

# LABOUR SUPPLY 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 Berkley Insurance Company and not for or on behalf of the insured.

## 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).

## INSTRUCTIONS TO APPLICANTS

1. Please ensure all questions are completed and the Application is signed by an authorised representative of the Insured.
2. "White Collar" (refer Question 5) is defined as office based clerical/ professional duties and does not include work involving site visits.
3. If the answer to Question 7 is "Yes", please separately supply details of the on - hired duties by such workers including the industry/ business such work is performed for together with relevant turnover split between the Insured's contractors/sub-contractors supplied by the Insured.

1. Full Name of Insured.  
Please also nominate all subsidiary companies (or other entities over whom the Insured assumes active management) for which cover is required under this insurance.

2. Address:

3. Period of Insurance:

From:  To:  at 4pm LST

Limit of Indemnity: (Up to \$20M can be considered) \$  Any one Occurrence in respect of public liability and in the aggregate during the Period of Insurance in respect of Product Liability.

4. In respect to employee placement/recruitment services, does the Insured have a standard reference checking procedure in place?  Yes  No

Does the Insured use a standard form of agreement in respect to the provision of labour hire personnel?  Yes  No

*If Yes, please attach a copy of the agreement to this Application*

### 5. ANNUAL TURNOVER

Employment placement/recruitment services.	\$ <input style="width: 400px;" type="text"/>	
	White Collar	Blue Collar
Supply of Labour Hire – employees of the Insured	\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>
Supply of Labour Hire – contractors/sub-contractors	\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>
Total:	\$ <input style="width: 400px;" type="text"/>	

### 6. PLEASE SUPPLY A FURTHER SPLIT IN TURNOVER IN RESPECT TO THE "BLUE COLLAR" CATEGORY IN RESPECT TO THE QUESTIONS ABOVE.

	Supply of Labour Hire – employees of the Insured	Supply of Labour Hire – contractors/sub-contractors
Agricultural Workers (farm hands, pickers etc)	\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>
Airside/Airport Workers	\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>
Cleaners	\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>
Construction - Labourers and Trades (no hot work)	\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>
Construction – Labourers and Trades (performing hot work)	\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>
Construction – Site visits and Project Management	\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>
Drivers/Couriers (Please note no cover will be granted in respect to damage to property, including vehicles, in the Insured's care, custody or control).	\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>

**7. PLEASE SUPPLY A FURTHER SPLIT IN TURNOVER IN RESPECT TO THE "BLUE COLLAR" CATEGORY IN RESPECT TO THE QUESTIONS ABOVE.**

	Supply of Labour Hire – employees of the Insured	Supply of Labour Hire – contractors/sub-contractors
Education	\$ <input type="text"/>	\$ <input type="text"/>
Energy – Onshore	\$ <input type="text"/>	\$ <input type="text"/>
Energy - Offshore	\$ <input type="text"/>	\$ <input type="text"/>
Entertainment (chefs, waiters, bar staff, ushers and attendants other than security personnel)	\$ <input type="text"/>	\$ <input type="text"/>
Manufacturing	\$ <input type="text"/>	\$ <input type="text"/>
Medical Personnel	\$ <input type="text"/>	\$ <input type="text"/>
Mining – Above ground	\$ <input type="text"/>	\$ <input type="text"/>
Mining - Underground	\$ <input type="text"/>	\$ <input type="text"/>
Retail	\$ <input type="text"/>	\$ <input type="text"/>
Security Personnel	\$ <input type="text"/>	\$ <input type="text"/>
Warehousing	\$ <input type="text"/>	\$ <input type="text"/>

8. Are there any industry classifications in respect of on-hired blue collar workers supplied by the Insured that are not covered by the classifications nominated in the above Question, if so please advise and split accordingly.

Yes  No

**9. DETAILS OF CONTRACTORS/SUB-CONTRACTORS:**

a) Do you ensure that contractors/sub-contractors carry their own public liability insurance?

Yes  No

b) If yes, what minimum Limit of Liability are they required to carry?

\$

10. Does the Insured assume the liability of other parties?

Yes  No

11. If yes, does the Insured require cover for such assumed liability under this Policy?

Yes  No

**12. PLEASE ADVISE DETAILS OF EACH CONTRACT WHERE THE INSURED ASSUMES THE LIABILITY OF OTHERS:**

Name of indemnified party	Turnover/annual contract value	Work performed
<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"/>

### 13. 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"/>			

### 14. Please provide turnover split by state and overseas

NSW%	VIC%	QLD%	SA%	WA%	TAS%	ACT%	NT%	Overseas
<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"/>

### 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

NOTES