|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **All questions are to be answered. If insufficient space, please attach additional information.** | | | | | | | | | | | | | | | | | | | | |
| Intermediary / Broker Name: | | | | | | | Contact Ph: | | | | | | | | | | | | | |
| **THE APPLICANT(S)** | | | | | | |  | | | | | | | | | | | | | |
| Name(s) of Insured(s) in full (show names of all owners, if a corporate owner, show names of all principals) | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Company Name(s) | | |  | | | | | | | | ACN: | | | | | | | | | |
| Trading Name(s) | | |  | | | | | | | | ABN: | | | | | | | | | |
| Licensee Number | | |  | | | | | | | | | | | | | | | | | |
| Postal Address | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | State | | |  | | | Postcode | | | |  | |
| Contact Number(s) | | | Phone | |  | | | | Fax | | |  | | | | | | | | |
| Email Address | | |  | | | | | | Web | | |  | | | | | | | | |
| Tax Status | | | Registered Business Yes  No | | | | | | Taxable      % | | | | | | | | | | | |
| Period of Insurance | | | From | |  | | | | To | | |  | | | | | At 4pm | | | |
| Other Interested Parties | | |  | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | |
| **INDEMNITY LIMIT REQUIRED** | | |  | | | | | | | | | | | | | | | | | |
| Section A Broadform Liability | | $5,000,000 | | | $10,000,000 | | | $20,000,000 | | | | | $50,000,000 | | | | | Other  $ | | |
| Section B Professional Indemnity | | $500,000 | | | $1,000,000 | | | $2,000,000 | | | | | $5,000,000 | | | | | Other  $ | | |
|  | |  | | |  | | |  | | | | |  | | | | | | | |
| **ESTIMATED TURNOVER, PAYROLL, SUBCONTRACTOR & LABOUR HIRE PAYMENTS** | | | | | | | | | | | | | | | | | | | | |
| 1.Turnover  a. What is your estimated gross annual revenue for the forthcoming year? $  b. What was your gross revenue last year? $ | | | | | | | | | | | | | | | | | | | | |
| 1b. Please provide Turnover % split by state (must equal 100%) | | NSW      % | | | | VIC      % | | | | ACT      % | | | | | | QLD      % | | | | |
| TAS      % | | | | SA      % | | | | WA      % | | | | | | NT      % | | | | |
| 2.Payroll (excluding payments to sub-contractors & labour hire employees)  What is your estimated annual payroll for the forthcoming year? $ | | | | | | | | | | | | | | | | | | | | |
| 3. Please advise the number of PART TIME and FULL TIME Employees within your business, and whether they are:  Office / Admin Staff: Part Time       Full Time  Technicians / Inspectors / Operators: Part Time       Full Time | | | | | | | | | | | | | | | | | | | | |
| **ALL SUBCONTRACTORS/CONTRACTORS ARE TO HAVE THEIR OWN INSURANCE**  3.Subcontractors & Labour Hire or Agency Labour  a. Do you use the services of any subcontractors? Yes  No - If ‘Yes’ please provide estimated annual payments: $  b. Are payments for: Labour Only Labour & Materials  c. Please provide full details of activities undertaken:  d. Do you use the services of a labour hire or agency personnel? Yes  No - If ‘Yes’ please provide estimated annual payments: $  e. Please provide full details of activities undertaken:  f. What precautions are taken to identify the adequacy of their liability, professional indemnity and workers compensation insurance arrangements?    g. Do you insist on being named as principals on contractors’ and/or sub-contractors’ liability policies? Yes  No  h. Do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, sub-contractors or agents? Yes  No | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **DETAILS OF THE BUSINESS** | | | | | | | | | | | | | | | | | | | | |
| 1. Address(es) of branch / office /depots / operating bases: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 2. Number of years experience in the **Pest/Weed Control Industry**: | | | | | | | | | | | | | | | | | | | | |
| 3. List all **Pest/Weed Qualifications** (courses / certificates / licenses): | | | | | | | | | | | | | | | | | | | | |
| 4. Number of years experience in the **Building Inspection Industry**: | | | | | | | | | | | | | | | | | | | | |
| 5. List all **Building Inspection Qualifications** (courses / certificates / licenses): | | | | | | | | | | | | | | | | | | | | |
| 6. Date on which this business was established? | | | | | | | | | | | | | | | | | | | | |
| 7. Do you sight qualification/s and/or certification/s of all prospective employees and contractors prior to engagement? Yes  No  — If “No”, please supply reason: | | | | | | | | | | | | | | | | | | | | |
| 8. Do you have representation outside Australia? Yes  No — If “Yes”, where and what is the nature of you representation in such country (e.g. domicile employee power of attorney, branch subsidiary, agency, etc.)? | | | | | | | | | | | | | | | | | | | | |
| 9. Please list the professional bodies or associations to which the Applicant belongs: | | | | | | | | | | | | | | | | | | | | |
| 10. Do You import or manufacture pest control products ? Yes  No — If “Yes”, please advise:  (a) who manufactures the product ?  (b) what is the testing regime in respect of the product ?  (c) is there any independent testing carried out by a 3rd party ?  (d) are the products for Your own use, or sold to other parties ? | | | | | | | | | | | | | | | | | | | | |
| **Please provide approx. % of your estimated annual turnover split between the following activities:** | | | | | | | | | | | | | | | | | | | | |
| General Pest & Weed Control | | | | | | | | | | | | | | | | | | | | **%** |
| Timber Pest Inspections **(Termite Inspections AS3660)** | | | | | | | | | | | | | | | | | | | | **%** |
| Termite Barrier Installations **(Termite Management AS3660)** | | | | | | | | | | | | | | | | | | | | **%** |
| Pre-Purchase House Pest Inspections **(Pre-Purchase Timber Pest Inspection AS4349.3)** | | | | | | | | | | | | | | | | | | | | **%** |
| Fumigation (**Fumigation AS2476**) (please provide **full details** of what is being fumigated)  ***If Fumigation of Imported Goods, please advise type(s) of Fumigation performed, Who performs the work, Who checks / signs-off on the treatment ?*** | | | | | | | | | | | | | | | | | | | | **%** |
| Agricultural Pest & Weed Control (please provide **full details** of type of work performed and locations) | | | | | | | | | | | | | | | | | | | | **%** |
| Tree Care, Tree Lopping & Tree Surgery  - Under 10m Height  - Over 10m Height  ***If OVER 10m height, please provide FULL Details including maximum height, location(s) of work, frequency of work EXCEEDING 10m ?*** | | | | | | | | | | | | | | | | | | | | **%**  **%** |
| Cotton Spraying (please complete spray contractor’s additional questionnaire) | | | | | | | | | | | | | | | | | | | | **%** |
| Building Inspections (non pest related) **(Pre-Purchase Residential Building Inspection AS4349.1)**  Other Building Inspections (non pest related) – provide full details**:**  a.      Have you ever conducted a Building Inspection which included advices and/or recommendations on materials used in the construction of any property which exceeds 3 storeys’ in height? Yes  No - If “Yes”, please supply details  b.      Have you ever conducted inspections on any buildings over 3 storeys’ in height where recommendations and/or advices were provided in your reports which specifically related to external cladding? Yes  No - If “Yes”, please supply details | | | | | | | | | | | | | | | | | | | | **%**  **%** |
| Feral Animal Control | | | | | | | | | | | | | | | | | | | | **%** |
| Cleaning Services (eg Carpet) (NB: MUST note ALL cleaning activities undertaken):  Outside business/operating hours **%**  During business/operating hours **%** | | | | | | | | | | | | | | | | | | | | **%** |
| Use of Firearms (If Yes, you must advise):   * Name of Firearms Licence Holder: * Firearms Licence Number: * Pests / Animals Controlled using Firearms: | | | | | | | | | | | | | | | | | | | | **%** |
| Pool Safety Inspections | | | | | | | | | | | | | | | | | | | | **%** |
| Other Activities (please provide full details): | | | | | | | | | | | | | | | | | | | | **%** |
| **TOTAL** | | | | | | | | | | | | | | | | | | | | **100%** |
| **Please provide approx. % of your estimated annual turnover split between the following premises / locations:** | | | | | | | | | | | | | | | | | | | | |
| Domestic Premises | | | | | | | | | | | | | | | | | | | | **%** |
| Agricultural Premises | | | | | | | | | | | | | | | | | | | | **%** |
| Commercial Premises | | | | | | | | | | | | | | | | | | | | **%** |
| Industrial Premises | | | | | | | | | | | | | | | | | | | | **%** |
| Fish Farms - Please advise frequency and nature of work performed | | | | | | | | | | | | | | | | | | | | **%** |
| Golf Courses - Please advise frequency and nature of work performed | | | | | | | | | | | | | | | | | | | | **%** |
| Chicken Farms - Please advise frequency and nature of work performed | | | | | | | | | | | | | | | | | | | | **%** |
| Work performed under Power Lines - Please advise frequency and nature of work performed | | | | | | | | | | | | | | | | | | | | **%** |
| Other (please provide full details): | | | | | | | | | | | | | | | | | | | | **%** |
| **TOTAL** | | | | | | | | | | | | | | | | | | | | **100%** |
| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| 1. Has the Applicant, including all directors, officers, employees ever been charged with a criminal offence? - Yes  No  - If “Yes”, please supply details | | | | | | | | | | | | | | | | | | | | |
| 2. Has the Applicant, including all directors, officers, employees been placed into bankruptcy, or been involved in a business which became insolvent or subject to any form of insolvency administration (e.g. Liquidation, Receivership, Administration) in the last five (5) years ? Yes  No If “Yes”, please supply details | | | | | | | | | | | | | | | | | | | | |
| 3. Has the Applicant had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or special excess imposed by an insurer?  Yes  No If “Yes”, please supply details : | | | | | | | | | | | | | | | | | | | | |
| 4. Does the Applicant presently carry, or has the Applicant ever carried, Broadform Liability and/or Professional Indemnity Insurance?  Yes  No - If “Yes”, please supply details below | | | | | | | | | | | | | | | | | | | | |
|  | | | | Broadform Liability Insurance | | | | | | | | Professional Indemnity Insurance | | | | | | | | |
| Type of Insurance | | | |  | | | | | | | |  | | | | | | | | |
| Insurer | | | |  | | | | | | | |  | | | | | | | | |
| Limit of Indemnity | | | | $ | | | | | | | | $ | | | | | | | | |
| Due Date | | | |  | | | | | | | |  | | | | | | | | |
| Retroactive Date (if applicable) | | | |  | | | | | | | |  | | | | | | | | |
| 5. Please advise of the quality control / risk management measures your business has in place (including in relation to inspecting / reporting / chemical use / licensing etc) | | | | | | | | | | | | | | | | | | | | |
| 6. Does the Applicant comply with all relevant statutory and recognised industry licensing and certification requirements applicable to activities performed?  Yes  No | | | | | | | | | | | | | | | | | | | | |
| 7. Does the Applicant comply with all relevant statutory and recognised industry requirements in relation to risk management, quality control and Australian Standards applicable to activities performed?  Yes  No | | | | | | | | | | | | | | | | | | | | |
| 8. Have all personnel employed and/or engaged by the Applicant completed all appropriate statutory and recognised industry training course/s applicable to activities being performed?  Yes  No | | | | | | | | | | | | | | | | | | | | |
| 9. Does the Applicant, including all directors, officers, employees and agents comply with all relevant statutory and recognised industry requirements applicable to the use, storage, transportation, and otherwise of chemicals used in the course of your business?  Yes  No | | | | | | | | | | | | | | | | | | | | |
| ‘If ‘No’ to questions 6,7,8,9 above, please supply reason(s): | | | | | | | | | | | | | | | | | | | | |
| **CLAIMS HISTORY** | | | | | | | | | | | | | | | | | | | | |
| 1. Has the Applicant , including all directors, officers, employees had any claims made against you (whether insured or not) or have you recalled any of your products during the last 7 years?  Yes  No - If “Yes”, please supply details | | | | | | | | | | | | | | | | | | | | |
| 2. Has the Applicant , including all directors, officers, employees ever been subject to disciplinary proceedings for professional misconduct? Yes  No - If “Yes”, please supply details | | | | | | | | | | | | | | | | | | | | |
| 3. Have any claims for professional negligence or breach of professional duty been made in the last 10 years against any Applicant (including all directors, officers, employees) or any of their predecessors in business, or any prior business of any of their present or former directors, partners, or principals?  Yes  No - If “Yes”, please supply details | | | | | | | | | | | | | | | | | | | | |
| 4.Do any circumstances exist that might give rise to a claim against an Applicant or any director, officer, employee or agent for professional negligence or breach of professional duty? Yes  No - If “Yes”, please supply details | | | | | | | | | | | | | | | | | | | | |
| **CLAIMS MADE INSURANCE** | | | | | | | | | | | | | | | | | | | | |
| This means that the policy applies to claims made against you and notified to the insurer during the policy period. The policy does not provide cover in relation to:  – acts, errors or omissions that occurred prior to the retroactive date (if one is specified) in the policy;  – any claim made, threatened or intimated against you prior to the commencement of the policy period;  – any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the policy period;  – any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;  – any claim arising out of any fact you are aware of before the commencement of the policy period;  – any claim made against you after the expiry of the policy period.  However, the effect of Section 40(3) of the Insurance Contracts Act 1984 (Cth) is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the policy period, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the policy period, notwithstanding that the claim was made against you after the expiry of the policy period. | | | | | | | | | | | | | | | | | | | | |
| **PRIVACY** | | | | | | | | | | | | | | | | | | | | |
| We are committed to protecting your privacy. We use the information you provide to us to arrange for and quote on the financial services we provide to you. We only provide personal information to the financial service providers (and their representatives) and those appointed to assist you with claims under policies of insurance. We will not trade, rent or sell the information.  If you don’t provide us with full information, we cannot properly quote / arrange your financial products and provide the service you expect. You can check the personal information we hold about you at any time. For more information about our Privacy Policy Statement, ask us for a copy. | | | | | | | | | | | | | | | | | | | | |
| **DUTY OF DISCLOSURE** | | | | | | | | | | | | | | | | | | | | |
| The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your proposal and also each time before you alter or renew the Policy. Each person named as the Insured has the same duty. | | | | | | | | | | | | | | | | | | | | |
| **PENALTY FOR NON-DISCLOSURE** | | | | | | | | | | | | | | | | | | | | |
| If you do not tell us everything necessary, we may: reduce or refuse to pay a claim; or cancel your Policy. If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.  You don’t need to tell us anything which: reduces the risk; is common knowledge; we already know or ought to know in the ordinary course of our business; or we indicate we do not want to know. If you are not sure that something is relevant, it is best to disclose it anyway. | | | | | | | | | | | | | | | | | | | | |
| **INADEQUATE SPACE TO ANSWER** | | | | | | | | | | | | | | | | | | | | |
| If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information. | | | | | | | | | | | | | | | | | | | | |
| **DECLARATION AND SIGNATURE** | | | | | | | | | | | | | | | | | | | | |
| 1. The Duty of Disclosure, Non-Disclosure and Inadequate Space to Answer notices set out above have been read by me/us.  2. All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.  3. I acknowledge you reserve the right to decline any application. | | | | | | | | | | | | | | | | | | | | |
| Applicant’s Signature: |  | | | | | | | | | | | Date: | |  | | | | | | |
| Applicant’s Title |  | | | | | | | | | | | | | | | | | | | |