



# Combined liability

Proposal form

Underwritten by:



Arthur J. Gallagher  
BUSINESS WITHOUT BARRIERS™  
*Incorporating OAMPS Insurance Brokers*

## **Important Notices - Please read the following important notices carefully before completing this documentation.**

### **Duty of Disclosure**

Before entering into a contract of general insurance, you have a duty, under the Insurance Contracts Act 1984 (Cth), to disclose to the Insurer every matter that you know or could reasonably be expected to know, that is relevant to the Insurer's decision about insuring you and if so, on what terms.

Your duty does not require disclosures of matters:

- That diminish the risk;
- That are of common knowledge;
- That the Insurer knows, or in the ordinary course of its business as an insurer, ought to know;
- As to which compliance with your duty of disclosure is waived by the Insurer.
- You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

### **Non-disclosure**

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the policy in respect of a claim or may cancel the policy. If your no-disclosure is fraudulent the Insurer may avoid the policy from its inception. This is why it is vital that enquiry must be made of all relevant principals, directors, employees, contractors, and subsidiaries before this Proposal is signed by or on behalf of the prospective Insured.

### **Utmost good faith**

Every insurance contract is subject to the doctrine of utmost good faith, which requires that parties to the contract should act toward each other with the utmost food faith. Failure to do so on your part may prejudice any claim of the continuation of cover provided to the insurer.

### **Change of circumstance**

It is vital that you advise us of any departure from your "normal" form of business (i.e. the business details that have been advised to your Insurer). For example, any change to business activities, ownership, acquisitions, changes in location, or new overseas activities.

### **Subrogation**

You may prejudice your rights with regard to a claims if, without prior agreement from the Insurer, you make an agreement with a third party that will prevent the Insurer from recovering the loss from that party of another party.

### **Under insurance**

Your property is insured for reinstatement and replacement costs and as such the Insured amounts should represent the full replacement value at new costs. If this is not done any claim you make for these costs may not be paid in full.

### **BINDING AUTHORITY**

In effecting this contract of insurance Arthur J. Gallagher is or will be acting under an authority given to it by W. R. Berkley Insurance Australia to effect the contract. Arthur J. Gallagher will be effecting the contract of insurance as agents of W. R. Berkley Insurance Australia and not of you as the Insured. Arthur J. Gallagher is authorised to provide Professional indemnity, Public and Products liability, Legal expenses and Property insurance under the authority.

**IMPORTANT: Any decision to offer insurance cover is based on the information you provide us in this proposal form.**

**PERIOD OF COVER: We will commence your insurance policy upon receipt of this completed proposal form and subject to no outstanding issues. Otherwise, please state your commencement date: / / (4pm local time)**

Details of the Insured			
Full Name:		DOB:	
Trading Name <i>(if applicable):</i>		ABN:	
Are operating as a Pty Ltd Company? (if yes please supply the following 3 questions) otherwise skip to the next section and continue			Yes <input type="checkbox"/> No <input type="checkbox"/>
1- Number of Directors:			
2- Number of Staff:			
3- Gross Annual Turnover for the business:			

Name of Association:			
Membership Number:		Level of Membership:	
Mailing Address:			P/Code:
Phone:		Mobile:	Fax:
Email Address:			
Website:			
Do you have a current OAMPS Combined Liability policy or Student policy in place?			
Please advise client code			
Are you a Permanent resident of Australia?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If no please advise what Visa class you are on and the expiry date.			

Modality(s) Accredited by the above Association	
Modality(s)	If a beauty modality please advise the % of your working time

Modality(s) Not accredited by the above Association (for which cover is being sought)				
Please attach copies of qualifications for all modality(s) listed below that are not accredited by your association and for which cover is being sought.				
Modality(s)	Qualifications	% of time practiced	Where and When Obtained	Accrediting Association (if any)

What is your gross annual turnover in relation to your modalities/business
\$

Practitioners employed by you			
Do you employ other practitioner(s) that you require your policy to insure?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please provide full details below and attach copies of certificates/qualifications for Modalities not accredited.			
Please attach copies of qualifications for all modality(s) listed below that are not accredited by your association and for which cover is being sought.			
Name of Practitioner	Name of Practitioner's Association, Membership number and level	Modality(s) Accredited by Practitioners Association	Modality(s) NOT Accredited by Practitioner's Association (for which cover is being sought)

Market Stalls	
What is your turnover from market stalls per annum?	
Do they relate directly to your modality? (if no you may be required to take out additional cover)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a contractor / subcontractor to these stalls or have you hired the space?	

Products	
Are you qualified to sell/dispense/produce all the products which you provide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sell any products or make your own products? <b>(if yes please fill out the attached Products being made and sold questionnaire)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the estimated annual turnover from products you sell, dispense or produce?	\$
Are you selling/exporting product to the USA/Canada, even if via the internet? <i>(Your policy will not cover you for bodily injury or property damage occurring in the United States of America, Canada or their dominions or protectorates)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Premises and Building	
Do you own the premises where the practice is situated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is it used for purposes other than yours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	
If yes do you rent rooms to other practitioners, do they have their own insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Optional Extension for Legal Expenses	
Do you wish to take out the optional extension for the legal expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes the additional premium is \$40 (plus government charges, GST and Stamp Duty)	
<p><b>The policy automatically pays legal expenses for claims covered by the policy.</b>  <b>This option provides additional benefits.</b></p> <p>(This section provides \$25,000 in total in respect of legal costs and expenses arising from specific events, namely disputes about:                      Employment Contracts, Employers Prosecution Defence, Contracts, the Trade Practices Act, your Right to Practice and Attendance for jury service). Please refer to our Guidance Note and the Policy Wording for full details of this Section.</p>	

Teacher Training	
Are you a recognised training provider who teaches students to become practitioners?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where do you conduct your training seminars?	
If yes, what qualification do you provide to students?	
If yes, what percentage of your average working week would be spent teaching?	%
Optional Extension for Contents and Stock	

Do you wish to take out option cover for any of your business contents and/or stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the total replacement value of your contents and/or stock?	\$
<b>Please describe items and detail separately all items with replacement value exceeds \$1,000</b>	
Item description	Replacement Value (\$)
<b>This section will incur an additional premium of approximately \$25 per \$1,000 sum insured.</b>	
(If a number of items are the same or similar then they will constitute one item for purposes of the policy. This means if the value of all the same or similar items when aggregated is over \$1,000 then a description of them needs to be provided)	

<b>Insurance Previous and Future (Retrospective Cover)</b>	
Are you currently insured for your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is your current insurer?	
What is the original inception date of the policy? (Required to take out this section)	
What is the expiry date of the policy (Required to take out this section)	

<b>Limits of cover</b>	
What limits of indemnity do you require? Please select for each section. Failure to select both a Professional Indemnity & Public Liability limit will result in your insurance being delayed.	
Limits of cover for Public Liability (required)	<input type="checkbox"/> \$10million <input type="checkbox"/> \$20million
Limits of cover for Professional Indemnity and Products Liability (Required)	<input type="checkbox"/> \$1million <input type="checkbox"/> \$2million <input type="checkbox"/> \$5million <input type="checkbox"/> \$10million

<b>Do you work from home or residential premises?</b>
<b>Did you know your home and contents cover might not cover you for this?</b>

Would you like OAMPS to provide information on this?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require a business pack policy or information on this – including cover for building, contents, stock, glass, money, Business Interruption – Income Protection for your business	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Claims Questions**

After full enquiry, are you aware of any:

a). Claim having been made against you, any of the practitioners employed by you or any of your business partners?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b). Circumstances which could give rise to a claim against you, your employees or business partners in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c). Have you ever made a claim for property loss or damage in respect of which cover is being sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d). Have you ever had any insurance declined, cancelled, renewal refused, special conditions imposed, special excess imposed or a claim rejected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e). Have you been declared bankrupt or put into receivership of voluntary liquidation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f). Have you been charged or convicted of any criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered yes to any of the above questions please provide full details:

**Advices**

After enquiry, I declare that:

1. I have made all necessary enquiries into the accuracy of the responses given in this Proposal.
2. The statements and particulars given in this Proposal are true and complete, and no material facts have been omitted, misstated or suppressed.
3. Should any of the information given by me alter between the date of this Proposal and the inception date of any Insurance Policy, I will give immediate notice thereof to Insurer(s) via OAMPS, and I agree that Insurer(s) may alter or withdraw the terms that they have offered.
4. I agree that if there are any changes during the Policy Period to the modalities I want covered I will promptly notify Insurer(s) via OAMPS.
5. I have read and understood the Important Notices contained in this Proposal.
6. I agree that this Proposal, together with any additional information contained in an appendix or attachment, will form the basis of the contract of insurance effected by Insurer(s).
7. I agree that submitting this Proposal for the purposes of obtaining a quotation does not bind Insurer(s) to complete an
  2. Insurance Policy.
8. I will provide Insurer(s) with notice via OAMPS as soon as practicable of any fact or circumstance that might give rise to a
  3. Claim and furnish all relevant documentation to Insurer(s) in the investigation or defence of any Claim.
9. Insurer(s) are hereby authorised to make any investigation and enquiry in connection with this Statement of Fact that they deem necessary.

***To speed up the process we are able to email your documentation to you. Please confirm if you wish to receive documents by email.***

<input type="checkbox"/>	I agree to receive my documentation and further correspondence by email.
	Current email address: <input type="text"/>
<input type="checkbox"/>	Please do not send my documents or any correspondence by email.

- I have read and understood the Duty of Disclosure.
- I have read and understood the Privacy Statement.
- I have read and understood the FSG.

Please be advised that we do include a broker fee and receive remuneration from your policy

Signature of the Insured		
<input type="text"/>	Date:	<input type="text"/>

(If applicable)

<input type="text"/>	Date:	<input type="text"/>
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*This information is provided as a Summary only of the Policy coverage. In the event of a dispute, the terms, conditions and exclusions of the Policy Document itself will prevail.*

## OTHER INSURANCE

I am interested in a Business Pack policy to cover my building, Contents, Stock, Money, Business Interruption	<input type="checkbox"/> Yes <input type="checkbox"/> No
I run my business from home	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in a home and contents or motor vehicle policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in a personal accident and illness policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in a Life, Total Permanent Disability, Trauma or Income Protection policy	<input type="checkbox"/> Yes <input type="checkbox"/> No

## I have more questions, who can I contact?

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