NO

If 'YES' please advise outcome:

O) Do you require an additional quotation to increase your current cover?

YES/NO

If 'YES', please advise the limit. \$ _____

P) Is there any other information you wish to disclose?

Signed: _____

Date: ____ / ____ / ____