

QBE General Liability Proposal

for Public Liability and Public & Products Liability

QBE Pacific Islands



A. Instructions

This proposal form is designed to minimise your paperwork and maximise your opportunities when it comes to liability insurance. Use it to apply for either Public Liability Cover or Public and Products Liability Cover. All applicants should refer to sections A and B and fill in sections C, D, F, G and H. Applicants for Public and Products Liability Cover should also fill in section E.

B. Notice to the proposed insured

Disclosure of relevant facts - your duty of disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. This includes facts which are not subject to questions in this proposal.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Non-disclosure / misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

Inadequate space to answer

If there is inadequate space to answer our questions or you need to disclose something to us because of your duty of disclosure, please attach a separate sheet of paper to this proposal giving full details of additional information on your letterhead.

Important

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick appropriate box to indicate answer.
- The applicant will be referred to in this proposal as “You” or “Your”.

Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your proposal.

MARKET	BUSINESS NAME	PLEASE TICK
Fiji	QBE Insurance (Fiji) Limited	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Pty Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

Note: For any other markets please contact the local QBE office.

Jurisdiction

The content and use of this proposal form or any policy entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:

- a. the laws of the country of the QBE office which issues the policy/ies arising from this proposal; unless
- b. the policy/ies refer to the laws of a different country applying, in which case the laws of that country,

and in relation to those matters, the parties submit to the exclusive jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English law as applicable within Vanuatu immediately before 30 July 1980 and shall be exclusively justiciable before the Supreme Court of Vanuatu.

Note

Values, Sums Insured, Limits and Deductibles further marked as * are in the currency of the country in which a policy will be issued, upon the approval of this proposal.

C. Details of the proposed insured

Name(s) in full

Phone no Fax no Mobile no Email

Postal address

Locations of subsidiaries or divisions (if any)

Type of organisation Individual Corporation Partnership Other

Nature of company Manufacturer Wholesaler Retailer Exporter
 Assembler Importer Other (specify)

Period of insurance: from to

D. Details of business

1. Please provide a general description of your business, trade and activities

2. How long have you been in business?

3. Prior business experience under other names

4. Location of premises occupied for the purpose of conducting the business	Owned	Leased
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Location of premises owned but not occupied by you for which property owners' cover is required	Type of building eg shopping centre, office block, etc
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

6. Present affiliation with other companies or groups

7. Total number of employees Total annual wages paid *

8. Turnover for the past five years	Year 1	Year 2	Year 3	Year 4	Year 5
Amount*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Do you engage in business in any country, other than where this proposal is submitted? Yes No

If "Yes", please state where and turnover generated.

Country	Year 1	Year 2	Year 3	Year 4	Year 5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Turnover*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. If any of your employees work away from your premises, please state where and the nature of their work.

11. Is any portion of your premises sublet? Yes No
 If "Yes", please state where and turnover generated

12. Do you use sub-contractors? Yes No

If "Yes", do you wish to insure your liability for claims arising from the operations of sub-contractors? Yes No

If "Yes", please advise: a) the nature of the work sub-contracted

b) measures taken to identify the adequacy of their liability and workers' compensation insurance arrangements

13. Do you or does anyone on your behalf operate, manage or own any of the following?

Please state Yes or No Yes No If "Yes" to any of the items below, please provide details.

First aid facility			
Pressure vessels			
Car parks			
Lifts, escalators, hoists, cranes			
Unregistered vehicles			
Railway eg. siding			

14. Do you or does someone on your behalf perform any work away from the premises stated above? Yes No

If "YES", please provide details eg. welding, installation etc.

15. Do you store, transport, use or handle any hazardous goods: chemicals, radioactive materials, gases, etc? Yes No

If "YES", please provide details

16. Does your operation/business create trade waste? Yes No

If "Yes", please provide details eg. type of waste, how it is disposed of etc.

17. Do you require cover for property owned by others, in your care, custody or control? Yes No

If "Yes", please respond to questions a) to c) below.

a) Description of the property **Maximum value of the property*** **Limit of indemnity required*** **Deductible required***

a) Description of the property	Maximum value of the property*	Limit of indemnity required*	Deductible required*

b) Do you charge a fee for this service? Yes No

c) Is the property insured under any other policy? Yes No

If "Yes", please provide details

18. Coverage of liability assumed under contract or agreement will be limited to lease liability or liability assumed under a warranty of fitness or quality as regards your products, or specifically agreed contracts. Please give full details and attach copies of all agreements (other than lease liability) where you assume liability under contract or hold others harmless. Coverage will be provided only if specifically agreed by QBE.

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

If "Yes", please provide full details and attach copies of all agreements (other than lease liability).

19. Limit of indemnity required* **Deductible required***

E. Products

1. Please give details of all products for which insurance is required, attaching brochures, catalogues, instructional manuals and other product literature if available. Please continue on a separate sheet of paper if there is insufficient space.

2. Please give details of any products that are exported and the respective turnover.

3. If more than 15% of your goods or services are consumed in any one city, state or country, please specify location and indicate the percentage or amount of turnover.

4. Do you export any products or services to the USA and/or Canada?

Yes No

If "Yes", please state percentage of turnover exported to USA or Canada.

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5. Can you, with certainty, identify the source of supply of every item used in the manufacture of the products?

Yes No

6. Do you import products or component parts?

Yes No

7. Do you purchase materials or components from others?

Yes No

If Yes", please specify from which country/ies.

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Please give details of products imported/purchased.

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8. Do you hold harmless or insure suppliers and/or distributors of your products?

Yes No

9. Do your suppliers and/or distributors hold you harmless or insure you?

Yes No

10. Do you expressly disclaim or limit warranties for your products?

Yes No

11. Are all warranties/disclaimers reviewed by legal counsel?

Yes No

12. Is your product range constantly changing?

Yes No

13. Do you plan to introduce new products in the near future?

Yes No

If "Yes", please provide details.

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14. Could any of your products or services be used in connection with:

Please state Yes or No

Aircraft or aerospace Watercraft or offshore craft Transportation or transit Life support services

15. Are your products designed, tested, labelled and manufactured:

a) To meet or exceed all government and industry standards?

Yes No

b) For optimum safety in spite of misuse or abuse?

Yes No

16. Are your products assembled away from your main business location?

Yes No

17. Do you supervise assembly of your products?

Yes No

18. Do you keep records of quality control tests?

Yes No

19. Do you have a quality control manager?

Yes No

20. Please give details of your quality control procedures.

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21. Do you have re-call procedures in place?

Yes No

If "Yes", please provide details.

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22. Are warranties obtained from all suppliers?

Yes No

23. Limit of Indemnity required*

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Deductible required*

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F. Claims history

1. Please give full particulars of ALL claims (total aggregate claims including defence costs) made against you whether insured or not. Please state date of claim and amount paid or outstanding.

2. Are you aware of any other incidents that may result in claims against you?

Yes

No

If "Yes", please provide details.

G. Your insurance requirements

1. Territorial limits required:

Unless otherwise stated and agreed, coverage for products exported to the USA and/or Canada is excluded from this insurance. Coverage will only be provided if specifically agreed by QBE and then subject to additional terms and conditions and payment of an extra premium. Any additional information supplied in respect of exports to the USA and/or Canada shall be deemed to form part of this proposal.

2. Who is your present insurer?

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3. Please indicate the type of policy wording you require:

Claims made basis

Occurrence basis

4. Has any insurer ever cancelled, increased the premium rate, imposed restricted terms or refused to renew your liability insurance?

If "Yes", please provide details.

Yes

No

H. Signature and declaration

I/We the undersigned authorised proposed insured person(s), after enquiry declare as follows:

1. I/we are authorised by each of the other applicants to make this proposal.
2. I/We have read and understood the Notice to the proposed insured on the front of this proposal form.
3. I/We have read and understood this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/We understand that, up until a contract of insurance is entered into, I/we are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal or in any accompanying documents.

If accepted by QBE, this proposal form and declaration, and any other material which I/we have provided to QBE shall be incorporated into and form the basis of the contract of insurance.

Policyholder 1

Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

Policyholder 2

Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

Fiji

QBE Insurance (Fiji) Limited

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Papua New Guinea

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Vanuatu

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