
**MINING & RESOURCES
PUBLIC & PRODUCTS LIABILITY - PROPOSAL FORM****IMPORTANT NOTICES****YOUR DUTY OF DISCLOSURE**

Section 21 of the Insurance Contracts Act 1984 provides that before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

However, your duty of disclosure does not require you to disclose matters:

- that diminish the risk to be undertaken by the Insurer;
- that are of common knowledge;
- that your Insurer knows, or in the ordinary course of its business, ought to know;
- as to which compliance with your duty of disclosure is waived by the Insurer.

Your duty of disclosure continues after the proposal form has been completed up until the Period of Insurance commences.

CONSEQUENCES OF NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its 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.

INSURANCE ARRANGED BY: **Elkington Bishop Molineaux Insurance Brokers Pty Ltd**
trading as EBM Insurance Brokers
ABN: 31 009 179 640 AFS Licence No: 246986

INSURANCE UNDERWRITTEN BY: **Certain Underwriters at Lloyd's**
Insurers approved by Australian Prudential Regulation Authority (APRA)

ABOUT EBM

Elkington Bishop Molineaux Insurance Brokers Pty Ltd (EBM) has a binding authority with Certain Underwriters at Lloyd's which allows EBM to arrange, issue and distribute insurance on behalf of those underwriters.

EBM holds Australian Financial Services Licence number 246986 and can be contacted on 1300 INSURE (1300 467 873). EBM have offices in Sydney, Melbourne, Perth, Gold Coast, Bunbury, Kalgoorlie, Geraldton, Karratha, and Sale.

EBM PRIVACY CLAUSE

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We only provide your information to insurance companies, underwriting agencies, wholesale brokers and premium funders with whom you choose to deal (and their representatives). We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you and you could breach your duty of disclosure. You can check the information we hold about you at any time.

For more information about our Privacy Policy, ask us for a copy or visit our website www.ebminsurance.com.au

COMPLAINTS & DISPUTES

Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. Any enquiry or complaint relating to this Insurance should be referred to EBM Insurance Brokers in the first instance. If this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should write to:

Lloyd's Underwriters' General Representative in Australia

Level 9, 1 O'Connell Street, Sydney, NSW 2000

Telephone Number: (02) 8298 0700 Facsimile Number: (02) 82980788

Email: idraustralia@lloyds.com

who will refer your dispute to the Policy Holder & Market Assistance Department at Lloyd's. Complaints that cannot be resolved by the Complaints Department may be referred to the Financial Ombudsman Service (UK). Further details will be provided at the appropriate stage of the complaints process.

MINING & RESOURCES - PUBLIC & PRODUCTS LIABILITY PROPOSAL FORM – CONTRACTORS and/or CONSULTANTS

Please complete and return this proposal form to our office.

1. POLICY INFORMATION

FULL NAME OF THE INSURED	
LEGAL ENTITY: _____ _____ _____	
TRADING _____	NAME: _____
PRINCIPAL	
LOCATION: _____	
ABN/ACN: _____	WEBSITE: _____
PHONE: _____	FAX: _____ EMAIL: _____
NATURE / ACTIVITIES OF BUSINESS:	
_____ _____ _____	
FORMER BUSINESS ACTIVITIES OR PRODUCTS NOW CEASED (of this Insured):	
_____ _____	
NUMBER OF EMPLOYEES LOCATED IN THE FOLLOWING STATES/TERRITORIES AND OVERSEAS.	
NSW ___ VIC ___ QLD ___ SA ___ WA ___ TAS ___ ACT ___ NT ___ O/S ___ TOTAL _____	

2. TURNOVER & PAYROLL INFORMATION

Actual income for the last 12 months?	\$
Estimated income for the next 12 months?	\$
What percentage of your estimated income is from mining/resource based clients?	%
Estimated annual payroll?	\$

3. BUSINESS ACTIVITIES

Approximately what percentage of your activities would be regarded as:

Manual work? _____ % Sales or supply of goods? _____ % Consulting or advisory? _____ %

4. UNDERGROUND

Do you perform work underground? Yes No

If so, how many vehicles do you use underground? Registered _____ Unregistered _____

5. BLASTING

Do you undertake any blasting activities Yes No If YES, are you duly licensed? Yes No

Describe nature & frequency of blasting activities:

6. OVERSEAS or OFFSHORE

Please describe any work overseas (including the names of countries) or work performed offshore (e.g. oil & gas rigs)

7. PRODUCTS

Please describe your Products (items designed, specified, formulated, manufactured, constructed, installed, sold, supplied, distributed, treated, serviced, altered, repaired, imported, or exported **by you**)

8. CONTRACT IMPOSED REQUIREMENTS

Are you required to note any principals upon your insurance, or to waive insurers' rights of subrogation?

Principal	Annual Project Value	Duration	Waive Subrogation	Policy Primary
_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

9. CONTRACTORS and CONSULTANTS

Do you appoint Contractors or Consultants in the course of your business? Yes No

Type of work carried out: _____

Estimated Annual Payments \$_____ and number of Contractors/Consultants engaged: _____

Do you ensure Contractors and Consultants have their own Workers Compensation & Public Liability insurances? Yes No

If yes, do you ensure the Contractors' and Consultants' policies indemnify your company for your vicarious liability? Yes No

10. ERRORS & OMISSIONS EXTENSION (not available for all occupations)

Do you hold separate Professional Indemnity insurance? Yes No

If not, do you wish to apply for the Errors & Omissions extension? Yes No

If so, what consulting or advisory services do you provide: _____

The errors & omissions extension (if granted) is issued on a **claims-made** basis. This means that the extension only covers claims first made against you during the Period of Insurance (as defined) and notified to the Insurer in writing during the Period of Insurance. The extension does not provide cover for any Claims made against you during the Period of Insurance if at any time prior to the commencement of the Period of Insurance you became aware of facts which might give rise to those Claims being made against you.

Section 40(3) of the Insurance Contracts Act 1984 provides that where you give notice in writing to the Insurer of facts that might give rise to a Claim against you as soon as is reasonably practicable after you become aware of those facts but during the Period of Insurance, the Insurer cannot refuse to pay a Claim which arises out of those facts, when made, because it is made after the Period of Insurance has expired

11. CLAIMS CIRCUMSTANCES

In the past 5 years has any claim(s) been made against the Proposer or any principal, partner, director, consultant, employee or any other party deemed to be an Insured in respect of the risks to which this proposal relates?

Yes No

If yes, please provide full details including date, circumstances and quantum: _____

Is the Proposer or any principal, partner, director, consultant, employee or any other party deemed to be an Insured, **after enquiry**, aware of any circumstance(s) which might give rise to a claim?

Yes No

If yes, please provide full details:

12. DISCLOSURE

Has any principal, partner, director, consultant, employee or any other party deemed to be an insured ever:

- | | | |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> been declined insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> been refused renewal for a policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> had a policy cancelled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> had a policy endorsed to include additional terms, premium loadings or deductibles imposed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> been declared bankrupt, insolvent or had an administrator/liquidator appointed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> been convicted of or charged with any criminal offence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes to any of the above, please provide full details including dates and the circumstances.

13. INSURANCE REQUIREMENTS

LIMIT OF INDEMNITY REQUIRED AUD\$10,000,000 AUD\$20,000,000

PERIOD OF INSURANCE: FROM: _____ TO: _____ (4PM)

(Note cover will not commence until the date confirmed in writing by EBM)

GENERAL DECLARATION & AGREEMENT

I/We the undersigned duly authorised person(s) declare that:

- i) I am/We are authorised by each of the proposers to sign this renewal declaration/proposal form; and
- ii) the above statements are correct, true and complete; and
- iii) no information material to this renewal declaration/proposal form has been withheld; and
- iv) I/We have diligently made all necessary and detailed enquiries in order to comply with the duty of disclosure; and
- v) I/We understand that no insurance is in force until such time as the Insurer has confirmed acceptance of the proposed insurance; and
- vi) I/We undertake to inform the Insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- vii) I/We acknowledge that the Insurer relies on the information and representations in this renewal declaration/proposal form and otherwise made by me/us in relation to this insurance.

I acknowledge that I have carefully read any and every part of this proposal which was filled in by someone other than me. I further acknowledge that each such part is true and correct and is to be taken as having been filled in by me.

PRINT NAME:(Client) _____

SIGNATURE: _____

POSITION: _____

DATE: _____