

QBE WORKERS Cover™

WORKERS' COMPENSATION INSURANCE

## FLEXIWRITE Proposal

As an employer you have  
a duty of care  
to your employees.



QBE

ASIA PACIFIC

PACIFIC ISLANDS

## FLEXIWRITE PROPOSAL

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### A. NOTICE TO PROPOSED INSURED

#### 1. Disclosure of Relevant Facts

##### Your Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. This includes facts which are not subject to questions in this proposal.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

#### 2. Non Disclosure / Misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

#### 3. Inadequate space to answer

If there is inadequate space to answer our questions or you need to disclose something to us because of your duty of disclosure, please attach a separate piece of paper to this proposal giving full details of additional information.

#### 4. Important

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick (✓) appropriate box to indicate answer.
- The applicant will be referred to in this proposal as "You" or "Your".

**5. Markets**

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your proposal.

Market	Business Name	Please tick
Fiji	QBE Insurance (Fiji) Limited	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

Note: For any other markets please contact the local QBE office.

**6. Jurisdiction**

The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:

- a) the laws of the country at the QBE office which issues the policy/ies arising from this proposal; unless
  - b) the policy/ies refer to the laws of a different country applying, in which case, the laws of that country,
- and in relation to those matters, the parties submit to the jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English Law as applicable within Vanuatu immediately before 30 July 1980 and shall be justiciable before the Supreme Court of Vanuatu.

**7. Note**

Values, Sums Insured, Limits and Deductibles further marked as \* are in the currency of the country in which a policy will be issued, upon the approval of this proposal.



## B. DETAILS OF THE PROPOSED INSURED

1. Name(s) in full:

  

Phone No:

Fax No:

Mobile No:

Email:

2. Postal Address:

  
  

3. Period of insurance: From

 /  / 

to

 /  / 

## C. DETAILS OF BUSINESS

1. Type of business

2. Activities or processes involved

  

3. Location(s)

✓ If same as postal address

  

4. Number of years:

In this business

At this location



## D. DETAILS OF EMPLOYEES

1. Will any relative of the employer be employed?

Yes  No

(If so, please note particularly the directions in schedules 1 and 4 of section D8).

2. Will any of your employees travel by air other than as a passenger in a fully licensed standard type aircraft owned and/or operated by a recognised airline over an established air route?

Yes  No

If so, please state particulars

  

3. In the event of machinery being used, briefly describe same and state motive power used.

  

4. State what acids, gases, chemicals or explosives, if any, will be used and to what extent?

  

5. Do you intend to let by contract any part of the work of your trade or business? If so, do you undertake to satisfy yourself on every occasion that the contractor is insured against their liability under the current Worker's Compensation Act in respect of any workers employed by them in connection with the contract?

If so, please state particulars

  

6. Do you expect to let any contract for treefelling, scrub cutting, or clearing land of stumps or logs, the whole or part of work which will be done by the contractor or contractors personally?

If so, please state particulars

  

7. Do you require the limit of liability at common law to be increased?

Yes  No

If so, please state the amount required

Common Law limit \*



**8. PLEASE COMPLETE THE FOLLOWING**

8.1 SCHEDULE 1 Full provision must be made for the estimated earnings (inclusive of overtime, bonuses, and special allowance of all workers including relatives of the employer and members of the employer’s household who are in the service of the employer, excepting only “outworker” i.e. persons working on articles or material in their home or other premises not controlled by the person giving out the articles or materials.

**You are required by LAW to provide details of the occupation or trade of every employee as required by the Act in your employ.**

CLASS OF EMPLOYEES	Approximate number of workers	Estimate for period of Insurance for which proposal made			
		1 Amount of wages salaries and other cash earnings *	2 Value of board lodging or keep for each worker *	3 Value of other substitutes for cash *	Total of columns 1,2, & 3. *
a) Clerical staff (i.e. persons whose time is solely engaged in office work)					
b) Commercial travellers, travelling inspectors, outdoor salesmen canvassers, collectors and the like, whether or not paid commission. Note: commission must be included as earnings.					
c) Domestics employed in connection with trade or business.					
d) All other workers whether permanently or casually employed including piece workers.					

8.2 SCHEDULE 2 If you have answered question 6 in section D in the affirmative you must complete this section, Contracts for Work. State estimated full value of contracts (let by you or which you expect to let under each class below) in connection with which the Contractor either does not sub-let the contract or through employing workers actually performs part of the work himself.

Description of contracts	Estimated full value of contracts *	Amount to be deducted for royalty (if any) *



8.3 SCHEDULE 3 Householder's (Private). For the purpose of this schedule employees must be deemed to be permanent and so rated if engaged for more than 90 days in the aggregate in any one year. Persons not so engaged may be rated as "occasional" workers.

DESCRIPTION OF EMPLOYEES	Maximum number	Estimated annual wages *

8.4 SCHEDULE 4 Schedule of relatives (whose wages are included in Schedule 1.)

Name in full	Age	Occupation	Rate of wage per week *	Relationship to the employer	Value of keep or other allowance *

## E. CLAIMS DETAILS

### 1. Have you (in the past 5 years)

Please (✓)

1.1. made any claim(s) on an insurer for loss or damage?

Yes  No

If "YES", please give full details

1.2. had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected or special conditions or excess imposed by an insurer?

Yes  No

If "YES", please give full details

1.3. suffered any loss or damage which would have been covered by the proposed insurance policy?

Yes  No

If "YES", please give full details



## F. DECLARATION

I/we the undersigned authorised proposed insured person(s), after enquiry declare as follows:

1. I/we are authorised by each of the other applicants to make this proposal.
2. I/we have read and understood the Notice to the Proposed Insured on the front of this proposal form.
3. I/we have read this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/we understand that, up until a contract of insurance is entered into, I/we are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal or in the accompanying documents.

If accepted by QBE the proposal form and declaration, and any other material which I/we have provided to QBE shall be incorporated into and form the basis of the contract of insurance.

Name and position:

Signed:

Date

 /  / 

## Asia Pacific Head Office

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Australia

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Fax: +612 9375 4070  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

### Licensed insurers for the Pacific Islands region:

#### Fiji

QBE Insurance (Fiji) Limited  
QBE Centre  
Victoria Parade  
GPO Box 101  
Suva, Fiji

Tel: + (679) 331 5455  
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Info: [info.fiji@qbe.com](mailto:info.fiji@qbe.com)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

#### PNG

QBE Insurance (PNG) Limited  
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Musgrave Street  
P O Box 814, Port Moresby  
Papua New Guinea

Tel: + (675) 3212 144  
Fax: + (675) 3214 756  
Info: [info.png@qbe.com](mailto:info.png@qbe.com)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

#### Solomon Islands

QBE Insurance (International) Limited  
Panatina Plaza  
Prince Philip Highway  
P.O. Box 764  
Honiara  
Solomon Islands

Tel: + (677) 38884  
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#### Vanuatu

QBE Insurance (Vanuatu) Limited  
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Vanuatu

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#### French Polynesia

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#### New Caledonia

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For literature in use in the French Territories above,  
please contact the local QBE office in each of these countries.



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[www.qbe.com](http://www.qbe.com)