

PLUMBERS LIABILITY INSURANCE - Renewal Declaration

YOUR DETAILS

Client Code or Policy Number:			
Name of Policyholder (Legal Entity):			
Trading name:			
Contact Name:		ABN:	
Address:			
		Postcode:	
Phone:		Mobile:	
Email:			

In the interest of saving the environment your insurance documentation will be sent by email only.

If you would prefer to also receive a paper copy please tick the box.

BUSINESS ACTIVITY

Please advise the following information in regards to all Licensed Plumbers who are authorised to sign Compliance Certificates: including Directors, Managers, Partners, Principals or Employees. Attach a schedule if there is not enough space below.

Name	Plumbing License No	Name	Plumbing License No
Number of employed plumbers (including yourself):			
Do you engage apprentices?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, directly indentured, or via trade association or training group?			
Estimated Annual Turnover (total sum of all money passing through your business):		\$	
Estimated annual payments to the employed subcontractors working only for you:		\$	
Estimated annual payments to other subcontractors:		\$	
Estimated annual payments to labour hire personnel:		\$	
If you do any of the below activities, can you please provide the estimated amount of your turnover against each relevant activity:			
Estimated annual turnover for Type B gas work:		\$	
Estimated annual turnover for sprinkler installation:		\$	
Estimated annual turnover for commercial / industrial air conditioning & refrigeration:		\$	

Estimated annual turnover for cooling tower:	\$		
Estimated annual turnover for water treatment:	\$		
Estimated annual turnover for roof plumbing (i.e. guttering and downpipes - excludes roof contract):	\$		
Estimated annual turnover for roof work (i.e. new/replacement metal roof installation):	\$		
Estimated annual turnover for plumbing installation during the construction of new buildings over three storeys:	\$		
Do you conduct any non-plumbing activities that you would like to be covered under this policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If YES, what type of activities and turnover value of your activities:			
TYPE OF WORK (NON-PLUMBING)	TURNOVER VALUE		
	\$		
	\$		
	\$		
	\$		
	\$		
Do you directly import or export any products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If YES please provide details:			
Limit of Liability:	<input type="checkbox"/> \$5m	<input type="checkbox"/> \$10m	<input type="checkbox"/> \$20m
CLAIMS			
In the past five (5) years, have you, or anyone else insured by this policy:			
• Lodged any liability claims for loss, or	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Had any liability claims made against you, or	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• In your trading history, ever had a liability claims greater than \$100,000?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If YES to any of the above we will require a claim history for all insurers in the last 5 years			

YOUR DUTY OF DISCLOSURE

Before you enter into a Contract of Insurance with an Insurer, you have a duty, under the *Insurance Contracts Act 1984* (Cth) 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 insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend or vary or reinstate a contract of general insurance. You are to give us notice in writing as soon as possible of every change materially varying any of the facts or circumstances existing at the commencement of this insurance. Your duty, however, does not require disclosure of a matter that diminishes the risk to be undertaken by the Insurer, that is common knowledge, that your Insurer knows or, in the ordinary course of his/her business, ought to know, as to which compliance with your duty is waived by the Insurer.

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the Contract in respect of a claim

General Underwriting Questions

Has an Insurer declined an application from YOU, or cancelled or refused to renew a policy of Yours, required special terms to insure YOU, or declined or refused a claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have YOU, or any person who will receive insurance protection under the proposed policy, been charged with, or convicted of, any criminal offences in the past 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
During the past 2 years have YOU or any other person to whom cover extends under this policy received any threats to life or property (private or business)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any exceptional circumstances relating to the risk to be insured that you have not already told us about and that you know or should know may affect our decision to insure you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DECLARATION OF APPLICANT

The information I/We have provided in this Declaration form and any other attachments that form part of this insurance are true and correct. I/We authorise Marsh Advantage Insurance Pty Ltd ABN 31 081 358 303, AFSL 238369 (Marsh Advantage Insurance) on behalf of the Insurer to deal with any matter in connection with this Declaration and the proposed contract of insurance.

I/We authorise Marsh Insurance Advantage and/or the Insurer to disclose this information to other organisations where it is necessary to assist them in providing their services. I/We are aware that such recipients will typically be reinsurers, other insurance intermediaries, loss adjusters, investigators, lawyers and the Insurer's related companies - both in Australia and overseas. I/We are aware that these organisations in turn may need to disclose the information to other such third parties, but are aware the Insurer and Marsh Advantage Insurance will limit their use and disclosure to the purpose or purposes for which the information was supplied it (unless we consent).

I/We authorise the use of the information for administrative purposes such as processing applications for insurance.

Full Name:

Company Position: Date:

By completing the above I acknowledge that I have read the attached Marsh Advantage Insurance Important Notices, and that all the information within this Declaration is true and correct. Please tick the box

OTHER TRADE INSURANCE

We can arrange quotations on a range of other insurance policies. Please complete below if you would like to be contacted to discuss quotation.

<input type="checkbox"/> Cyber Insurance	<input type="checkbox"/> Income Protection	<input type="checkbox"/> Machinery (eg. Excavators)
<input type="checkbox"/> Commercial Motor	<input type="checkbox"/> Key-Man	<input type="checkbox"/> Management Liability
<input type="checkbox"/> Home & Contents	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Professional Indemnity
<input type="checkbox"/> Business Insurance	<input type="checkbox"/> Tools of trade	<input type="checkbox"/> Other

IMPORTANT INFORMATION

Duty of Disclosure

Before you enter into an insurance contract, you have a duty of disclosure under the *Insurance Contracts Act 1984* (Cth) to tell us anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms. You have this duty until the contract of insurance is entered into. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

If we ask you questions that are relevant to the insurer's decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions. Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change. If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You do not need to tell us anything that: reduces the risk insured, or is common knowledge, or the insurer knows or should know as an insurer; or the insurer waives your duty to tell them about.

If you do not tell us something:

If you do not tell us anything you are required to, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to tell us is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

If you are in any doubt as to the extent of the duty of disclosure or whether a piece of information ought to be disclosed, just contact your Marsh Client Risk Adviser.

Marsh Collection Statement

In accordance with the *Privacy Act 1988* (Cth) (and subsequent amendments) ('the Privacy Act'), we, Marsh Pty Ltd and our Associated Entities (as that term is defined in the *Corporations Act 2001* (Cth)) ('Marsh') draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Marsh products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the *Insurance Contracts Act 1984* (Cth), the *Marine Insurance Act 1909* (Cth) or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Marsh's Associated Entities, which are all businesses of Marsh & McLennan group of companies ('MMC').
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other MMC companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act, you must obtain it with the individual's consent.
- We will use and disclose your personal information in accordance with our Privacy Policy. By completing this form you confirm that you have read the Marsh Privacy Policy available on our website (www.marsh.com.au) and you authorise and consent to Marsh collecting, holding, using and disclosing any personal information collected by means of the enclosed document in accordance with the terms of the Marsh Privacy Policy, including for the purposes explained in this collection statement above. If there are any inconsistencies between the terms of this collection statement and the terms of the Marsh Privacy Policy, the terms of the Marsh Privacy Policy prevail to the extent of that inconsistency. You may modify or withdraw your consent at any time. If you do not give us consent or subsequently modify or withdraw your consent, we may not be able to provide you with the products or services you want.
- You can contact our Privacy Officer by:
Email – privacy.australia@marsh.com
Phone – (02) 8864 7688
Post – PO Box H176, Australia Square NSW 1215

Marsh Advantage Insurance Pty Ltd (ABN 31 081 358 303) (AFSL 238 369) arrange the insurance and is not the insurer. This coverage is subject to policy wording and exclusions may apply. For full details of the terms, conditions and limitations of the covers and before making any decision about whether to acquire the product, refer to the specific policy wordings and/or Product Disclosure Statements available from Marsh and Marsh Advantage Insurance on request.