

# WebRater Proposal Form

## General & Resource Liability Insurance



## IMPORTANT NOTICES

**Please read the following before proceeding to complete this Proposal Form.**

### 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, that 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:

- a. reduces the risk we insure you for;
- b. is common knowledge;
- c. we know or should know as an insurance company; or
- d. we waive your duty to tell us about.

### If you do not tell us something

If you do not tell us something you are required to, we may cancel your policy or reduce the amount we shall indemnify 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 policy as if it never existed.

### Completing this Proposal Form

- Please answer all questions giving full and complete answers.
- It is the duty of the Applicant to provide all information that is requested in the Proposal Form as well as to add additional relevant facts.  
Note: A relevant fact is a 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.
- 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 this insurance for the organisation who acts as the Applicant.

**This Proposal Form DOES NOT BIND the Applicant or the Insurer to complete the insurance but will form part of any insurance.**

### Privacy Collection Statement

At DUAL Australia Pty Ltd (DUAL), we are committed to protecting your privacy and complying with the *Privacy Act 1988* (Cth) ('Privacy Act').

We use your information to assess the risk of providing you with insurance, provide quotations, issue policies and assess claims, on behalf of the insurers we represent. We also use your information to administer any policies we have issued to you and may do so by mail or electronically, unless you tell us that you do not wish to receive electronic communications. If you do not provide us with full information, we may not be able to provide insurance or assess a claim. If you provide us with information about someone else, you must obtain their consent to do so.

We provide your personal information to the insurer we represent when we issue and administer your insurance. When providing a quotation or insurance terms, we will tell you if the insurer is overseas and if so, where they are. We may also provide your information to your broker and our contracted third-party service providers (e.g. claims management companies).

We are part of Howden Group Holdings Limited and may provide your information to UK based Group entities who provide us with business support services. If a recipient is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will take reasonable steps to ensure that they protect your information in the same way we do or seek your consent before disclosing your information to them. We do not trade, rent or sell your information.

Our Privacy Policy contains more information about how to access and correct the information we hold about you and how to make a privacy related complaint, including how we will deal with it. By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy. Ask us for a copy of our Privacy Policy via email at [privacy@dualaustralia.com.au](mailto:privacy@dualaustralia.com.au) or access it via the 'Privacy Policy' [link](#) on our website.

## Section 1 | Details of Applicant

1. Insured Entity Type (please select):

- Sole Trader
  Unlisted Limited Company  
 Partnership
  Not for profit / Association  
 Public Listed Company
  Private Company (Pty Ltd)

2. ABN: \_\_\_\_\_

3. Insured Name: \_\_\_\_\_

4. Trading Name (if applicable): \_\_\_\_\_

5. Insured's Registered Address:

(Place where business is registered/place of incorporation.)

\_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

6. Occupation/Business Description:

Please provide a detailed description of all business activities including the activities of any related entities.

\_\_\_\_\_

\_\_\_\_\_

7. Annual Revenue / Turnover for the last 12 months: (AUD) \$ \_\_\_\_\_

If new or trading less than 12 months, please estimate annual revenue / turnover for next 12 months.

a. For RILF Exploration only, please confirm the actual annual expenditure for the last 12 months: (AUD) \$ \_\_\_\_\_

8. Staff Size: \_\_\_\_\_

Include all principals, partners, directors, and employees (full time, part time and casual staff, interns and volunteers).

9. Insured Website: \_\_\_\_\_

N/A - Insured does not have a website

## Section 2 | General Questions

10. Does the Insured currently have General Liability insurance in place? Yes  No

11. After enquiry of all Partners, Principals, Directors, Officers, Trustees and Senior Managers:

a. Have there been any claim(s) made against the Insured or any loss or expense incurred\* which might fall within the terms of this insurance cover? OR

b. Have any circumstances occurred which may give rise to a claim against the Insured or result in any loss or expense incurred\* which might fall within the terms of this insurance cover? Yes  No

\*Incurred means any settlement made, legal fees, defence costs or reserved amounts.

If YES, please answer the following, or if NO, please continue to Question 12.

- i. Has the Insured (or any person or party comprising the Insured) ever made a claim or suffered a loss or had a claim declined including Worker to Worker and Subrogation claims or losses in the past 5 years? Yes  No
- ii. Is the Insured (or any person or party comprising the Insured) aware of any circumstances which may give rise to a claim? Yes  No

If YES, please provide further information:

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12. Has the Insured or any Partners, Principals, Directors, Officers, Trustees and Senior Managers ever been declined this type of insurance, or had similar insurance cancelled, or had an application for renewal declined (other than insurer exiting that area of insurance), or had special terms or restrictions imposed? Yes  No
13. Is the Insured domiciled in Australia with no subsidiaries outside Australia or New Zealand? Yes  No

If NO, please confirm the following, or if YES, please continue to Question 14.

- a. Is the Insured domiciled in Australia? Yes  No
- b. Where are the Insured's overseas subsidiaries?  
Please specify below in which countries the Insured's subsidiaries are located and indicate the percentage of total revenue derived.

Subsidiary Name	Country	Revenue %
		%
		%
		%

14. What is the Insured's breakdown of turnover / exploration expenditure?

We use this information to apportion the payment of stamp duty across different states and territories where the insured operates their business. This is important because for certain policies we offer which need to have stamp duty apportioned across different states and territories.

NSW %	ACT %	QLD %	VIC %	TAS %	SA %	WA %	NT %	O/S %*	Total
									<b>100%</b>

\*If the Insured has declared Overseas Turnover, please complete the below table to answer the following:

- a. From which country or countries is the Overseas Turnover derived?

b. What activities are conducted overseas?

Country(ies)	Percentage of Total Turnover	Activities
	%	
	%	

15. Is the Insured exempt from GST? Yes [ ] No [ ]

16. Is the Insured exempt from Stamp Duty? Yes [ ] No [ ]

If YES, please confirm which exemption applies to the Insured, or if NO, please continue to Question 17.

a. **NSW Small Business Exemption**

I declare that the Insured is a small business and qualifies for the NSW small business stamp duty exemption in relation to this policy. I have obtained a signed declaration from the Insured in accordance with the requirements of Revenue NSW and I will provide the signed declaration to DUAL on binding or upon request. Yes [ ] No [ ]

b. **Other Exemption**

I declare that the Insured relying on a stamp duty exemption (for example a charity organisation exemption) in relation to this policy. I have obtained a copy of the exemption certificate(s) or declaration(s) and any other supporting documentation to verify this exemption and I will provide a copy to DUAL on binding or upon request. Yes [ ] No [ ]

17. Is more than 50% of the Insured's activities mining/resource industry related? Yes [ ] No [ ]

If NO, please continue to **Section 5: Declaration**

If the Insured is a **Contracting Company**, please complete **Section 3**.

If the Insured is an **Exploration Company**, please complete **Section 4**.

### Section 3 | Resource Liability Contractor Specific Questions

18. Insured's anticipated turnover for the next 12 months: AUD \$ \_\_\_\_\_

19. Does the Insured or any of the Insured's sub-contractors conduct blasting activities? Yes [ ] No [ ]

20. Does the Insured or any of the Insured's sub-contractors provide scaffolding services in excess of 10 metres? Yes [ ] No [ ]

21. Please confirm:

a. Is the Insured a labour hire company? Yes [ ] No [ ]

b. Does the Insured utilise personnel supplied by labour hire companies? Yes [ ] No [ ]

c. If the Insured utilises sub-contractors, are payments made to these sub-contractors more than 20% of the Insured's overall turnover, or more than \$1,000,000? Yes [ ] No [ ]

If YES to any of the above, please provide further details: \_\_\_\_\_

22. Does the Insured perform any manufacturing? Yes  No

If YES, please confirm the types of products manufactured and provide further details: \_\_\_\_\_

23. Would the Insured like to include \$500,000 Error & Omissions Cover? Yes  No

If YES, does the Insured only provide incidental design and/or advice and receive no fee income? Yes  No

24. Is the Insured conducting any offshore manual work? Yes  No

25. Would the Insured like to include cover for any Optional Extensions for an additional premium? Yes  No

If YES, the specified additional premium will apply. Refer to the policy wording for terms and conditions of coverage

If YES,

a. Does the Insured wish to include Goods on Hook cover? Yes  No

b. Does the Insured wish to include Rectification of Faulty Workmanship (Machinery) cover? Yes  No

c. Does the Insured wish to include Underground Services cover? Yes  No

d. Does the Insured wish to include Vibration and Removal of Support cover? Yes  No

#### Section 4 | Resource Liability Exploration Company Specific Questions

26. Are all of the Insured's tenement(s) located in Australia? Yes  No

If YES, please indicate the Insured's tenement size in Australia:

<2,000 sq km

2,001 – 4,000 sq km

4,001 – 6,000 sq km

>6,000 sq km

For tenements >6,000 sq km, please provide the size: \_\_\_\_\_ sq km

If NO, please provide further details, including the location, approximate size (sq km) and no. of tenements broken down by country, including those tenements located in Australia (if any):

	State / Territory	No. of Tenement(s)	Approx. sq. Kms (Total)
Australia			
Overseas			
<b>Total</b>			

27. Insured's anticipated expenditure for the next 12 months: AUD \$ \_\_\_\_\_
28. Does the Insured or do any of the Insured's sub-contractors conduct blasting activities? Yes [ ] No [ ]
29. Does the Insured have any exposure to Third Party Property? Yes [ ] No [ ]
30. Is the insured involved in any coal mining activities? Yes [ ] No [ ]
31. Is the Insured involved in any uranium activities? Yes [ ] No [ ]
32. Is the mine under care and maintenance? Yes [ ] No [ ]
33. Does the Insured have an exposure to Underground Mines, Rivers, Creeks or Dams? Yes [ ] No [ ]

## Section 5 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 Collection Statement' above.

The undersigned acknowledges that they have read this Proposal Form, including all Important Notices, as well as the policy wording and associated endorsements and are satisfied with the coverage provided, including the limitations and restrictions on coverage.

The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

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

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: / /

**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.**

DUAL Australia recommends 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).

## IMPORTANT NOTICES

### Notification of Occurrences or Events, which may give rise to a Claim

If during the period of this Policy, you become aware of any occurrence which may give rise to a Claim under the Policy and during the period of insurance given written notice to the Insurer of such occurrence, any Claim which may be subsequently made arising out of the occurrence of which notification has been given shall be deemed to be a Claim made during the period of this Policy whenever such Claim may actually be made.

All notifications of claims and circumstances should be addressed to:

The National Claims Manager:

By Email: [claims@dualaustalia.com.au](mailto:claims@dualaustalia.com.au)

or by mail to: GPO Box 7101

Sydney NSW 2001 Australia

### Key Rating Factors

In determining the premium applicable to your Policy, several key rating factors are considered including your occupation, revenue, number of employees, payroll, period of time spent on site and your past claims history.

### Coverholder Facility

DUAL Australia is an authorised Lloyd's of London (Lloyd's) Coverholder and is acting as an agent of underwriters for this insurance.

Resource Industry Liability is underwritten by Certain Underwriters at Lloyd's.