

# FEDERAL PACIFIC INSURANCE LIMITED

## EMPLOYERS LIABILITY

### PROPOSAL FORM

Agent:

Policy Number:

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### YOUR DUTY OF DISCLOSURE

You must tell us of all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

**Examples of information you may need to disclose include:**

- Anything that increases the risk of an insurance claim.
- Any criminal record
- If another insurer has cancelled or refused to renew insurance or has imposed special terms.
- Any insurance claim you have made in the past.

**Examples of information you do not need to disclose include:**

- Anything that reduces the risk of an insurance claim.
- Anything we say you do not need to tell us about.
- Anything that is common knowledge.
- Anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are not sure whether you need to disclose a particular piece of information, please ask.

**WHEN IN DOUBT - DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.**

**NOTE:**

The completion of this form is to enable Federal Pacific Insurance Limited (FPI) to establish the nature of the proposers operations, the extent of cover required, the conditions that are in existence and the rules and the procedures which will apply during the currency of the proposed insurance. The completion and/or signing of this form does not bind the proposer or FPI to the making of a contract of insurance. However, should such a contract be made then the information contained herein shall constitute a part of that contract. Alterations and/or variations of any of the answers given to any of the questions in this proposal form can only be made with the prior advice to, and the approval of FPI.

### IMPORTANT NOTICE

Employer's Liability Insurance Policies are issued on a **Claims Made** basis.

This means that the policy responds to:

1. **Claims first made against the Company and notified to Federal Pacific Insurance Limited during the policy period, provided that it was not aware prior to the policy inception, of circumstances which may give rise to a claim against it.**
2. **Circumstances which the Company becomes aware of during the policy period which may give rise to a claim against it and which are notified to Federal Pacific Insurance Limited during the policy period.**

When the policy expires, generally no new notification can be made on the expired policy, even though the event giving rise to the claim may have occurred during the policy period.

Full details of all circumstances that may give rise to a claim against the Company must be provided.

**The Company will not be entitled to indemnity under the policy in respect of any claim arising out of circumstances of which it was aware at any time prior to policy inception.**

Period of Insurance	From		at 4pm	To		at 4pm
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1. a) Employer Details

Name:			
Phone:	Fax:	Mobile:	Email:
Contact Person:		Position:	

b) Trading Name(s) If insufficient space, attach list


2. a) Postal Address


b) Location/Village of ALL business premises. If insufficient space, attach list


3. Description of business or industrial activity (describe main processes)


4. In respect of this business, when did you:

a) first commence trading operations

b) first employ workers

5. Describe the machinery used in your business or industrial activity


6. Has any insurance or proposal for insurance in which you have been interested been declined or cancelled by an insurer?  Yes  No

*If Yes, please give details:*


7. Has any worker been involved with asbestos or asbestos products whether in manufacturing, storage, handling, cleaning, disposal or in any other manner whilst in your employ?  Yes  No

*If so, please give full details.*


8. a) Are your premises air-conditioned?  Yes  No

- b) Do you maintain a Smoking Policy in terms of a smoke Free Environment?  Yes  No

9.. CLAIM

- a) Have any claims for the type of insurance requested in this proposal ever been made against you or have any circumstances ever occurred which would have resulted in a claim under the proposed insurance had the policy been in force?  Yes  No

*If so, please give full details.*


- b) Are there any circumstances that could give risk to a claim against you?  Yes  No

*If so, please give full details.*


**ESTIMATE OF SALARIES AND WAGES PAID BY YOU TO EMPLOYEES FOR THIS PERIOD OF INSURANCE (including Working Directors)**

Description of business or industrial activity	Average number of employees meeting each description	Estimate of wages/salaries \$

**ON BEHALF OF APPLICANTS**

I agree that:

**1. MATERIAL FACTS**

- (a) All information given to FPI (whether oral or written is true and correct:
- (b) All material facts have been disclosed (see "your Duty of Disclosure")

**2. TERMS OF POLICY**

The terms of FPI policy are accepted

**3. AGENCY**

Anyone who assists me to complete this Application Form is acting as my agent only.

**PLEASE NOTE:**

- We gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it, we may decline your application.
- This information is held by us and you may access it. It may be passed on to other insurers you deal with, and mortgagees, etc.

1. Signature	/	/
	Position/Title	Date
Full Name		
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2. Signature	/	/
	Position/Title	Date
Full Name		
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