



PROPOSAL FORM

FOR CLEANERS LIABILITY INSURANCE



IMPORTANT NOTICE TO THE PROPOSER ON COMPLETION OF THIS PROPOSAL FORM

1. DISCLOSURE

Any 'material change' must be disclosed to Insurers..

A 'material change' is any information which may alter the judgement of an Insurer or their perception of risk and exposure that has not previously been disclosed as a material fact.

Failure to provide all 'material facts' and/or notify all "material changes" may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.

2. PRESENTATION

This Proposal Form must be completed and signed in ink by an authorised individual, a partner, principal or director of the Proposer.

All questions must be answered. If not applicable, state N/A.

If there is insufficient space to provide answers, additional information should be provided on the Proposer's letter headed paper.

Where available, brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability or willingness of Insurers to offer terms.

3. GUIDANCE

If in doubt as to the meaning of any question contained within this proposal form or the issues raised in Disclosure and/or Presentation, advice should be sought from your contact at Lion Underwriting.

Additional information should be provided on separate sheets clearly identifiable as forming part of the proposal form on company letterhead.

GENERAL DETAILS

1. Full name of insured:
2. Insured Address:
3. ABN:
4. Are you entitled to claim a full or partial input tax credit for the premium of this policy? Yes No
If **"YES"**, to that extent are you entitled to claim an input tax credit?
5. Website:
6. Period of insurance: ___ / ___ / ___ to ___ / ___ / ___ at 4:00pm
7. Business Discription: (Include all cleaning activities)
8. Please provide further information if the Insured undertakes the following activities:
- (a) Cleaning of Schools, Universities or College's: Yes No
- (b) Cleaning of shopping centres: After hours: % During open hours: %
- (c) Cleaning of Medical Facilities or Hospitals, sterilization of operating rooms, theatres or medical instruments: Yes No
- (d) Medical waste collection: Yes No
- (e) Pest Control: Yes No
- (f) Gardening/Maintenance services: Yes No
9. Limit of indemnity: \$5,000,000 \$10,000,000 \$20,000,000
10. Loss of Keys: \$20,000 \$50,000 Not applicable
11. Turnover:
12. Split of turnover or employee No.'s per state:
- | ACT | NSW | NT | QLD | SA | TAS | VIC | WA | Overseas |
|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| <input type="text"/> % | <input type="text"/> % | <input type="text"/> % | <input type="text"/> % | <input type="text"/> % | <input type="text"/> % | <input type="text"/> % | <input type="text"/> % | <input type="text"/> % |
13. Have you assumed liability under contract by way of old harmless clauses, indemnities, waiver of subrogations or rights of recourse against any third party? Yes No
If **"YES"**, please attach copies of all relevant contracts/agreements
14. No. of employees:

WAGES/PAYROLL

15. Contractors: \$

Activities:

16. Subcontractors: \$

Activities:

17. Labour Hire Personnel: \$

Activities:

18. Do they have their own General & Products Liability & Workers Compensation insurance? Yes No

19. No. of years experience:

20. 5 year claims experience:

Please attach 5 year claims history on previous insurer's letterhead (if applicable)

21. Risk management procedures:

22. Have you or any director/partner/manager of the business ever:

(a) Had insurance declined or cancelled? Yes No

(b) Had an insurer refuse or not invite renewal? Yes No

(c) Had any special conditions imposed on a policy of insurance? Yes No

(d) Had a special excess imposed on a policy of insurance? Yes No

(e) Had a claim rejected under a policy of insurance? Yes No

(f) Been declared bankrupt or put into receivership or liquidation? Yes No

(g) Been charged with or convicted of a criminal offence? Yes No

If "YES", please provide full details below:

DECLARATION

By signing this proposal form you consent Lion Underwriting Pty Ltd using the information we may hold about you for the purpose of providing insurance advice and, where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, Insurers, (including their re-insurers, legal advisers, loss adjustors or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to the Insurer's consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed. I/We understand that the information I/We provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I/We understand that if my/our business acquires, merges with or absorbs another business during the period of insurance, the insurer will require similar information in relation to that business and may charge an additional premium.

Print name:

Signature:

On behalf of:

Date:

Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this proposal form. An original signature is required before a contract of insurance can be made. Encrypted signatures are not acceptable.

Signing this form does not bind the Proposer to complete the insurance. We recommend that you should keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.