

# Public Liability and Tools of Trade

## “Subcontractors” Request For Quotation

**Please advise details of Current Insurance Policy/s:**

Name of Insurer:

Name of Broker:

Expiry Date:

Date Quote required by:

Full Names of the Insured (inc. company &/or trading names)

  


Full Description of Trade/Occupation

  
  


Full Description of type of works carried out. In particular we require details of any insulation work.

  
  


Domestic Licence No

Commercial Licence No

HIA Membership No

Expiry Date

A.B.N. No

Input Tax Credit

 %

Registered Business Address

State

Postcode

Contact Name

Email Address

Business Phone Number

Mobile Phone Number

Fax Number

1. Has any claim been made by you in the last (5) years against an Insurance Company or any type of insurance proposed on this application form or have suffered any losses previously uninsured during this period? If “YES”, please specify: (If insufficient space attach separate sheet)

Yes  No

  
  


2. Has any insurance ever been declined, deferred or accepted on special terms or is such action pending on any section completed on this application form? If “YES”, please give details:

Yes  No

  
  


3. Please Indicate the percentage of works relating to the following: (Please ensure that figures add to 100%)

Residential Works

 %

Commercial Works

 %

**4. Tools of Trade**

Accidental Loss or Damage Cover -

Tools of Trade

Mobile Phones (Excess \$300)

Computers, Laptops (Excess \$500)

Total Sum Insured

\$

\$

\$

\$

**5. Liability**

Limit of Indemnity required - (Please tick)

\$5Mil

\$10Mil

\$20Mil

No. of Employees

Annual Turnover Labour

\$

Annual Turnover Labour & Materials

\$

=

Gross Annual Turnover

\$

6. Do you perform welding/hot work?

Yes  No

7. Do you sell, distribute or handle any product of a type not normally associated with your business?

Yes  No

8. What safety and security measures do you have in place for the worksite?

9. Do you have in force any other insurance covering any of the risks proposed? If "YES", please provide details.

Yes  No

**IMPORTANT INFORMATION**

1. Do you carry out any demolition other than freestanding houses: If "YES", please provide details and we will contact you if any cover variation is required.

Yes  No

2. Do you work with asbestos? (Please Note: this policy does not cover asbestos work)

If "Yes", you will require additional insurance - Please give details of activity below and we will contact you.

Yes  No

3. Underpinning, shoring & piling of neighbouring structure's need us to refer the work to your insurer.

**Please contact us before commencing such work. (A dilapidation report may be required)**

4. Excavation greater than 3.5 metres.

**Please note the standard policy requires work greater than 3.5 metres to be advised before starting and a geotech report may be required.**

**NOTES**

## DECLARATION

### FOR PERSONAL APPLICANTS

I consent to:

- the use of personal information about me for the purposes shown in the Privacy Statement, and
- the disclosure of personal information about me to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.

### FOR ALL APPLICANTS

If I have disclosed personal information about any other person, I confirm that I am authorised to:

- disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and

- consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

I/We hereby declare that:

- My/our attention has been drawn to the important notices affixed to this Proposal Form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature below.
- The above statements are true, and that I/we have not suppressed or misstated any facts and should there be any information given by me /us alter between the date of this proposal form and the inception date of the Insurance to which this proposal relates I/we shall give immediate notice thereof.

I/We hereby acknowledge that my/our duty of disclosure has been brought to my/our notice as per the disclosure notice printed on this Application Form. I/We also declare that the information provided in this application form by me/us is correct in every particular.

Declared by (Name)  Position

For and On Behalf of

Signature  Date

Declared by (Name)  Position

For and On Behalf of

Signature  Date

## IMPORTANT NOTICES

### YOUR DUTY OF DISCLOSURE

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Cth) to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance.

You do not need to tell the insurer anything that:

- reduces the risk that is insured;
- is common knowledge;
- your insurer knows or should know as an insurer; or

- the insurer waives compliance with your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact your Aon Client Manager.

### NON-DISCLOSURE

If you do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

## PRIVACY STATEMENT

HIA Insurance Services Pty Ltd ('HIAIS') is committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer the many financial services and products we and our group of companies are involved in, as set out in the **HIAIS Privacy Notice**.

Unless we hear from you otherwise, through the means set out in the **HIAIS Privacy Notice**, we will assume that you have read the **HIAIS Privacy Notice** and you have no objection to us handling your personal information in the manner set out in this notice (which includes contacting you to promote our products and services we think may be of interest to you).

A copy of the **HIAIS Privacy Notice** can be located on our website [www.hiainsurance.com.au](http://www.hiainsurance.com.au)

## OFFICE DETAILS

**VIC**

GPO Box 4897 V V, Melbourne VIC 3001  
Ph: 1300 554 227 Fax: 03 9666 0290

**NSW**

PO Box 883, North Ryde BC 1670  
Ph: 1300 200 201 Fax: 02 9808 7233

**SA**

PO Box 550, Hindmarsh SA 5007  
Ph: 1300 600 601 Fax: 08 8340 7599

**TAS**

GPO Box 182, Hobart TAS 7001  
Ph: 03 6234 9770 Fax: 03 6234 9735

**ACT**

GPO Box 2188, Canberra ACT 2601  
Ph: 02 6230 4985 Fax: 02 6230 0541

**WA**

PO Box 1494, Osborne Park DC, WA 6916  
Ph: 1300 800 801 Fax: 08 9443 8166

**QLD**

PO Box 3061, Sth Brisbane QLD 4101  
Ph: 07 3255 3600 Fax: 07 3255 3144

**NT**

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