

## ARBORIST & TREE LOPPER LIABILITY INSURANCE PROPOSAL FORM

*POWER LINE CLEARING & RAILWAY CORRIDOR WORK ADDITIONAL QUESTIONNAIRE*

### POWER LINE CLEARANCE

Do you identify high risk vegetation for removal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you clear high voltage lines?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other work undertaken? <i>(If yes please detail in the box below)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How long has the company been involved in these activities?	
Do you work under the direction of an Energy Authority? <i>(If yes please detail in the box below)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a member of a recognised industry association? <i>(If yes please detail in the box below)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the company accredited by clients to perform all aspects of the work? <i>(If yes please attach documentation)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What formal qualifications does the company and its employees, contractors and subcontractors have in order to perform this type of work?	
Are any contractors, subcontractors or labour hire personnel employed to undertake any of the work? <i>If yes detail in the box below what controls are in place to manage these contractors (qualifications, experience, insurance, induction, supervision, performance monitoring etc.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated Turnover in the next 12 months for this aspect of your work:	\$
Estimated Payments in the next 12 months to Contractors / Subcontractors or Labour Hire Personnel for this aspect of your work?	\$

How does the company ensure compliance with the relevant Acts, regulations, Industry Codes or Practice or Australian Standards applicable (i.e. manuals, training, procedures, supervision, auditing etc.)?	
Are risk assessments, procedures, safety plans, work method statements etc. available for this work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Have these documents been provided to and approved by the Energy Authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you carry out risk assessments in liaison with Energy Authority prior to commencing all contracts or jobs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who inspects the work to ensure that it has been completed to the correct standard?	
What high risks have been identified and what controls are in place to address these?	
How are your activities monitored by the Energy Authority?	
Please detail the work undertaken:	
Are you using machinery that goes on the track? (If no, how close to the track do you work?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
How long has the company been involved in these activities?	
Do you work under the direction of a Railway Authority? (If yes please detail in the box below)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a member of a recognised industry association? (If yes please detail in the box below)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the company accredited by clients to perform all aspects of the work? (If yes please attach documentation)	Yes <input type="checkbox"/> No <input type="checkbox"/>
What formal qualifications does the company and its employees, contractors and subcontractors have in order to perform this type of work?	

Are any contractors, subcontractors or labour hire personnel employed to undertake any of the work? If yes detail in the box below what controls are in place to manage these contractors (qualifications, experience, insurance, induction, supervision, performance monitoring etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated Turnover in the next 12 months for this aspect of your work:	\$
Estimated Payments in the next 12 months to Contractors / Subcontractors or Labour Hire Personnel for this aspect of your work:	\$
How does the company ensure compliance with the relevant Acts, regulations, Industry Codes or Practice or Australian Standards applicable (i.e. manuals, training, procedures, supervision, auditing etc.)?	
Are risk assessments, procedures, safety plans, work method statements etc. available for this work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Have these documents been provided to and approved by the Railway Authority:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you carry out risk assessments in liaison with Railway Authority prior to commencing all contracts or jobs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who inspects the work to ensure that it has been completed to the correct standard?	
What high risks have been identified and what controls are in place to address these?	
How are your activities monitored by the Railway Authority?	

**DECLARATION**

**SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE**

The undersigned declares that the statement and particulars in this proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that should any of the information given by us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, the undersigned will give immediate notice thereof. The undersigned agrees that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. The undersigned agrees that this proposal, together with any other information supplied by us shall form the basis of any contract of Insurance affected thereon.

**IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN INSURED'S RIGHT OF RECOVERY UNDER THE POLICY**

**TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR**

**SIGNATURE:**

**DATE:**

**NAME:**

It is recommended that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this Proposal Form and correspondence)