

ARBORIST & TREE LOPPER LIABILITY INSURANCE PROPOSAL FORM

IMPORTANT NOTICES:

PLEASE READ THE FOLLOWING ADVICE BEFORE PROCEEDING TO COMPLETE THIS PROPOSAL FORM.

- The persons whose interests are to be insured under this policy should understand the terms, definitions and cover provided by this policy by reference to our Policy Wording. It is available from Your Insurance Advisor or our Website.
- When Tailored Underwriting (a division of Cerberos Brokers Pty Ltd ABN 61 106 769 886 AFSL 260668) places this policy of insurance under an authority given to them by the Insurer, they will be effecting the contract as Agent of the Insurer.

YOUR DUTY OF DISCLOSURE

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

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

IF YOU DO NOT TELL US SOMETHING

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed

PENALTY FOR NON-DISCLOSURE

If You fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a Claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

NOTIFY US OF ANY CHANGE OF RISK

Also, You must notify Us, as soon as practicable, of any alteration to risk which may affect Your Policy during the period of insurance.

PRIVACY STATEMENT

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (e.g. Lloyd's) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We also supply your information to the providers of our policy administration and broking systems that help us to maintain our products and services to you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by phone (07) 3088 2070 or visit our website www.tailoredunderwriting.com.au

WHEN COMPLETING THIS PROPOSAL FORM

- Please answer all questions giving full and complete answers. It is the duty of the Proposer to provide all information that is requested in the proposal form as well as to add additional relevant fact.
- A relevant fact is such known fact and/or circumstance that may influence in the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker or insurer.
- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question.
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting for the firm who acts as a Proposer.

This proposal form does NOT BIND the Proposer to complete the insurance but will form part of any insurance.

DETAILS OF THE PROPOSER

Full Business Name:	
ABN	
Business Address:	
Postal Address (if different):	
Contact Name:	
Contact Email:	
Contact Phone:	
Date of Establishment:	
Period of Insurance:	

BUSINESS OVERVIEW

Please provide a breakdown of business activities by stating the relevant percentage.

Business Category	Percentage %
Arborist	%
Tree Surgery	%
Tree Removal	%
Tree Pruning & Trimming	%
Tree & Stump Grinding	%
Tree Root & Stump Removal	%
Hedge Cutting & Trimming	%
Mulch Sales (Including Mulch In Bulk)	%
Shrub Pruning	%
Removal of Deadwood	%
Clearing of Land	%
Clearing Branches From Domestic Power Lines	%
Mulching & Wood Chipping	%
Scheduled Tree Maintenance	%
Identifying Dangerous Trees	%
Other (Please provide details in Additional Information)	%

Please provide your gross fees / Income. If any gross fees / income was earned for the last financial year outside of Australia, please provide full details below:

Last Financial Years Estimated Gross Revenue	Current Financial Years Estimated Gross Revenue
\$	\$

In respect of gross fees/income for the last financial year, please provide a breakdown by State:

ACT	NSW	VIC	QLD	SA	WA	TAS	NT	Overseas
%	%	%	%	%	%	%	%	%

Please state the following:

Number of years' experience within this industry?	
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Detail any industry specific qualifications:

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Detail any industry specific qualifications:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you conduct Job Safety Assessments (JSA) or risk assessments on each site prior to commencement of work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you work within Occupational Health and Safety (OH&S) standards?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you engage contractors, subcontractors or labour hire personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all new employees or contractors /subcontractors/labour hire personnel inducted for OH&S prior to commencement of any work on site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the approximate combined annual payments made to contractors, subcontractors or labour hire personnel over 50% of your declared turnover?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you obtain, sight and maintain a copy of a current liability certificate of currency from all contractors, subcontractors or labour hire personnel prior to their engagement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes is this checked periodically in any 12 month period?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you cordon off the immediate work site perimeter and erect warning signage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you conduct any tree felling, lopping and/or clearing around powerlines or within rail corridors <i>(If yes then additional questionnaire is required):</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is all your machinery properly guarded and compliant with the latest legislation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you involved in the importing, exporting, sale or distribution of any products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you perform work outside of Australia, or for clients located overseas?	Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYEE INFORMATION

Please state the following:

Total Number of Employees (Including Directors & Partners):	
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LIMIT OF INDEMNITY REQUIRED

Please select the amount of Indemnity required:

Public Liability	Nil	<input type="checkbox"/>
	\$5,000,000	<input type="checkbox"/>
	\$10,000,000	<input type="checkbox"/>
	\$20,000,000	<input type="checkbox"/>

DECLARATION

Has any insurer ever declined to provide cover for insurances of this type?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have there been any claims or are there any known circumstances which might lead to a claim being made against the proposer, principal, director or partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the proposer, principal, director or partner even been declared bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the proposer, principal, director or partner ever been convicted of a criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered Yes to any of the above please provide details below:

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)

ADDITIONAL INFORMATION