

# QBE FORWARD Cover™

BROADFORM PUBLIC & PRODUCTS  
LIABILITY INSURANCE

- for Public Liability
- for Public & Products Liability

## FLEXIWRITE Proposal

Every **forward-looking** manager will consider the **daunting** implications of **public and products liability** exposures.



**QBE**

**ASIA PACIFIC**

PACIFIC ISLANDS

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## FLEXIWRITE PROPOSAL

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### A. INSTRUCTIONS

This proposal form is designed to minimise your paperwork and maximise your opportunities when it comes to liability insurance.

Use it to apply for either public liability or broadform – public and products liability covers listed.

All applicants should refer to sections A and B and fill in sections C, D, F, G and H. Applicants for broadform – public and products liability should also fill in section E.

### B. 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.



## C. DETAILS OF THE PROPOSED INSURED

1. Name(s) in full:

  

Phone No:

Fax No:

Mobile No:

Email:

2. Postal Address:

  
  

3. Locations of subsidiaries or divisions (if any):

4. Type of organisation:

Individual

Corporation

Partnership

Other

5. Nature of company:

Manufacturer

Wholesaler

Retailer

Exporter

Assembler

Importer

Other (please specify)

6. Period of insurance: From

 /  / 

to

 /  / 

## D. DETAILS OF BUSINESS

1. Please provide in general a description of your business, trade and activities:

  

2. How long have you been in business?

3. Prior business experience under other names:

  


4. Present affiliation with other companies or groups:

5. Total number of employees and wages paid:

No. of employees:

Total annual wages: \*

6. Please state turnover for the past five years:

Year	Amount *
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

7. Apart from the country where this proposal is submitted, do you engage in business anywhere else?

Yes

No

If "YES", please state where and turnover generated:

Location	Turnover *
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

8. If any of your employees work away from your premises, please state where and the nature of their work:

  

9. Is any portion of your premises sublet?

Yes

No

If "YES", please state where and turnover generated:



**10. Do you use sub-contractors?**

Yes  No

If "YES", do you wish to insure your liability for claims arising from the operations of sub-contractors? Yes  No

If "YES", please advise:

a) The nature of work sub-contracted:

b) Measures taken to identify the adequacy of their liability and workers' compensation insurance arrangements?

**11. Do you or does anyone on your behalf operate, manage or own any of the following?**

a) First aid facility? Yes  No

If "YES", please provide details:

b) Pressure vessels? Yes  No

If "YES", please provide details:

c) Car parks? Yes  No

If "YES", please provide details:

d) Lifts, escalators, hoists, cranes? Yes  No

If "YES", please provide details:

e) Unregistered vehicles? Yes  No

If "YES", please provide details:

f) Railway eg. siding? Yes  No

If "YES", please provide details:

**12. Do you or does someone on your behalf perform any work away from the premises stated above?**

Yes  No

If "YES", please provide details eg. welding, installation etc.



13. Do you store, transport, use or handle any hazardous goods eg. chemicals, radioactive materials, gases etc.?

Yes  No

If "YES", please provide details:

14. Does your operation/business create trade waste?

Yes  No

If "YES", please provide details eg. type of waste, how is it disposed of etc.

15. Do you require cover for property owned by others, in your care, custody or control?

Yes  No

If "YES", please supply:

a) A description of the property:

b) The maximum value of the property: \*

\*

c) The limit of indemnity required: \*

\*

d) Do you charge a fee for this service?

Yes  No

e) Is the property insured under any other policy?

Yes  No

If "YES", please provide details:

16. Coverage of liability assumed under contract or agreement will be limited to lease liability or liability assumed under a warranty of fitness or quality as regards your products, or specifically agreed contracts. Please give full details and attach copies of all agreements (other than lease liability) where you assume liability under contract or hold others harmless. Coverage will be provided only if specifically agreed by QBE.

Do you assume liability under the contract or hold others harmless (other than lease liability)?

Yes  No

If "YES", please provide full details and attach copies of all agreements (other than lease liability):

17. Limit of Indemnity required?

Amount \*



## E. PRODUCTS

1. Please give details of all products for which insurance is required, attaching brochures, catalogues, instructional manuals and other product literature if available. Please continue on a separate sheet of paper if there is insufficient space.

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2. Please give details of any products that are exported and the respective turnover:

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3. If more than 15% of your goods or services are consumed in any one city, state or country, please specify location and indicate the percentage or amount of turnover:

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4. Do you export any products or services to the USA and/or Canada? Yes  No

If "YES", please state percentage of turnover exported to USA or Canada:

5. Can you with certainty identify the source of supply of every item used in the manufacture of the products? Yes  No

6. Do you import products or component parts? Yes  No

7. Do you purchase materials or components from others? Yes  No

If "YES", please specify from which country/ies:

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Please give details of products imported/purchased:

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8. Do you hold harmless or insure suppliers and/or distributors of your products? Yes  No



9. Do your suppliers and/or distributors hold you harmless or insure you? Yes  No

10. Do you expressly disclaim or limit warranties for your products? Yes  No

11. Are all warranties/disclaimers reviewed by legal counsel? Yes  No

12. Is your product range constantly changing? Yes  No

13. Do you plan to introduce new products in the near future? Yes  No

If "YES", please provide details:

14. Could any of your products or services be used in connection with:

a) Aircraft or aerospace? Yes  No

b) Watercraft or offshore craft? Yes  No

c) Transportation or transit? Yes  No

d) Life support services? Yes  No

15. Are your products designed, tested, labelled and manufactured:

a) To meet or exceed all government and industry standards? Yes  No

b) For optimum safety in spite of misuse or abuse? Yes  No

16. Are your products assembled away from your main business location? Yes  No

17. Do you supervise assembly of your products? Yes  No

18. Do you keep records of quality control tests? Yes  No

19. Do you have a quality control manager? Yes  No

20. Please give details of your quality control procedures:



21. Do you have re-call procedures in place?

Yes  No

If "YES", please provide details:

22. Are warranties obtained from all suppliers?

Yes  No

23. Limit of Indemnity and Deductibles required?

Amount \*

Deductible \*

## F. CLAIMS HISTORY

1. Please give full particulars of ALL claims (total aggregate claims including defence costs) made against you whether insured or not. Please state date of claim and amount paid or outstanding.

2. Are you aware of any other incidents that may result in claims against you?

Yes  No

If "YES", please provide details:

## G. YOUR INSURANCE REQUIREMENTS

1. Territorial limits required:

Unless otherwise stated and agreed, coverage for products exported to the USA and/or Canada is excluded from this insurance. Coverage will only be provided if specifically agreed by QBE and then subject to additional terms and conditions and payment of an extra premium. Any additional information supplied in respect of exports to the USA and/or Canada shall be deemed to form part of this proposal.



**2. Who is your present insurer?**

**3. Please indicate the type of policy wording you require:**

Claims made basis

Occurrence basis

**4. Has any insurer ever cancelled, increased the premium rate, imposed restricted terms or refused to renew your liability insurance?**

Yes  No

If "YES", please provide details:

**H. 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

Level 7, 345 George Street  
Sydney N.S.W. 2000  
Australia

Tel: +612 9375 4444  
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  
Fax: + (679) 330 0285  
Info: [info.fiji@qbe.com](mailto:info.fiji@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  
Fax: + (677) 38887  
Info: [info.sol@qbe.com](mailto:info.sol@qbe.com)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

#### French Polynesia

QBE Insurance (International) Limited  
Immeuble Galliéni  
Front de Mer  
P.O. Box 283  
Papeete, Tahiti – French Polynesia

Tel: + (689) 50 66 00  
Fax: + (689) 50 66 01  
Info: [info.fp@qbe.com](mailto:info.fp@qbe.com)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

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

#### PNG

QBE Insurance (PNG) Limited  
QBE Building  
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)

#### Vanuatu

QBE Insurance (Vanuatu) Limited  
La Casa, D'Andrea Building  
Port Vila  
P.O. Box 186  
Vanuatu

Tel: + (678) 22299  
Fax: + (678) 23298  
Info: [info.van@qbe.com](mailto:info.van@qbe.com)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

#### New Caledonia

QBE Insurance (International) Limited  
5 Rue Anatole-France  
BP 449  
98845 Noumea-Cedex  
New Caledonia

Tel: + (687) 246300  
Fax: + (687) 287717  
Info: [qbe@qbe.nc](mailto:qbe@qbe.nc)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

