ARTISAN®
UNDERWRITING

www.artisanuw.com.au

Important Notice

Your duty of disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.
You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about

If you do not tell us anything

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Retroactive date

The proposed insurance may be limited by a Retroactive Date. If so, the policy will not cover any claims or circumstances arising from any events, services, activities, errors or omissions or conduct prior to the Retroactive Date.

Subrogation

Where you have prejudiced Artisan Underwriting Pty Ltd (including its Insurers or underwriters) rights to recover a loss from another party, this may have the effect of excluding or limiting the Underwriters liability in respect of that loss.

Privacy Notice

We safeguard your privacy and the confidentiality of your personal information and are committed to handling your personal information in a responsible way. We will abide by the Privacy Act 1988 (Cth) (the 'Act') including the Australian Privacy Principles which are set out in the Act. We have developed a Privacy Policy that sets out how we collect, store, use and disclose your personal information. Please refer to our website below for a copy of our Privacy Policy.

Part A – Insured Details

1. Insured Entities	Date Incorporated	ABN
	/ /	
	/ /	
	/ /	
	/ /	

2. Telephone number	Email addresses

3. Websites	

4. Addresses	State	Post Code

Other Locations:	State	Post Code

5. Please provide full details of your business services, operations and products?

6. Number of years in business?

7. How many locations do you operate from?

8. Please provide us with your Estimated Annual Payroll (including directors, partners and principals)?

Services	Payroll	Number of Staff
Management / Admin / Clerical	$	
Manufacturing / Physical Works	$	
Working Away From Premises	$	
Payments to Sub-Contractors/Contractors	$	
Payments to Labour Hire Workers	$	
Other Payments (Please Provide Details)	$	

Part B – Activities, Income and Contracts

9. Professional Services Activity Split

Please indicate approximate percentage of turnover from each activity (must total 100%):

Consulting / Advisory (for a fee) %

Design / Specification / Technical Input %

Physical Work (construction, fabrication, etc.) %

Manufacturing / Import / Distribute Products %

Supply of Equipment / Materials %

Other (please specify) %

10. Please provide the following Turnover / Fee Details:

Business Services and Products?	Do you Import Manufacture or Distribute?	Actual Turnover for the Last 12 months	Estimated Turnover for the next 12 months
		$	$
		$	$
		$	$

		$	$

11. Stamp Duty Declaration – Please provide a percentage breakdown revenue by location as follows

NSW	VIC	QLD	SA	WA	ACT	TAS	NT	0
%	%	%	%	%	%	%	%	%

12. Please provide the following Turnover / Fee Details:

Products	Do you Import Manufacture or Distribute?	Exports	Destination
		$	
		$	
		$	

13. Please confirm your largest 3 projects in the last 2 years:

Client	Services/ Products	Start / End Dates	Contract Value
		/ /	
		/ /	
		/ /	

14. Do you manufacture, supply, install, or perform welding/hot works?

No ☐ Yes ☐ If Yes, please provide details:

15. Do you modify, re-label or re-package any of the products you import, store or distribute?

No ☐ Yes ☐ If Yes, please provide details:

16. Professional Services Activity Split

No ☐ Yes ☐ If Yes, please provide details:

Labour hire payments (last 12 months): $ _____

Services provided: _____

Part C - Insurance Details

17. Current Insurance Details (if applicable):

PI Insurer: _____ Limit: $ _____ Excess: $ _____

GL Insurer: _____ Limit: $ _____ Excess: $ _____

Expiry Date(s): / /

Retroactive Date (PI only): / /

18. Requested Limits:

PI Limit Required: _____ Excess: $ _____

GL Limit Required: _____ Excess: $ _____

Desired Policy Start Date: / /

19. Have you, your business, or any related party (including subsidiaries, previous businesses, directors, partners, or employees):

- Had any actual or alleged claim made against you relating to professional services, personal injury, property damage, or product liability?
- Become aware of any facts or circumstances that may give rise to a future claim or complaint?
- Been subject to any regulatory investigation, inquiry, prosecution, disciplinary action, or formal complaint by a professional body or statutory authority?
- Had any insurer decline to offer terms, cancel a policy, impose special conditions, or refuse renewal of a Professional Indemnity or Public/Products Liability insurance?
- Been declared bankrupt, placed into administration or liquidation, or become insolvent?

No ☐ Yes ☐ If Yes, please provide details:

Date of matter	Details of matter	Cost (if any) of claim paid or loss insured	Contract Value
/ /		$	$
/ /		$	$

Part E – Declaration

Please Note: : Signing the Declaration does not bind either you (the proposed insured) or the us (the Insurer) to execute this or any insurance whatsoever

By signing this Declaration, you declare that all necessary inquiries into the accuracy of the responses given in this proposal have been made and the Insured confirms that the statements and particulars given in this proposal are true, accurate and complete and that no material facts have been omitted, misstated or suppressed. You agree that if any of the information changes between the date of this proposal and the inception date of the insurance to which this proposal relates, you will give immediate notice thereof to the Artisan Underwriting Pty Ltd (Artisan).

You acknowledge receipt of the Important Notice, Privacy Notice and Duty of Disclosure information contained in this proposal and confirm you have read and understood the content of them. You consent to Artisan Underwriting Pty Ltd collecting, using and disclosing personal information as set out in Artisan's Privacy Notice in this proposal and the policy.

If you have provided or will provide information to Artisan about any other individuals, you confirm that you are authorised to disclose the other individual's personal information to Artisan and give the above consent on their behalf.

The signatory below confirms that they are authorised by you (the insured and its subsidiaries, previous businesses, partners/principals/directors if applicable) to complete this proposal form and to accept quotation terms for this insurance on behalf of you (the Insureds and its subsidiaries, previous businesses, partners/principals/directors) behalf

Signed	
Name of Partner(s) or Director (s)	
On behalf of	
Date	/ /

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