

# ASBESTOS REMOVAL APPLICATION



EPSILON UNDERWRITING AGENCIES PTY LIMITED

Epsilon Insurance Broking Services Pty Limited T/as Epsilon Underwriting Agencies ("Epsilon") is effecting this cover as Agent for the insurer, being certain Underwriters at Lloyd's ("Lloyds") and not for or on behalf of the insured.

Full Name of Insured:

Address:

Phone Number:

Email Address:

Please advise type of cover required:

A. Annual contract in respect to asbestos removal/abatement work.

B. Single asbestos removal contract only.

Please confirm that the Insured is licensed in accordance with all relevant Government Acts, Rules, Regulations and Industry requirements in respect to asbestos removal/abatement:  Yes  No

Period of Insurance: From:  To:  at 4pm LST

Limit of Indemnity:

In the aggregate, including Defence Costs, any one Period of Insurance.

Contract value. \$

## DETAILS OF SUB-CONTRACTORS AND/OR LABOUR HIRE PERSONNEL:

Does the Insured engage sub-contractors and/or labour hire personnel in respect to asbestos removal work?  Yes  No

Annual estimated payments:

Subcontractors: \$

Labour Hire: \$

What minimum limits of public liability insurance are they required to carry? \$

1. As part of your Asbestos removal activities, do you undertake Supervisory work &/or Asbestos audits and inspections at Third party sites for Asbestos identification, testing and reporting purposes?  Yes  No

2. Do you require cover for Errors & Omissions Liability for this activity? If yes, please advise limit of liability required?  Yes  No

\$

3. Do you charge a fee for this service? If yes, please advise estimated fee income for next 12 months?  Yes  No

\$

4. Have you suffered a financial loss in the past and/or are you aware of any circumstances that could give rise to a claim against you for Errors & Omissions from your professional services? If YES, please provide full details  Yes  No

5. Have you previously purchased Errors & Omissions Liability insurance either as an extension to your Asbestos Removal liability policy or on a stand alone basis?  Yes  No

6. If yes, what was the inception date of cover and what is the current Limit of Indemnity?

7. Do you transport Asbestos from jobsite to licensed disposal site? If so, would you like an option to include transportation extension?  Yes  No

**CLAIMS AND/OR LOSS EXPERIENCE**

Dates	# Claim Reported	Amount paid & outstanding	Applicable Excess
From <input type="text"/> To <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Description of Claim <input type="text"/>			
From <input type="text"/> To <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Description of Claim <input type="text"/>			
From <input type="text"/> To <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Description of Claim <input type="text"/>			
From <input type="text"/> To <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Description of Claim <input type="text"/>			
From <input type="text"/> To <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Description of Claim <input type="text"/>			

Is the Insured a member of the HIA?  Yes  No

	Percentage of Turnover	Contractors Payments
NSW	<input type="text"/> %	\$ <input type="text"/>
VIC	<input type="text"/> %	\$ <input type="text"/>
QLD	<input type="text"/> %	\$ <input type="text"/>
SA	<input type="text"/> %	\$ <input type="text"/>
WA	<input type="text"/> %	\$ <input type="text"/>
TAS	<input type="text"/> %	\$ <input type="text"/>
ACT	<input type="text"/> %	\$ <input type="text"/>
NT	<input type="text"/> %	\$ <input type="text"/>
Overseas	<input type="text"/> %	\$ <input type="text"/>

## Declaration

I declare that:

1. The answers given above and documents submitted represent the true position and have been completed after due enquiry;
2. I have not withheld any material information or any matter relevant to the decision of Epsilon as to whether to accept this risk;
3. I agree that this proposal and any accompanying documents shall form or partly form the basis of the Policy;
4. The person signing this proposal is duly authorised to sign on behalf of the Insured.

Signature(s):

Date:

Title/Position

## YOUR DUTY TO DISCLOSE

This policy is subject to the Insurance Contracts Act 1984 (Act). Under that Act You have a Duty of Disclosure.

Before You enter into an insurance contract, You have a duty to tell the Insurer anything that You know, or could reasonably be expected to know, that may affect the Insurer's decision to insure You and on what terms.

You have this duty until the Insurer agrees to insure You.

You have the same duty before You renew, extend, vary or reinstate an

insurance contract. You do not need to tell the Insurer anything that:

- reduces the risk that is insured; or
- is common knowledge; or
- the Insurer knows or should know as an insurer; or
- the Insurer waives compliance with Your duty of disclosure.

### If You do not tell the Insurer something

If You do not tell the Insurer anything You are required to, the Insurer may cancel Your contract or reduce the amount the Insurer will pay You if you make a claim, or both.

If Your failure to tell the Insurer is fraudulent, the Insurer may refuse to pay a claim and treat the contract as if it never existed.

## PRIVACY STATEMENT

Epsilon are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

Epsilon may collect personal information in order to assess an application for insurance and, if the application is accepted, to administer and manage the insurance policy and respond to any claim made. We may also use your personal information for the purpose of designing or underwriting new insurance products, for research and analytical purposes, to perform administrative functions (including for example accounting, risk management and staff training) and to comply with our legal obligations.

We may disclose personal information to third party service providers and related companies who assist us in processing any application or claim for insurance, such as reinsurers, our advisers, persons involved in claims, external claims data collectors and verifiers. Epsilon may also disclose your personal information to our related companies overseas who assist us in providing our products and services, including providing support in relation to the assessment of insurance applications and claims. These third party service providers or related companies may be located in the United States of America, Switzerland, Germany, Slovakia, Singapore and the United Kingdom.

By providing your personal information to us, you consent to us making these disclosures. If you choose not to provide your personal information, we may not be able to assess your insurance application or administer and manage your insurance policy and respond to any claim made.

Our Privacy Policy contains information on how you may access personal information we hold, or seek correction of your personal information and information on how to make a complaint about the handling of your personal information and how complaints are handled.

If you require more information, ask us for a copy of our Privacy Policy or visit [www.epsiloninsurance.com](http://www.epsiloninsurance.com).

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