

# Public Liability & General Property

## “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

  
  


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. Previous Construction Details - Actual Turnover for the past 12 Months: \$

Policy Limits Required - Estimated Annual Turnover of all construction work: \$

Please select Limit of Annual Public/Products Liability required: \$5mil  \$10mil  \$20mil



## 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

### DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an Insurer, you have a duty under the Insurance Contracts Act, 1984, 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, on 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.

Your duty however, does not require disclosure of matter;

- That diminishes the risk to be undertaken by the Insurer,
- That is of common knowledge,

- That your insurer knows or, in the ordinary course of his business, ought to know.
- As to which compliance with your duty is waived by the Insurer.

**Non-Disclosure:** If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce his 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.

**Subrogation:** Your policy contains a Subrogation clause so that you will not be able to recover under it if you entered into any agreement which excludes or limits your right of recovery from parties: therefore you **MUST NOT** have agreed and **MUST NOT** agree to any of your rights because that will effect Insurers right to recover from those parties.

## PRIVACY STATEMENT

The Privacy Act 1988 (as amended) now applies and requires us to inform you that:

### PURPOSE OF COLLECTION

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of: providing insurance services to you, including to evaluate your application, to evaluate any request for a change to any insurance provided; to provide, administer and manage the insurance services following acceptance of an application; to investigate and, if covered, manage claims made in relation to any insurance you have with us.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

### DISCLOSURE

We may disclose your personal information, when necessary and in connection with the purposes listed above, to HIA Insurance Services / Aon Risk Services, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

### CONSEQUENCES IF INFORMATION IS NOT PROVIDED

If you do not provide us with the information we need we will be unable to consider your application for insurance cover and/or administer your policy and/or manage any claim under your policy.

## 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**

PO Box 400, Parap NT 0820  
Ph: 08 8981 9400 Fax: 08 8981 1706

Website: [www.hiainsurance.com.au](http://www.hiainsurance.com.au)