



PROPOSAL FORM: RESOURCE INDUSTRY LIABILITY CONTRACTORS AND/OR CONSULTANTS

GENERAL INFORMATION RELATING TO THIS POLICY

PLEASE READ THE FOLLOWING ADVICE BEFORE PROCEEDING TO COMPLETE THIS PROPOSAL FORM

Duty of Disclosure

Under the *Insurance Contracts Act 1984* (The Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

You do not have to tell us about any matter:

- That diminishes the risk;
- That is of common knowledge;
- That we know or should know in the ordinary course of our business as an insurer, or
- Which we indicate we do not want to know.

If you do not tell us

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

Privacy Statement

At DUAL Australia Pty Ltd, we are committed to compliance with the *Privacy Act 1988 (Cth)*. We use your personal information to assess the risk of and provide insurance, and assess and manage claims. We may also use your contact details to send you information and offers about products and services that we believe will be of interest to you. If you don't provide us with full information, we may not be able to provide insurance or assess a claim. If you provide us with information about someone else you must obtain their consent to do so.

We provide your information to the insurer we represent when we issue and administer your insurance. When providing a quotation or insurance terms, we will tell you if the insurer is overseas and if so, where they are. We are part of the Hyperion Insurance Group and may provide your information to UK based Group entities who provide us with business support services. We may also provide your information to your broker and our contracted third party service providers (e.g. claims management companies), but will take all reasonable steps to ensure that they comply with the Privacy Act.

Our Privacy Policy contains information about how you can access the information we hold about you, ask us to correct it, or make a privacy related complaint. You can obtain a copy from our Privacy Officer by telephone (+61 (0)2 9248 6300), email (reception@dualaustralia.com.au) or by visiting our website (www.dualaustralia.com.au).

By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy.

The General Insurance Code of Practice

DUAL Australia Pty Ltd has adopted the General Insurance Code of Practice. The Code aims to:

- promote more informed relations between insurers and their customers; and
- improve consumer confidence in the general insurance industry;
- provide better mechanisms for the resolution of complaints and disputes between insurers and their customers; and
- commit insurers and the professionals they rely upon to higher standards of customer service.

Dispute Resolution

We will do everything possible to provide a quality service to you. However, we recognise that occasionally there may be some aspect of our service or a decision we have made that you wish to query or draw to our attention.

We have a Complaints and Dispute Resolution Procedure which undertakes to provide an answer to your complaint within 15 working days. If you would like to make a complaint or access our internal dispute resolution service please contact our office.

Cooling Off Information

If you want to return your insurance after your decision to buy it, you may cancel it and receive a full refund. To do this you must notify us in writing within 15 days from the date the Policy commenced.

This cooling-off period does not apply if you have made or are entitled to make a claim. Even after the cooling-off period ends, you still have cancellation rights however certain amounts may be deducted for administration costs or any non-refundable taxes.

Key Rating Factors

In determining the premium applicable to your policy, several key rating factors are considered including your occupation, revenue, number of employees and payroll, period of time spent on site and your past claims history.

Coverholder Facility

DUAL Australia Pty Ltd is an authorised Lloyd's Coverholder and is acting as an agent of the underwriters for this insurance.

Resource Industry Liability is underwritten by certain underwriters at Lloyd's.

SECTION 1: DETAILS OF THE PROPOSER

1. Full name of the insured: _____
2. ABN / ACN: _____ Website: _____
3. Business address: _____
4. Postal address (if different from above): _____
5. Date business established: ____ / ____ / ____
6. Please confirm relevant industry experience: _____

7. Date insurance is to take effect: ____ / ____ / ____ (Please note that no cover will attach until confirmed in writing by DUAL Australia. All policies will run for a 12 month period from the date of inception unless otherwise stated to the contrary.)
8. Your Occupation and/or Business: _____
9. Description of all activities: _____
10. Details of your business activities (Please provide a percentage breakdown for each activity below – total must equal 100%)

Activity	Aboveground %	Underground %	Staff Numbers
Drilling Contractor(s)			
Consultants – non physical work			
Project Management			
Diesel Fitter/Mechanic			
Boilermaker			
Electrical Contractor			
Repair/Service of Mobile/Static Plant			
Engineering Services			
Longwall Support			
ERZ Controller or Mine Deputy			
OH&S Officer			
Safety Inspector			
Quarrying			
Mine Shut Downs			
Blasting			
Other (please describe)			

11. If you are undertaking any blasting activities are you duly licensed? Yes No

Describe nature and frequency of blasting activities:

12. Do you undertake any manual work? Yes No

If YES, describe the exact nature of the manual work & whether you undertake this work in underground mine sites: _____

Approximately what percentage of your activities would be regarded as manual work (please tick).

0% - 25% 26% - 50% 51% - 75% 76% - 100%

13. Please confirm if personnel supplied by labour hire companies are used in your business operation:

Yes No

If YES, number of personnel and type of work undertaken: _____

Does the Labour Hire company provide Public Liability and Workers Compensation insurance of their personnel?

Yes No

14. As part of your Occupation / Business, do you manufacture, modify, sell, supply or install any goods, parts or components? Yes No

If YES, please fully describe the goods / parts or components: (If applicable, please attach a product brochure)

Do goods, parts or components you manufacture, modify, sell, supply or install comply with appropriate Federal, Australian & Statutory Regulations? Yes No

If NO, please advise why: _____

Have you obtained ISO9002 Accreditation for any goods, parts or components you manufacture, modify, sell, supply or install? Yes No

If YES, please advise date of accreditation: _____

If NO, please advise why: _____

15. Do you have any employees? Yes No

If YES, how many? _____ What is your estimated annual payroll: \$ _____

16. Do you engage Contractors and/or Sub-Contractors to undertake any activities of your business on your behalf?

Yes No

(Note Cover does not extend to cover for their own action sub-contractors. This question is for underwriting information purposes only)

If YES, please state:

- Type of work undertaken: _____
- Estimated Annual Payments: _____
- Estimated number of Contractor and/or Sub-Contractor Employees: _____
- Do all Contractor and/or Sub-Contractor Employees work under your direct supervision or control?
Yes [] No []

If NO, please advise why: _____

- Are all Contractor and/or Sub-Contractor Employees work required to carry their own Public Liability and Workers Compensation Insurance? Yes [] No []

If NO, please advise why: _____

17. Fees/Revenues/Sales (please indicate which form of income applies to your business):

- What was your actual income for last year? _____
- What is your estimated income for the forthcoming year? _____
- With regard to your estimated income, what percentage is derived from mining/resource based clients: _____ %

18. In the course of your activities, do you or your employees travel to and/undertake work at any of the below? If YES, please state next to each answer the major locations, how often and average duration of each trip.

- Offshore oil/gas facilities: Yes [] No [] _____
- Onshore oil/gas facilities: Yes [] No [] _____
- Mine Sites – Surface Operations: Yes [] No [] _____
- Mine Sites – Underground: Yes [] No [] _____
- Any other Site, away from the office: Yes [] No [] _____
- Any Overseas, Offshore/Onshore facilities, Mine Sites or other Sites:
Yes [] No [] _____

19. What is the total time you estimate you will spend at all of these facilities (weeks per year)?

20. Do you contractually exclude any responsibility for consequential loss and business interruption suffered by your clients? Yes [] No []

21. a) Have you (or any person or party comprising the Insured) ever made a claim or suffered a loss or had a claim declined including Worker to Worker and Subrogation claims or losses in the past 5 years?

Yes [] No []

If YES, please provide full details including date, circumstances and quantum.

b) Are you (or any person or party comprising the Insured) aware of any circumstances which may give rise to a claim? Yes [] No []

If YES, please provide full details.

22. Have you (or any person or party comprising the Insured) ever been / had:

- Declined insurance? Yes [] No []
- Refused renewal of a policy? Yes [] No []
- A policy cancelled? Yes [] No []
- A policy endorsed to include additional terms, premium loadings or deductibles imposed? Yes [] No []
- Declared Bankrupt, Insolvent or had an Administrator/Liquidator appointed? Yes [] No []
- Been convicted of or charged with any criminal offence in the past 10 years? Yes [] No []

If YES to any of the above, please provide full details including dates and the circumstances.

23. Please indicate what Limit of Indemnity you require?

[] \$10,000,000 [] \$20,000,000

24. Stamp Duty / Charges: Please state the total number of employees and/or percentage of your business located in the following states and overseas.

NSW	ACT	QLD	VIC	TAS	SA	WA	NT	O/S	Total

SECTION 2: DECLARATION

Statement by or on behalf of the Insured

I _____
 (Name of Person) (Position / Title)

- Am duly authorised to complete this application on behalf of the Insured and;
- Have read, understood and completed all questions in this Insurance Application truthfully and to the best of my knowledge.

Signed on behalf of the Insured: _____ Date: _____

HOW TO CONTACT DUAL AUSTRALIA PTY LTD:

Address: DUAL Australia Pty Ltd
 GPO Box 7101
 Sydney NSW 2001
 Australia

Telephone: 1300 769 772 (If dialling from outside Australia +61 2 9248 6300)

E-mail: enquiries@dualaustralia.com.au