



Scaffolders Liability

Proposal Form



ShieldCover is a division of East West Insurance Brokers Pty Ltd. ABN 83 010 630 092 AFSL No. 230041

shieldcover.com.au

IMPORTANT NOTICES

Please read these notices carefully. If you have any questions, please contact us.

The Insurer's Agent

ShieldCover, a specialist division of East West Insurance Brokers Pty Ltd, (we, us) act under a binding authority given to us by the insurer/s to arrange, issue and administer policies. When acting under such authorities, we act on behalf of the insurer/s and not for you.

Your Duty of Disclosure

You have a Duty of Disclosure under law which requires that before a policy is entered into, renewed, varied, extended or reinstated, you must give us certain information we need to decide whether to insure you and anyone else under the policy, and on what terms.

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions. 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. Upon renewal of this policy, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change.

If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change. You have this duty until we agree to renew the contract.

If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Cooling-off – in respect of retail contracts only

You are entitled to a minimum 14 day cooling-off period from the date cover commences during which you may return the policy and receive a premium refund (less amounts lawfully deducted). This is subject to legal requirements and terms and conditions of the policy. You should check your PDS/Policy Wording and schedule/certificate of insurance when you receive it to be sure you have the cover you need.

Refunds and Our Remuneration

We reserve the right to retain any commission paid by the insurer or any fee paid by you in relation to any refund premium applicable to any policy transaction, other than under Cooling-off as above.

Privacy

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators).

Your information may be given to an overseas insurer (like certain Underwriters at Lloyd's) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We also provide your information to the providers of our policy

administration and broking systems that help us to provide our products and services to you.

These policy administration providers and broking systems may be supported and maintained by organisations in New Zealand, the Philippines and Vietnam and your information may be disclosed to those organisations. Please note that the Privacy Act and Australian Privacy Principles may not apply to these organisations.

We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you do not provide us with full information, we cannot properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by phone (07) 3510 9535, email privacy@shieldcover.com.au or visit our website www.shieldcover.com.au

Your satisfaction

If you have any complaints about how we handle your personal information or about our service or advice, please let us know. We have internal dispute resolution procedures in place.

As agent to insurer/s, any complaint about policies and associated service may also be handled under the relevant insurer's internal dispute resolution procedures, and the external dispute facility for insurers and consumers, which is the Australian Financial Complaints Authority (AFCA).

Further details can be viewed in each Product Disclosure Statement and our Complaints and Disputes Policy, both located on our website www.shieldcover.com.au.

You can also call us or the insurer/s for a copy of the relevant Complaints Policy.

Scaffolders Proposal Form

Please answer all questions in full. If there is insufficient space provided, please supply additional details as an attachment which will then form part of this proposal.

PERIOD OF INSURANCE			
From:		To:	
Both at 4.00pm Local Standard Time			
LIMIT OF INDEMNITY			
<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000	<input type="checkbox"/> OTHER

INSURED'S DETAILS		
Full Insured Name (Including all trading names and legal entities):		
ABN:		
Address:		
	State:	Postcode:
Phone Number:		Mobile:
Email:		Fax:
Business Description:		
Website Address:		
Date Insured commenced trading:		

Have You or any director/partner/ manager of the business ever:	<input type="checkbox"/>	Had insurance declined or cancelled?
	<input type="checkbox"/>	Had an insurer refuse or not invite renewal?
	<input type="checkbox"/>	Had any special conditions imposed on a policy of insurance?
	<input type="checkbox"/>	Had a special excess imposed on a policy of insurance?
	<input type="checkbox"/>	Had a claim rejected under a policy of insurance?
	<input type="checkbox"/>	Been declared bankrupt or put into receivership or liquidation?
	<input type="checkbox"/>	Been charged with or convicted of a criminal offence

If Yes to any of the above questions, please provide complete details on a separate piece of paper

TURNOVER DETAILS

Estimated Turnover (Next 12 months)	\$
Actual Turnover (Next 12 months)	\$

EMPLOYEE DETAILS

Number of Employees	Full time:	Part time:
Annual Payroll	\$	

OPERATIONAL DETAILS

% of work over 10 meters:	% of work under 10 meters:	
% of residential work:	% of commercial work:	
Do You perform any work in connection with the following?	<input type="checkbox"/> Underground Mines	<input type="checkbox"/> Stages
	<input type="checkbox"/> Drag Line Excavators	<input type="checkbox"/> Lighting Towers
	<input type="checkbox"/> Refinery or Gas Producing or Bulk Fuel Storage	<input type="checkbox"/> Camera Towers
	<input type="checkbox"/> High Voltage Power Supply	<input type="checkbox"/> Concerts
	<input type="checkbox"/> Airports	<input type="checkbox"/> Sporting Events
	<input type="checkbox"/> Railways	<input type="checkbox"/> Work Outside of Australia
	<input type="checkbox"/> Temporary Seating	

OPERATIONAL DETAILS CONTINUED

If Yes to any of the above, please advise full details:

Do You?	Manufacture Scaffolding?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Have documentation / procedures in place for regular inspection of equipment repairs, maintenance and safety inspections?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Sell any second hand equipment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Hire out scaffolding for long term contracts?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If Yes to any of the above, please advise full details:

Are your products independently tested and/or are your products required to be compliant with any industry standards or regulations? Yes No

If yes, please provide full details:

CONTRACTORS / SUB CONTRACTORS / LABOUR HIRE DETAILS

Do you employ any of the following:

Contractors	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please advise activities: Estimated annual payments: \$
Sub Contractors	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please advise activities: Estimated annual payments: \$
Labour Hire Personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please advise activities: Estimated annual payments: \$
If yes to any of the above, are they required to carry their own General & Products Liability and Workers Compensation Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CONTRACTUAL LIABILITY

Have you assumed liability under any contract by way of hold harmless clauses, indemnities, waiver of subrogations or rights of recourse against any third party?

YES NO

If yes, please advise full details below and attach copies of all relevant contracts/agreements.

INSURANCE HISTORY

In the past 5 years, have you ever claimed on this class of insurance before?

YES NO

Please provide details or attach separate sheet if necessary.

DECLARATION

By signing this application form You hereby declare that:

- You have received, read and understood the policy wording, in particular your duty of disclosure and what is excluded
- You agree to be bound by the terms and conditions
- The disclosed information is true and correct
- You have not withheld or suppressed any information concerning the details in this application
- If there is more than one insured and all have not signed this application, you are authorised to sign for and on their behalf.

You consent to the use and disclosure of your personal information for the purposes shown in the Privacy section of our Policy Wording and our Privacy Statement (available at www.shieldcover.com.au); and

You confirm that if you have disclosed personal information about any insured person or any other person you have made them or will make them aware that you have provided their personal information to us and the types of third parties we may provide it to, the relevant purposes we and third parties will use it for, and how the Insured Person or other person can access it.

Signature

Date

Please print name

Position held at company

ShieldCover

19 Rosedale Street | PO Box 239 Coopers Plains QLD 4108
(07) 3510 9535 | hello@shieldcover.com.au

ShieldCover, a division of East West Insurance Brokers Pty Ltd.
ABN 83 010 630 092, Australian Financial Services License No. 230041, acts
under a binding authority granted to it by the Insurer of ShieldCover Product,
certain Underwriters at Lloyd's.

Refer to the Policy Wording or call us on (07) 3510 9535.

Ref: SC.SF.LLO.V.011020. This Proposal Form was prepared on 01.10.2020.



ShieldCover is a division of East West Insurance Brokers Pty Ltd. ABN 83 010 630 092 AFSL No. 230041

shieldcover.com.au