



## COMBINED PUBLIC AND PRODUCTS LIABILITY INSURANCE

### SCAFFOLDERS PROPOSAL FORM

Names of Directors: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**PERIOD OF INSURANCE:** Commences 4pm on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and ends 4pm on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**LIMIT OF LIABILITY:**

Public Liability	\$ _____	any one Occurrence
Products Liability	\$ _____	any one Period of Insurance
Deductible	\$ _____	Any one Occurrence (inclusive of Law Costs and Expenses).

1. BUSINESS OF THE INSURED. Please complete the following:	% of turnover								
Erection & Dismantling of Scaffolding Expected Maximum Individual Contract Value \$ _____  Expected Maximum Height Level <table style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">2 Storeys or Less</td> <td style="border: 1px solid black; text-align: center; width: 50px;">%</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">2-5 Storeys</td> <td style="border: 1px solid black; text-align: center;">%</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">5-10 Storeys</td> <td style="border: 1px solid black; text-align: center;">%</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Over 10 Storeys</td> <td style="border: 1px solid black; text-align: center;">%</td> </tr> </table> <p style="margin-left: 40px; font-size: small;">* Above percentages MUST equal 100%</p>	2 Storeys or Less	%	2-5 Storeys	%	5-10 Storeys	%	Over 10 Storeys	%	%
2 Storeys or Less	%								
2-5 Storeys	%								
5-10 Storeys	%								
Over 10 Storeys	%								
Hire of own Scaffolding	%								
Hire of hired in Scaffolding	%								
Hire of any other equipment Description of equipment _____ _____	%								
Manufacture of Scaffolding	%								
Import any Products Description of Products _____ _____  From which countries _____	%								

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Export any Products Description of Products _____ _____ To which countries _____ _____	%
Sales of Scaffolding (new)	%
Sales of Scaffolding (second-hand)	%
Other Business Activities – please specify _____ _____	%

\* Above percentages MUST equal 100%

Do you conduct any Rigging activities which are not involved in the erection and/or dismantling of scaffolding?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able to identify where your supplies of scaffolding equipment was purchased?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>Please indicate whether Your Business involves work on or involving:</b>		
Aircraft, airports or Watercraft	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dams	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Petrochemical plants or refineries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Power-stations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Off-shore platforms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Underground mines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*If you have answered "Yes", please provide a description on what type of work you expect to do which involve the above, AILL will advise if the particular activity is acceptable under the Policy along with the applicable terms and conditions pertaining thereto.		
<b>Relevant details:</b>		

### 2. EXPERIENCE / QUALIFICATIONS / WORK PRACTICES

How many years of experience have the Directors had in the Business activities? \_\_\_\_\_

Please specify details of the Directors Trade Qualifications, ie. Qualification, date qualified? \_\_\_\_\_

Are all trainees who are engaged in the erection, alteration or dismantling of scaffolding directly supervised by a competent scaffolder?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you provide trainee scaffolders with a structured and comprehensive training programme?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do your work practices comply with relevant Australian Standards?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a documented repair, maintenance and safety inspection programme in place for your equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### 3. FINANCIALS

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Estimated Annual Turnover \$ \_\_\_\_\_ No. of Manual Working Proprietors and Employees \_\_\_\_\_

Estimated Total Wageroll (inc. Directors, Office Staff, Labourers) \$ \_\_\_\_\_

Do you engage the services of sub-contractors? YES  NO

If, "Yes", Estimated Annual Labour only payments to sub-contractors \$ \_\_\_\_\_

Nature of work performed by sub-contractors \_\_\_\_\_

**4. CONTRACTUAL LIABILITIES**

Have You entered into any contract or agreement (including any in respect of the supply of raw materials, components or finished goods) under which You have assumed liability for which You would not otherwise be liable, or under which You have waived Your legal rights of recovery (eg. hold harmless agreements)?

YES  NO

If "Yes" please attach copies of the contract or agreement.



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Have You or anyone in your employ ever been charged with any breaches of the relevant Occupational and/or Health and Safety Acts in respect of business activities?      YES       NO

If "Yes", please provide details:


Has any Insurer ever declined, refused to renew, cancelled or imposed special terms or conditions to any application, renewal or policy held by You, either alone or jointly with another person or company or held by any corporate entity operated by the Directors of the Insured or held by the Directors of the Insured?      YES       NO

If "Yes", please provide details (separate sheet, signed and dated by the Insured).

**Declaration and Acknowledgements**

I/We declare and acknowledge as follows:

1. I/We have not suppressed misrepresented or mis-stated any material information within my/our knowledge likely to affect the decision of the Insurer as to my/our eligibility for insurance and the answers given in this Proposal are in every respect true and correct.
2. Insurance cover will only arise upon the acceptance of this Proposal as notified by the issue of an appropriate Policy Schedule or Policy Document.
3. I/We authorise AILL to obtain from any other insurer or insurance reference bureau, any information relating to this proposal, this insurance, any renewal of this insurance or any claim.
4. The Insurer will be relying on the information provided by me/us in this Proposal in deciding whether to provide cover and, if so, upon what terms.
5. I/We have read and understood the notice contained herein concerning my/our Duty of Disclosure.
6. Where answers on this Proposal are not in my/our own handwriting they have been checked by me/us and I/We certify they are correct.

**Signature of Proposer:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_