



PROPOSAL FORM: RESOURCE INDUSTRY LIABILITY EXPLORATION COMPANIES

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 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.)
6. Your Occupation and/or Business: _____
7. Description of all activities: _____

8. Do you have any employees? Yes [] No []
If YES, how many? _____ What is your estimated annual payroll: \$ _____
9. Estimated annual exploration expenditure? _____
10. Will you undertake any blasting activities? Yes [] No []
If YES, are you duly licensed? Yes [] No []
Describe nature and frequency of blasting activities:

11. Do you engage Contractors and/or Sub-Contractors to undertake any activities of your business on your behalf?
(Note Cover does not apply to sub-contractors. This question is for underwriting information purposes only)
Yes [] No []
If YES, please state:
 - Type of work undertaken: _____
 - Estimated Annual Payments: _____
 - Estimated number of Contractor and/or Sub-Contractor Employees: _____
 - Do you ensure Contractors and/or Sub-Contractors have their own Workers Compensation and Public Liability Insurance? Yes [] No []
If YES do you ensure the Contractor's policies indemnify your company? Yes [] No []

12. Please complete the following table with respect to your tenements:

	State / Territory	No. of Tenement(s)	Approx. Sq. Kms (total)
Australia			
Overseas			
TOTAL			

13. Is there any property owned by others (excluding contractors / consultants) located on or in close proximity to your property / tenements? Yes [] No []

If YES, please describe: _____

14. Are any of the following on your property / tenements?

- Abandoned tailings dams? Yes [] No []
- Abandoned shafts or underground mining operations? Yes [] No []
- Abandoned open cut pits? Yes [] No []
- Rivers, creeks, dams or other water courses? Yes [] No []

15. Are any construction, development or mining activities expected to take place in the next 12 months?

Yes [] No []

If YES, please provide full details: _____

16. 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.

17. 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.

18. Please indicate what Limit of Indemnity you require?

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

19. 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