

**BROADFORM LIABILITY INSURANCE
QUOTATION REQUEST
MANUFACTURING/IMPORTING INDUSTRY**

Intermediary:

Date: / /

Contact:

PLEASE PROVIDE FULL & DETAILED ANSWERS TO THE FOLLOWING QUESTIONS.

If there is insufficient space to complete answers, attach a separate sheet with the additional information.
Please Note: If incomplete or unclear, prior to sourcing terms, additional time will be required to obtain full details.

INSURED'S NAME(S) (Full Details required, including Trading Name if applicable)	
ADDRESS/SITUATION(S)	
HOLDING INSURER	
HOLDING BROKER	
DUE DATE	
Full details of occupation (including subsidiary companies)	
Principal Geographical Area of Operation	
Number of years in this business.	
Previous industry experience if less than five years in business.	
Are you represented outside Australia? If yes, provide details.	
Details of all claims in the past 5 years.	
Details of deductibles applicable over the past 5 years.	
Estimated annual Turnover.	\$
Estimated annual payroll.	\$
Estimated percentage of payroll split between work at and away from your own premises.	<p>Work at own premises - % No. of Employees.</p> <p>Work away from own premises - % No. of Employees:</p>

<p>Are Labour Hire Employees engaged by the Insured under a Contract of Service? If so, please advise estimated turnover and wages relating to such contracts and the activities performed by such persons</p>	
<p>If Contractors & Sub-Contractors are engaged, advise nature of the work undertaken.</p>	
<p>Estimated annual payments to contractors & Sub-contractors.</p>	\$
<p>Is work performed away from your premises by you or on your behalf? If so, provide details of such work.</p>	
<p>Provide details of any indemnities or “Hold Harmless” agreements given to other parties.</p>	
<p>Provide details of all products sold or manufactured. <u>Attach brochures & product literature, where available</u></p>	
<p>Are there any discontinued products not listed above? If yes, provide details.</p>	
<p>Are any products imported or exported? If so, provide details of turnover percentage & countries imported from or exported to.</p>	Yes/No
<p>LIMIT OF INDEMNITY</p>	\$
<p>Deductible required.</p>	\$
<p>Number of premises owned</p>	
<p>Number of premises leased</p>	

<p>Does the Insured design product or operate a research and design facility?</p>	
<p>Is the Insured accredited to ISO or AS Standards?</p>	
<p>If not, do they operate a Quality Control System? Provide details, including product testing, inspections and defect tolerances, if any.</p>	
<p>Are there any products destined for end use in Aircraft, Watercraft, Ethical Drugs, Petrochemicals or Chemicals, Pesticides, Fungicides or Fertilizers? If yes, provide details.</p>	