



# **PUBLIC LIABILITY (OCCURENCE BASED) INSURANCE ADDENDUM**

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## IMPORTANT INFORMATION

### YOUR DUTY OF DISCLOSURE

Section 21 of the *Insurance Contracts Act 1984* provides that before you enter into a contract of general insurance with an insurer, you have a duty 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, upon 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 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;
- As to which compliance with your duty of disclosure is waived by the insurer.

### NON-DISCLOSURE

If you fail to comply with your duty of disclosure, Underwriters 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, Underwriters may also have the option of avoiding the contract from its beginning.

### MATERIAL CHANGES TO RISK

The policy provides that the insured shall throughout the insurance period give notice as soon as reasonably practicable of any material change in any fact, activity or circumstance as described in the proposal.

### SUBROGATION

The policy provides that insured shall take all reasonable steps to preserve Underwriters' rights of subrogation, and to assist Underwriters in the exercise of such rights.

### POLICY CANCELLATION

In the event of policy cancellation by the insured, ProRisk's cancellation rates will apply.

### PRIVACY STATEMENT

ProRisk is bound by the obligations of the *Privacy Act 1988* (as amended) regarding the collection, use, disclosure and handling of personal information. We will protect the privacy of your personal information.

We collect personal information about you to enable us to provide you with relevant products and services, to assess your application for insurance and, if a contract is entered, to enable us to provide, administer, and manage your policy, and to investigate and handle any claims under your policy. We may disclose your information to third parties (who may be located overseas), such as the insurer, lawyers, claims adjusters, and others appointed by ProRisk or by the insurer to assist us and them in providing relevant products and services. We may also disclose your information to people listed as co-insured on your policy and to your agents. By providing your personal information to us, you consent to us making these disclosures.

If you do not provide all or part of the information required, we may not be able to provide you with our products and services, consider your application for insurance, administer your policy, assess or handle claims under your policy, or you may breach your Duty of Disclosure.

When you provide us with personal information about other individuals, we rely upon you to have made them aware of that disclosure, and of the terms of the ProRisk Privacy Statement, and to obtain their consent.

For a copy of the ProRisk Privacy Statement or to request access to or update the personal information, contact the Privacy Officer at ProRisk by email: [enquiries@prorisk.com.au](mailto:enquiries@prorisk.com.au) or by mail at the address shown on this policy.

### GENERAL INSURANCE CODE OF PRACTICE

ProRisk and Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. A copy of the Code can be obtained from [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

## PUBLIC LIABILITY INSURANCE (OCCURRENCE BASED) ADDENDUM

**IMPORTANT NOTICE:**

- This Addendum is for insurance issued on an Occurrence basis.
- This Addendum and any further details provided attach to and form part of the Proposal.
- Please answer all questions in full. Where appropriate, please tick the yes or no box that best indicates your reply.
- If there is insufficient space, please provide further details on your letterhead.

1. Applicant(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**The Business**

2. Please indicate the number of premises occupied for the purposes of the business: \_\_\_\_\_

3. Does the Applicant conduct site visits?  Yes  No

If Yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

4. Does the Applicant:  
 (a) engage contractors or subcontractors?  Yes  No  
 (b) use personnel on-hired by labour hire agencies?  Yes  No

If Yes to 4(a) and or (b), please state the nature of the work carried out by contractors, subcontractors, and on-hired personnel and the estimated annual payment:

Activity	Annual Payment
	\$
	\$

5. Does the Applicant ensure that contractors and subcontractors have their own public liability insurance?  Yes  No

6. Does the Applicant:  
 (a) design or formulate products?  Yes  No  
 (b) manufacture or construct products?  Yes  No  
 (c) install products?  Yes  No  
 (d) sell, supply or distribute products?  Yes  No  
 (e) service, repair or alter products?  Yes  No  
 (f) import or export products?  Yes  No

If Yes to any of 6(a) to (f), please provide details:

Products Details	Percentage of annual turnover

7. Does the Applicant, in the ordinary course of business, have the property of others in its care, custody and control?

If Yes, please state:

Yes  No

(a) Maximum value at any one time:

\$ \_\_\_\_\_

(b) Type of property: \_\_\_\_\_

**Public and Products Claims and Incidents:**

8. Please provide details of all public and products liability claims made against the Applicant or uninsured losses incurred in the last seven years:

Year	Insurer	Paid	Outstanding	Total Incurred	Description

9. Has the Applicant had any incidents or accidents occur which would have been covered by the proposed insurance?

If Yes, please provide details:

Yes  No

**Insurance History:**

10. Is the Applicant currently insured for public and products liability?

Yes  No

If Yes, please provide details:

Yes  No

Expiry date	Insurer	Limit	Excess	Premium

11. Has the Applicant ever had an insurer decline a proposal, impose special terms, decline to renew your insurance or cancel insurance?

If Yes, please provide details:

Yes  No

**Limit of Indemnity:**

12. Please indicate the quotation option(s) required.

\$5 million

\$10 million

\$20 million

Other: \_\_\_\_\_

**DECLARATION:** After making appropriate enquiries, I declare that:

- I am authorised on behalf of the prospective Insured(s) to make this Addendum.
- I have read and understood the Important Notices accompanying this Addendum and the Proposal.

- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.
- I authorise ProRisk to collect or disclose any personal information relating to this insurance from or to other insurers or insurance or credit reference services.
- I confirm that the statements and information in this Addendum and the Proposal are true and complete.
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform ProRisk of any change to the information contained in this Addendum or the Proposal.
- I acknowledge that, if a contract of insurance is entered into, this Addendum, the Proposal and any accompanying documents will form the basis of the contract.

Signature:

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Name:

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Position:

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Date:

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