ISP – Insurance Proposal Form

Underwriting Agencies of Australia Pty Ltd
ABN: 86 003 565 302
AFSL: 238517
Suite 202, 19A Honeysuckle Drive, Newcastle, NSW 2300

UAA

A. GENERAL INFORMATION

1. Period of Insurance:

From:	/ /	To:	/ /	at 4pm

B. DETAILS OF THOSE PROPOSED TO BE INSURED

2. Full Names of all Persons and/or Companies intended to be Insured:

(a) Name of Insured:		ABN:	
(b) Name of Insured:		ABN:	
(c) Name of Insured:		ABN:	

3. Postal Address:

Suburb:		State:		Postcode:	

4. Have:

(a) You, Your Partners or Directors; or

(b) Any current or former Partnerships, Companies or Businesses of which You, Your Partners or Your Directors are or have been Partners, Directors or more than 20% Owners ever:

(i) Been charged with any offence regarding fraud or dishonesty?	Yes ☐ No ☐
(ii) Been declared bankrupt, insolvent or placed into receivership, administration or liquidation?	Yes ☐ No ☐
(iii) Been convicted of a criminal offence?	Yes ☐ No ☐
(iv) Had insurance refused or a proposal for insurance declined?	Yes ☐ No ☐
(v) Had special terms or conditions imposed on insurance?	Yes ☐ No ☐
(vi) Had insurance cancelled?	Yes ☐ No ☐
(vii) Had a renewal or insurance declined or not accepted?	Yes ☐ No ☐
(viii) Had an insurance claim rejected?	Yes ☐ No ☐

If "Yes" please provide details:

(ix) Suffered losses or claims (both insured and uninsured) in relation to contractor's plant, mobile machinery, motor machinery, motor vehicle, public/products liability insurance during the last 5 years?	Yes ☐ No ☐

If "Yes" please provide full details below or provide a copy of claims history on insurer letter head for the last 5 years.

Copy of claims history attached?	Yes ☐ No ☐

Date:	Claim Description:	Amount:	Insurer:
/ /		$	
/ /		$	
/ /		$	
/ /		$	
/ /		$	
/ /		$	
/ /		$	
/ /		$	

C. INFORMATION ABOUT THE BUSINESS

5. Describe Your business activities to be insured:	
6. Are any of Your Machines used or expected to be used for Dry Hire activities (hired out without Your Operator)?	Yes ☐ No ☐
If "Yes" what is the expected percentage of use in respect of Dry Hire?	%
What types of items are available for Dry Hire?	
Do You offer the "Hirer" a "Damage Waiver" or Insurance option in respect to Damage to the hired Machine?	Yes ☐ No ☐
If "Yes", for what percentage of hire transactions are You providing a "Damage Waiver" or "Insurance Option?". *Please attach a copy of Your formal conditions of hire to this Proposal form.*	%
7. Are any of your Machines used or expected to be used:	
(a) On, in or under water or in tidal areas?	Yes ☐ No ☐
(b) Underground?	Yes ☐ No ☐
(c) In demolition?	Yes ☐ No ☐
(d) In connection with oil and/or gas exploration?	Yes ☐ No ☐
(e) On Thermal Coal Mine sites?	Yes ☐ No ☐
(f) In Forestry (old growth/plantation) - harvesting and logging activities?	Yes ☐ No ☐
(g) In connection with any other activities a reasonable person would consider hazardous?	Yes ☐ No ☐
If "Yes" to any of the above questions, please provide full details of such use:	
8. Estimated annual turnover for the insured business during the proposed Period of Insurance:	$
9. Total number of employees (including partners and directors performing employee duties):	

D. SECTION 1 - DAMAGE

Please complete the Schedule or attach separately in Microsoft Excel format with Your own Machines that you wish to insure

Item Number:		Year:		Make/Model:			
Sum Insured:	$			Registration No.:		Engine/Serial No.:	
Interested Party:				Attachments:			
Item Number:		Year:		Make/Model:			
Sum Insured:	$			Registration No.:		Engine/Serial No.:	
Interested Party:				Attachments:			
Item Number:		Year:		Make/Model:			
Sum Insured:	$			Registration No.:		Engine/Serial No.:	
Interested Party:				Attachments:			

E. SECTION 2 – HIRED - IN PLANT

Specified Option:

Please complete the Schedule or attach separately in Microsoft Excel format with Hired-In Machines that You wish to insure:

Item Number:		Year:		Make/Model:			
Sum Insured:	$			Registration No.:		Engine/Serial No.:	
Interested Party:				Attachments:			
Item Number:		Year:		Make/Model:			
Sum Insured:	$			Registration No.:		Engine/Serial No.:	
Interested Party:				Attachments:			
Item Number:		Year:		Make/Model:			
Sum Insured:	$			Registration No.:		Engine/Serial No.:	
Interested Party:				Attachments:			

Blanket Cover Option:

Do You wish to have an annual blanket cover for Machines that You intend to dry hire-in during the period of insurance?	Yes ☐ No ☐
If "Yes" please describe the nature and type of Machines hired-in. If these items are the same as listed in Section 1 – Damage and/or Section 2 – Hired-in Plant, please insert 'As Above'.	
Are any of these Machines expected to be Road Registered?	Yes ☐ No ☐
Estimated annual hiring fees incurred for hiring these Machines:	$
Estimated market value of the most valuable individual Machine hired-in:	$
Estimated market value of all Machines hired-in at any one time:	$
Hired-in Plant Ongoing hire charges	
Ongoing Hiring Charges Standard Limit is $50,000 for 12 weeks. Please indicate if a higher limit is required (additional premium may apply).	Increased Limit $ Indemnity period (weeks)
Hired-in Plant Additional Benefits	
Do you hire in and hire out machines (cross hire) – additional premium may apply.	Yes ☐ No ☐

F. SECTION 3 – ADDITIONAL BENEFITS

Please review the automatic additional benefits provided in the Policy and complete the appropriate part of the Schedule. An additional Premium may be required.

Automatic Additional Benefits:	Existing Sum Insured:	Increase Sum Insured to:
1. Damage to Lifted Goods	$250,000	$
3. Expediting Costs	$50,000 or 30% of indemnity	$
4. Recovery Costs – No Damage	$100,000	$
5. Recovery Costs – Damage	$250,000	$
6. Employees' Property Damage	$10,000	$
9. Extra Costs of Reinstatement	$50,000 or 10% of Sum Insured	$
11. Attachments	$15,000	$
13. Windscreen or Window Glass Replacement	$10,000 any one Period of Insurance (Machines) Note: Motor Vehicles – limit 1 windscreen per vehicle/policy period	$
15. Repatriation of employee	$5,000	$

16. Lock and Keys	$2,500 per Machine $10,000 Period of Insurance	$
17. Fire Brigade/Emergency Service Charges	$25,000 any one Period of Insurance	$
18. Funeral Expenses	$10,000 any one Period of Insurance	$
19. Additions/deletions of machines	$500,000 – 60 days Notification	$
Optional Additional Benefits (an additional Premium may be required)		
20. Agreed value		Yes ☐ No ☐
21. Owner's protection plus – including Dry Hire and Wet Hire		Yes ☐ No ☐
22. Hired-out plant – Damage Waivers		Yes ☐ No ☐

G. SECTION 4 – FINANCIAL PROTECTION

Do You wish to insure any Machines for Financial Protection? Includes options for:	Yes ☐ No ☐
1. Loss of Revenue and Increased Cost of Working	Yes ☐ No ☐
2. Loss of Revenue	Yes ☐ No ☐
3. Increased Cost or Working	Yes ☐ No ☐
4. Lease Payments Protection	Yes ☐ No ☐
5. Lease Value Protection	Yes ☐ No ☐

Please provide Machine details below (an additional Premium may be required)

Item Number and Machine Description:	Cover Option:	Weekly Sum Insured:	Indemnity Period (Weeks):

H. SECTION 5 – BREAKDOWN

Do You wish to insure any Machines against Breakdown Damage?	Yes ☐ No ☐

Please provide Machine details below (an additional Premium may be required)

Item Number:	Sum Insured:	Item Number:	Sum Insured:

I. SECTION 6 – ROAD RISK THIRD PARTY LIABILITY

1. Do You wish to insure Motor Vehicles which have been declared as road registered for Road Risk Third Party Liability?	Yes ☐ No ☐
Standard limit of indemnity: $30,000,000. Please indicate if a higher limit is required (additional premium may apply):	$40,000,000 ☐ $50,000,000 ☐
2. Do You require additional cover for Legal Liability in connection with Dangerous Goods cartage? (Policy automatically includes a sum insured of $1,000,000)	Yes ☐ No ☐
If "Yes";	
(a) What Dangerous Goods Legal Liability limit required?	$
(b) Please indicate the type of the Dangerous goods carried:	

Dangerous Goods Class:	**Yes/No:**	**Typical Quantity Carried:**	**Frequency Carried:**
Class 1: Explosives	Yes ☐ No ☐		
Class 2: Gases	Yes ☐ No ☐		
Class 3: Flammable Liquids (including Diesel)	Yes ☐ No ☐		
Class 4: Flammable Solids	Yes ☐ No ☐		
Class 5: Oxidising Substances and Organic Peroxides	Yes ☐ No ☐		
Class 6: Toxic and Infectious Substances	Yes ☐ No ☐		
Class 7: Radioactive Material	Yes ☐ No ☐		
Class 8: Corrosive Substances	Yes ☐ No ☐		
Class 9: Miscellaneous	Yes ☐ No ☐		

(c) Number of powered units carrying dangerous goods or diesel:

Motor Vehicle Type:	**Number of Powered Units:**
<2 Tonne Utes	
2 – 10 Tonne Trucks	
Prime Movers	

Other Information:

J. SECTION 7 – BROADFORM LIABILITY

1. Do You wish to insure against Legal Liability for Personal Injury, Property Damage or Advertising Injury caused by an occurrence in connection with Your Business?	Yes ☐ No ☐
If "Yes", Please indicate the limit of indemnity required:	$10,000,000 ☐ $20,000,000 ☐ $30,000,000 ☐ $40,000,000 ☐ $50,000,000 ☐

2. Please provide and categorise the precise nature of each activity performed as part of Your Business and indicate the approximate percentage of Your turnover that is derived from same (the total must equal 100%):

Business Activity:	**Percentage**
	%
	%
	%
	%

3. Do You engage personnel supplied by Labour Hire companies/Contractors/Sub-Contractors to perform work on Your behalf and in connection with Your Business?	Yes ☐ No ☐

If "Yes":

(a) Please advise the following:

Company Used:	**Type of Work:**	**Annual Payments:**
		$
		$
		$
		$

(b) Are You required to insure these labour hire personnel for Workers' Compensation?	Yes ☐ No ☐
(c) Do You want to insure Your Legal Liability for Personal Injury to labour hire personnel?	Yes ☐ No ☐

(d) What measures are taken to ensure that Contractors and/or Sub-Contractors engaged have valid Liability and Workers' Compensation insurance policies in place?

(e) Are You named as Principal on all Contractors and/or Sub-Contractors Liability Insurance Policies?	Yes ☐ No ☐
(f) Do You want to insure Your Legal Liability for Personal Injury to Contractors and/or Sub-Contractors?	Yes ☐ No ☐

4. Do You undertake any of the following business activities:

(a) Any airside work, construction and/or maintenance?	Yes ☐ No ☐
(b) Any rail line work, rail line construction and/or maintenance?	Yes ☐ No ☐
(c) Any rail signal equipment construction and/or maintenance?	Yes ☐ No ☐
(d) Demolition work, bridge work or underground works?	Yes ☐ No ☐
(e) Any stevedoring activities (loading/unloading on or off any ship, boat or vessel)?	Yes ☐ No ☐
(f) Any operations whilst Your Machines are placed on barges or any other form of Watercraft?	Yes ☐ No ☐
(g) Any activities involving blasting/explosives?	Yes ☐ No ☐
(h) Any tailings dam/storage work, construction and/or maintenance	Yes ☐ No ☐

Please state Your Specific work activities/arrangements associated with these activities and the estimated turnover from each:

Activity:	**Estimated Turnover:**
	$
	$
	$
	$

(i) Do You manufacture, import, export, wholesale or distribute a product of any kind?	Yes ☐ No ☐
If "Yes" please provide full details of all products below (or attach full product listing or website details if available to this Insurance Proposal):	

K. DECLARATION

I make the following Declarations and sign this Proposal on behalf of all Persons and Companies nominated in this Proposal to be insured:

1. I am authorised by all Persons and/or Companies seeking insurance to sign this Proposal;
2. I understand that any statement made in this Proposal will be treated by Underwriting Agencies of Australia Pty Ltd ABN 86 003 565 302 as a statement made by or on behalf of all Persons and/or Companies to be insured;
3. I have read the Important Notices in this Proposal and understand their meaning;
4. I have carefully reviewed all answers provided in this Proposal including any accompanying documents and declare that all are true, correct and complete in every respect;
5. I understand that no insurance is in force until such time as Underwriting Agencies of Australia Pty Ltd has confirmed acceptance of the proposed insurance;
6. I agree that should any of the information given in this Proposal change between the date of this application and the inception date of the Policy that this application relates to, I will give notice to Underwriting Agencies of Australia Pty Ltd as soon as reasonably practicable; and
7. I declare that where this Proposal is completed in electronic form and submitted without a hand-written signature, the inclusion of a name in the signature panel shall be treated as the signature of the person named in the signature panel.

L. IMPORTANT NOTICES

Please read these carefully before completing this Contract of Insurance.

1. Definitions In this Proposal:

We, Us, Our mean:

a) Underwriting Agencies of Australia Pty Limited (ABN 86 003 565 302) (AFS Licence No. 238517), as the agent of the Insurer; and
b) the Insurer.

You, Your means all Persons and Companies seeking to be named as the Insured.

Other capitalised words and expressions have the same meaning as defined in the General Section of the Policy available at www.uaa.com.au.

2. Your Duty of Disclosure

Before you enter into a contract of insurance, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms.

You have this duty until the proposed contract of insurance is entered into.

You have the same duty to disclose such information to us before you vary, renew or reinstate a contract of insurance.

Your duty of disclosure does not require you to disclose facts that:

a) diminish the risk;
b) are common knowledge;
c) we know or ought to know as an insurer; or
d) we tell you we do not need to know.

3. Misrepresentation

You have a duty to take reasonable care not to make a misrepresentation when entering into a contract of insurance with us.

4. Non-Disclosure

If you do not comply with your duty of disclosure, we may cancel your contract of insurance or reduce the amount we will pay you if you make a claim, or both.

If your non-disclosure is fraudulent, we may refuse to pay a claim and avoid the contract of insurance, which means to treat the contract as if it never existed.

5. Duty of Utmost Good Faith

The law characterises contracts of insurance as "contracts of utmost good faith". This means that each party is under an obligation to act towards the other party with utmost good faith.

6. Privacy Statement

We are committed to protecting the privacy of personal information in accordance with the Privacy Act 1988 (Cth). Our Privacy Policy sets out how we collect, store, use and disclose personal information about you and other individuals you provide information about. Our Privacy Policy is available at www.uaa.com.au.

7. Policy

Please consult your insurance broker or financial services provider:

a) if you have any queries in relation to the terms and conditions of the insurance; and
b) before entering into a contract of insurance with us.

8. The Insurer

This Policy is issued and underwritten by QBE Insurance (Australia) Limited, ABN 78 003 191 035, AFS Licence No. 239545 of Level 18, 388 George Street, Sydney, NSW 2000.

SIGNATURE

Name:		**Position:**	
Signature:	X	**Date:**	/ /