

1. INSURED DETAIL(S)

Name(s) including trading name(s) in full: _____

Period Of Insurance: _____ / _____ / _____ To 4pm: _____ / _____ / _____

Limit of Indemnity: _____ Deductible: _____

ABN: _____ Business/Mobile No: _____

Proposer Address: _____

Suburb: _____ State: _____ Postcode: _____

2. DETAILS OF PRODUCTS/ACTIVITIES

Please provide turnover split for products/activities for which you need the insurance:	State	Turnover AUD (\$)
		\$
		\$
		\$
		\$

State/Territory	ACT	NSW	VIC	QLD	SA	WA	TAS	NT
Turnover Split % Per State								

3. PRODUCT / RISK INFORMATION

Website: www. _____ Total No Employees: _____

Do you design your own products? Yes No

If 'Yes' please list all products below and/or provide product brochure:

Do you have ISO 9000 or AS3900 accreditation for the business activities/products for which you need the insurance? Yes No

3. PRODUCT / RISK INFORMATION

Is there a design team or research and development team? Yes No

If 'Yes' please advise number of staff and qualifications below:

Do you provide any advice, design or specifications to third parties? For a Fee Yes For No Fee Yes

if 'Yes', please provide details:

Is any advice given on your product by anyone other than your own employees? Yes No

If 'Yes', please provide details below:

Do you produce or design custom made "one off" product for third parties for a fee? Yes No

If 'Yes', please provide details below:

Do products undergo a formal testing/evaluation process in-house or external testing authorities? Yes No

If 'Yes', please provide details:

Do you ensure all design, formulations undergo a formal testing/evaluation process by an accredited third party provider? Yes No

What inspections and/or tests are made on product samples? Yes No

Please provide details below:

Are all products subject to quality control procedures? Yes No

If 'No', please detail how do you ensure the quality of your product is maintained below:

Is there a formal product design/manufacture/safety review process? Yes No

If 'Yes', please provide details below:

Do you ensure all products you use to carry out your activities or occupation complies with Australia Standard and/or with industry best practice? Yes No

If 'No' how do you check to ensure its fit for purpose with its end use application.

4. CONTRACTUAL LIABILITY

Do you assume liability under contract or hold others harmless (other than lease liability)? Yes No

If 'yes', please provide details below:

5. CLAIM AND/OR LOSS EXPERIENCE

1. After investigation, are you or any principal, partner, or director aware: Yes No

- a) Of any insurance being declined or cancelled, application/proposal rejected, renewal refused, claim rejected, or special conditions or excess imposed by any insurer.
- b) After investigation, are you aware of any circumstances which could give rise to claim under the proposed policy and which are not mentioned above.

If 'Yes', please provide details below:

- c) Is any principal, director, partner, consultant, or employee, after enquiry, aware of any circumstances which might give rise to a claim against the insured.

After investigation with present and past insurers, please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered the proposed insurance. Please show claim amount after the application of any excess below:

Date of Loss	Claim Particulars	Paid	Outstanding	Policy Class

6. DECLARATION

This declaration must be completed and signed by or on behalf of the party applying for insurance.

I/We

a) declare that:

- i. the answers and information given by me/us in this Application are true and correct in all respects;
- ii. no information has been withheld that would affect XL Insurance Company SE's decision to accept this Application;
- iii. where answers in this Application are not my/our own handwriting, they have attached supplementary pages providing the additional information required;
- iv I/we have read and understood the clauses detailed under the Important Notices section at the front of this Application;
- v. if there was insufficient space to fully answer any questions, I/we have attached supplementary pages providing the additional information required.

b) Authorise XL Insurance Company SE, Australia branch, trading as Brooklyn Underwriting (Brooklyn) (the insurer) to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and claims under those insurances.

c) Have received a copy of the Policy terms and conditions and agree to be bound by the terms and conditions in it.

7. SIGNATURE/DATE

Insured Signature: _____ Date: ____/____/____

Insured Title: _____