



# KNIGHTSBRIDGE

INSURANCE GROUP

## LIABILITY INSURANCE

### ● Contact Details

First Name\*

Phone\*

Last Name\*

Email\*

### ● Your Details

Insured Name/s

Describe your Business Activities

Website

Enter your ABN

What year was your business established?

Are you exempt from Stamp Duty?

☐

Yes

☐

No

Please provide your primary business address

### ● Period of Insurance

Period of Insurance From

Period of Insurance To

### ● Situations & Principals

Are there any other situations to note apart from your main address?

☐

Yes

☐

No

Do you wish to note any Principals?

☐

Yes

☐

No

● **Business Details**

Categorise the business and professional activities described and set out the approximate percentage of the turnover derived from each.

<input type="checkbox"/> Activity1	Activity	Percentage of turnover
<input type="checkbox"/> Activity1	Activity	Percentage of turnover
<input type="checkbox"/> Activity1	Activity	Percentage of turnover

Estimated Gross Turnover for the next twelve months

Provide the approximate percentage of your activities (based on gross turnover/fee income) applicable to each State, Territory and Overseas

NSW	VIC	QLD	SA	WA	NT	TAS	ACT
Overseas							

● **Staff**

Total number of staff	Total Payroll

Do you engage contractors or subcontractors in your business?

☒ Yes      ☒ No

Do you engage labour hire or hired in labour in your business?

☒ Yes      ☒ No

● **Hire equipment and/or staff**

Do you intend to hire in equipment of hire out equipment and or staff?

☒ Yes      ☒ No

● **Work Away from Premises**

Do you intend to perform work away from your own premises?

☒ Yes      ☒ No

● **Designated Contracts**

Do you have any contracts to be designated?

☒ Yes      ☒ No

● **Imported Goods**

Do you currently or do you intend to import goods?

● Yes      ● No

● **Exported Goods**

Do you currently or do you intend to export goods?

● Yes      ● No

● **Domiciled Overseas Business**

Do you, or do you intend to have representation outside of Australia

● Yes      ● No

● **Hazardous Activities & Substances**

Do you, or do you intend to use, store or handle hazardous substances?

● Yes      ● No

Do you, or do you intend to discharge waste or hazardous material into the atmosphere, sewer or elsewhere?

● Yes      ● No

● **Other Details**

Do you maintain records identifying suppliers of all goods

● Yes      ● No

Do you intend to advertise your products and/or services?

● Yes      ● No

Do you repair or undertake work on the good in you physical or legal control?

● Yes      ● No

In the last 6 years or in the future, do you intend to undertake business or export to any of the following countries - Belarus, Burma (Myanmar), Cote d'Ivoire, Cuba, The Democratic Republic of the Congo, Iran, Iraq, Liberia, North Korea, Sudan, Syria or Zimbabwe?

● Yes      ● No

● **Cover Details**

Please indicate your preferred total Limit of Liability for Public and Products Liability

● \$5,000,000      ● \$10,000,000      ● \$20,000,000  
● \$50,000,000      ● \$100,000,000

Additional Property in Physical & Legal Control Limit

USA/Canada Exports?

● Yes      ● No

● **Excesses**

Please indicate the Excess you prefer for Personal Injury

- ☐ Nil
- ☐ \$500
- ☐ \$1,000
- ☐ \$2,000
- ☐ \$5,000
- ☐ \$10,000

Please indicate the Excess you prefer for Property Damage

- ☐ Nil
- ☐ \$500
- ☐ \$1,000
- ☐ \$2,000
- ☐ \$5,000
- ☐ \$10,000

● **Other Information**

Please enter any other information that you wish to provide

● **Duty of Disclosure**

Have you or your partner(s), shareholder(s) or director(s) of the business:

Ever had an insurance policy cancelled, declined or terms imposed?

- ☐ Yes
- ☐ No

Ever been declared bankrupt

- ☐ Yes
- ☐ No

Ever been involved in a company or business which became insolvent or subject to any form of insolvency or voluntary administration (e.g. liquidation or receivership)?

- ☐ Yes
- ☐ No

Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?

- ☐ Yes
- ☐ No

Been liable for any civil offence or pecuniary penalty (exceeding \$5,000)?

- ☐ Yes
- ☐ No

Any other matters you should disclose?

- ☐ Yes
- ☐ No

● **Claims Experience**

Have you had any claims in the last five years?

- ☐ Yes
- ☐ No

● **Your Contact Details**

Name

Address

Contact Number

Email

## ● Notice

We draw your attention to the Important Notice accompanying this Application form. You must read the Important Notice carefully. If you do not understand the content of Important Notice, please contact us immediately.

If any of the statements in this Application form are untrue, and you have suppressed or mis-stated any facts and/or should any information given by you alter between the date of this Application form and the inception date of the insurance to which this Application form relates you must immediately notify us.

You authorise us to collect or disclose any personal information relating to this insurance to any insurer or insurance reference service. Where you have provided information about another individual (for example, a relative, employee or client), you have or you will make the individual aware of that fact and the section in the Policy on "The way we handle your personal information".

You agree that you have read and understood this notice by doing any of the following:

- (a) Signing and returning a copy of this form; or
- (b) Providing the information requested and returning the form to us; or
- (c) Providing us with instructions to place the policy

## ● Signature

Name

Position/Title

Untitled