

PUBLIC & PRODUCTS LIABILITY ADDENDUM

Name of Insured:

1. Please provide an estimate of the proposer’s annual payroll and staff numbers by activity:

	Payroll	Number of staff
Management, Clerical and sales		
Manufacturing		
Work away from premises		
Other (please specify):		

2. For Project Manager and Supervisory Roles please refer to section below:

Limit of Indemnity required:

- \$5,000,000
 \$10,000,000
 \$20,000,000

3. Please provide a full description of all business activities that Public/Products Liability cover is required:

4. Please provide an estimate of the proposer’s annual turnover by Product:

Description of Product	(M) Manufacture (I) Import (D) Distribute	Estimated Annual Turnover (\$)	Estimated Annual Exports (\$)	Destination of Exports	Origin of Imports
Total					

5. Please provide details of payments made to and the activities of subcontractors or labour hire firms.

6. Please provide details of any Liability claims or uninsured losses incurred by the proposer in the last five years?

Policy Period	# claims reported	Amount Paid	Amount Outstanding	Excess	Details of claim circumstances

After investigation, is the proposer aware of any circumstances which could give us rise to a claim under the proposed Policy and which are not mentioned above?

No Yes If yes, please provide details:

Project managers and Supervisory Roles

7. Does or will the proposer assume responsibility for the OH&S and or risk management/safety programs?

No Yes If yes, please provide details:

8. Is the proposer responsible for, have control over or direct contractors, subcontractors and/or labour hire workers?

No Yes If yes, please provide details:

DECLARATION

I declare that I am authorised to complete this Addendum on behalf of the Company and that to the best of my knowledge and belief the statements and particulars in this Addendum are true and correct and no material facts have been omitted or misrepresented. I undertake to inform Berkley Insurance Australia (BIA) of any change to any material fact which occurs before any insurance based on this Addendum is entered into.

By completing and signing this Addendum you acknowledge, accept and agree that in underwriting and issuing a policy BIA does and will rely on all disclosures, proposals, declarations and representations made by you to BIA.

____ / ____ / 20____

Date

Name of authorised individual/partner/principal/director

Signature of authorised individual/partner/principal/director

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