

TRADES LIABILITY INSURANCE APPLICATION FORM

YOUR DETAILS

Name of Insured:					
Policy No:		ABN:			
Contact Name:					
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.					<input type="checkbox"/>

BUSINESS ACTIVITIES

Occupation (eg. Painter, electrician, carpenter etc):				
How many skilled employees are working on tools (including employees, labour hire and sub contractors)				
If you're a painter, do your activities involve spray painting?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What percentage of your business activities involve heat work away from premises? (eg. Welding, flame cutting etc)				%
Estimated Annual Turnover (total sum of all money passing through your business):	\$			
Estimated Annual Payments to Subcontractors	\$			
Estimated Annual Payments to Labour Hire Personnel	\$			
Limit of Liability	<input type="checkbox"/> As per current policy	<input type="checkbox"/> \$5m	<input type="checkbox"/> \$10m	<input type="checkbox"/> \$20m
Do any of your activities involve removal of asbestos?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the business undertake activities unrelated to the Occupation noted above? (eg. A Painter who also does some landscaping)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If YES, provide details below, including percentage of these activities				

Does your business intend to hire out employees to other parties? (If YES, please advise below type of work and estimated annual payments)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TYPE OF WORK	ESTIMATED PAYMENTS	
In which state is the business located? <input type="checkbox"/> VIC <input type="checkbox"/> NSW <input type="checkbox"/> ACT <input type="checkbox"/> QLD <input type="checkbox"/> SA <input type="checkbox"/> WA <input type="checkbox"/> TAS <input type="checkbox"/> NT		
Number of operations in this state?		
Does/has the business:		
• Conduct work on watercraft or hovercraft exceeding eight (8) metres in length	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Use explosives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Work on bridge construction or maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Do demolition of any property or structure greater than 10 meters in height	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Do any work within, for or on behalf of aviation, defence, marine, mining, oil and gas production, petrochemical, power generation, rail and utilities industries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Been prosecuted under any health and safety legislation or similar laws in the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Assume liability under any contractual agreement (other than property rental agreements)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Import any products into Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Export any products to the USA or Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES to any of the above please provide details		
CLAIMS		
In the past five (5) years, have you, or anyone else insured by this policy:		
• Lodged any claims for loss, or	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Had any claims made against you, or	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES to any of the above please provide details		

Office Use Only: Vero claims check completed



OTHER TRADE INSURANCE

Tools & Equipment Cover

If you would like a quotation to add cover for Tools to your existing policy please complete below.

If you have cover for Tools under your current policy please check your sums insured and specified items are correct. If any alterations are required please list below.

Total Replacement Value of **ALL** items

\$

Please provide details below of any individual items that have replacement value of more than \$2,500

MAKE	MODEL	SERIAL NUMBER	REPLACEMENT VALUE
			\$
			\$
			\$
			\$

Business Insurance

We can arrange additional covers for your business property in the event of fire, storm, theft, malicious damage, employee dishonesty, tax audit, business interruption and other risks. If you would like discuss options with one of our experienced advisors please tick the box.

Other 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"/> Other		

For a summary of other classes of insurance available please refer to pages 13 & 14 of the attached Marsh Important Information booklet.

Please advise when you would prefer to be contacted (Mon-Fri, 9am – 5pm)

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?

Yes

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?

Yes

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)?

Yes

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?

Yes

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 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 Pty Ltd /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 Pty Ltd 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 Important Notices, and that all the information within this Declaration is true and correct. Please tick the box.

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

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Marsh Advantage Insurance Pty Ltd (ABN 31 081 358 303, AFSL 238 369) ('MAI'). MAI are not the insurer. Hire a Hubby receives a financial benefit when a policy is arranged by Marsh, enabling it to continue to provide further services to its franchisees.