

# COMBINED LIABILITY PROPOSAL



## Height Safety And Rope Access

### IMPORTANT NOTICE – DUTY OF DISCLOSURE

Before you enter into, renew, vary or reinstate an insurance contract, you have a Duty of Disclosure under the Insurance Contracts Act 1984 (Cth).





This duty applies to this Proposal and any information provided in connection with it.

### YOUR DUTY OF DISCLOSURE – BUSINESS INSURANCE

This insurance is not consumer insurance.




You have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to insure you and, if so, on what terms.

#### **You do not need to disclose a matter if:**

-  It reduces the risk to be insured; or
-  It is of common knowledge; or
-  The insurer knows or, in the ordinary course of its business, ought to know the matter; or
-  The insurer has waived disclosure of the matter.

### WHEN DOES THE DUTY APPLY?









#### **Your duty applies:**

-  Before you enter into the contract of insurance
-  Before you renew, extend, vary or reinstate the insurance
-  Until the insurer agrees to insure you

You must promptly disclose any material change in circumstances that occurs before cover is bound.

## WHAT MUST BE DISCLOSED?





**Without limitation, disclosure should include (where relevant):**

-  The nature and full scope of your business activities
-  All work at height, rope access, design, certification or inspection activities
-  Any prior claims, incidents, near misses or complaints
-  Any known circumstances that may give rise to a claim
-  Contractual liabilities or indemnities assumed
-  Overseas operations or exposure (including USA / Canada)
-  Safety systems, licensing, accreditation and competency frameworks
-  Any refusals, cancellations or special terms imposed by previous insurers

If you are unsure whether a matter is relevant, it should be disclosed.

## CONSEQUENCES OF NON-DISCLOSURE



**If you fail to comply with your Duty of Disclosure, the insurer may be entitled to:**

-  Reduce its liability under the policy
-  Impose different terms
-  Cancel the contract
-  In serious cases, avoid the contract from inception

These rights apply even if the non-disclosure was unintentional.

## WHO DOES THIS DUTY APPLY TO?

**Where this Proposal is completed on behalf of a company, partnership, trust or joint venture, the duty applies to**



-  The entity itself, and
-  All directors, partners, principals and senior managers whose knowledge is relevant to the insurance

## BASIS OF CONTRACT

This Proposal Form, together with any additional information provided, will form the basis of the contract of insurance if a policy is issued.

## AUTHORITY TO DISCLOSE INFORMATION

**By submitting this Proposal, you authorise:**




-  Your broker and the insurer to collect, use and disclose information relevant to this insurance
-  The insurer to make enquiries with previous insurers, brokers or third parties as reasonably required

## PRIVACY NOTICE

Personal information provided will be handled in accordance with applicable Australian privacy laws and the insurer's Privacy Policy. Information may be disclosed to insurers, reinsurers, claims handlers, regulators or service providers, including those located overseas, for the purpose of arranging and administering insurance.

## ACKNOWLEDGEMENT

**By completing this Proposal, you acknowledge that you:**

-  Have read and understood this Important Notice
-  Understand your Duty of Disclosure
-  Have made all reasonable enquiries and provided full and accurate information

## BASIS OF CONTRACT

This Proposal Form, together with any additional information provided, will form the basis of the contract of insurance if a policy is issued.

## IMPORTANT





If you are uncertain about any aspect of this Duty of Disclosure, you should seek advice from your insurance broker before submitting this Proposal.

## ROPE ACCESS & HEIGHT SAFETY

PUBLIC, PRODUCTS & PROFESSIONAL INDEMNITY

INSURANCE PROPOSAL FORM

## IMPORTANT INFORMATION

-  This Proposal must be typed or completed in ink.
-  All questions must be answered. If not applicable, state "NIL" or "NONE".
-  Incomplete or unclear responses may delay quotation or affect terms.
-  If insufficient space is provided, please attach additional information.

## SECTION 1 – APPLICANT DETAILS

Full legal name(s) of all entities to be insured (including trading names):

ABN

ACN (if applicable)

Business Address

Suburb

State

Postcode



Website

General Email

Primary Contact Name

Phone

Mobile

Date business commenced under current structure

 /  / 

## PRINCIPAL EXPERIENCE

### Experience in rope access / height safety / roofing:

 Principal 1:

Years

Months

 Principal 2:

Years

Months

If trading for less than 3 years, outline prior relevant experience:

## SECTION 2 – PERIOD & LIMITS OF INSURANCE

### Period of Insurance (inclusive):

From

 /  / 

To

 /  / 

Cover Type	Limit Requested
Public Liability (any one occurrence)	\$
Products Liability (any one period)	\$
Goods in Care, Custody & Control	\$

Description of goods commonly in care:

Preferred Excess (if any):

\$

## SECTION 3 – BUSINESS ACTIVITIES

### Description of Operations

Provide a clear description of all activities undertaken:

### TURNOVER BREAKDOWN (MUST TOTAL 100%)

Activity	%
Rope access maintenance / cleaning	%
Rope access construction / remedial works	%
Roof safety system installation	%
Roof safety inspection / recertification only	%
General roofing / height-related trade work	%
EWP-based works (no rope access)	%
Scaffolding / temporary edge protection supplied	%
Design / engineering of height safety systems	%
Supply-only of equipment	%
Other (detail):	%
<b>TOTAL</b>	<b>100%</b>

## SECTION 4 – WORK AT HEIGHT PROFILE

Maximum working height:

Metres

### TURNOVER BY HEIGHT BAND

Height	%
0–2 m	%
>2–10 m	%
>10–30 m	%
>30 m	%

### Typical Structures (tick all that apply)

- ☐ Residential roofs
- ☐ Low-rise commercial
- ☐ Mid/high-rise buildings
- ☐ Industrial sites
- ☐ Stadiums / arenas
- ☐ Bridges / towers / masts
- ☐ Mining / resources
- ☐ Other

Do you work above public areas?

☐ Yes ☐ No

If Yes, describe controls (exclusion zones, closures, nets, etc.):

## SECTION 5 – ACCESS METHODS & EQUIPMENT

### ACCESS METHODS (% OF WORK)

Method	%
Industrial rope access	%
EWPs	%
Scaffolding	%
Roof-level fall-arrest / guardrails	%
Ladders / other	%

### ROPE ACCESS ACCREDITATION

Operate under IRATA / SPRAT or equivalent?

☐ Yes ☐ No

If Yes – technicians:

 Level 1

 Level 2

 Level 3

If No – describe competency framework:

### Height Safety Equipment (tick all that apply)

☐ Static lines

☐ Walkways

☐ Harnesses / lanyards

☐ Anchors

☐ Ladders

☐ Rescue kits

☐ Guardrails

☐ Platforms

☐ Other

**SECTION 6 – DESIGN, CERTIFICATION & PI EXPOSURE****Do you:**

Design height safety systems?

☐ Yes ☐ No

Provide engineering certification?

☐ Yes ☐ No

Issue inspection / recertification reports relied upon by clients?

☐ Yes ☐ No

% of turnover from design / certification / inspection:

 %**Services provided by:**☐ In-house (qualifications):☐ External engineers (attach terms)**SECTION 7 – SAFETY MANAGEMENT**☐ Documented WHS Management System☐ SWMS for all high-risk work☐ Site-specific rescue plans**Toolbox meetings**☐ Daily☐ Weekly☐ Monthly☐ Other:

**PPE inspection frequency:**☐ Before use☐ Weekly☐ Monthly☐ Other:

Any WHS notices or prosecutions in last 5 years?

☐ Yes ☐ No

If Yes, provide details:

**SECTION 8 – TURNOVER & PAYROLL**

Actual turnover (last 12 months):

\$ 

Estimated turnover (next 12 months)

\$ 

Estimated annual payroll (incl. directors):

\$ **STAFF(FTE):**

Rope access technicians:



Other field staff:



Office / management:

**SECTION 9 – OVERSEAS OPERATIONS**

Do you operate outside Australia?

☐ Yes ☐ No

If Yes, detail country, work type and incon.

Any USA or Canada exposure?

☐ Yes ☐ No

If Yes, attach contracts.

## SECTION 10 – SUBCONTRACTORS & LABOUR HIRE

Use subcontractors?

☐ Yes ☐ No

Annual payments:

\$

% of work subcontracted

%

### Subcontractors required to:

☐ Hold own PL insurance (minimum)

\$

☐ Provide certificates of currency

☐ Work under your SWMS

Use labour hire?

☐ Yes ☐ No

If Yes, describe supervision arrangements:

**SECTION 11 – PRODUCTS & MATERIALS**

Do you manufacture, import or supply products?

☐ Yes ☐ No

If Yes, provide details and turnover:

Are products imported?

☐ Yes ☐ No

If Yes, list countries and products:

Do products comply with Australian Standards?

☐ Yes ☐ No

List applicable standards (e.g. AS/NZS 1891, AS 1657):

**SECTION 12 – PLANT, HOT WORKS & CHEMICALS**

**Do you operate any of the following?**

☐ Cranes / hoists

☐ Unregistered plant

☐ Compressors

☐ Material hoists

☐ Pressure equipment

Do products comply with Australian Standards?

☐ Yes ☐ No

List applicable standards (e.g. AS/NZS 1891, AS 1657):



Use or store hazardous chemicals?

☐ Yes ☐ No

If Yes, provide details:

### SECTION 13 – CONTRACTUAL LIABILITY

Do any contracts include indemnities or assumption of liability?

☐ Yes ☐ No

If Yes, attach copies.

### SECTION 14 – CLAIMS & INCIDENT HISTORY

Current insurer:

Limit:

\$

Expiry:

/ /

Claims or incidents in past 5 years?

☐ Yes ☐ No

If Yes, provide details:





Any known circumstances that may give rise to a claim?

☐ Yes ☐ No

## SECTION 15 – DECLARATION

### Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract. You do not need to tell us anything that:

-  reduces the risk we insure you for; or
-  is common knowledge; or
-  we know or should know as an insurer; or
-  we waive your duty to tell us about

## SECTION 16 – ADDITIONAL INFORMATION

Provide details:

Signature

Expiry:

Name & Title