Liability Quote Form

Client Name …………………………………………………**PHONE:**…………………………………

Client Trading Name ……………………………………**ABN NO:** …………………………..

Client Address …………………………………………………………………………………………

Client Postal Address ………………………………………………………………………………..

Client Business Address ……………………………………………………………………………..

Nature of Business …………………………………………………………………………………………
(Full description required)

Qualifications…………………………………………………………………………………………………...

Limit of Indemnity:	$5 Million / $10 Million / $20 Million
Estimated Annual Turnover:	$ (Gross)
Turnover Past 3 Years:	$ …………………………….(Gross)
No of Principals / Directors:	
No of Full Time Staff:	**No of Part Time / Casual Staff:**

Does the Business:

Engage personnel provided through labour hire companies / organisations?	YES/NO
Undertake welding or hot cutting activities away from the situation?	YES/NO
Perform work at mine sites, either above or below ground?	YES/NO
Provide products or services intended for use in the mining industry?	YES/NO
Provide equipment for hire?	YES/NO
Assume liability under any agreement other than property rental agreement?	YES/NO
Import or Export any products?	YES/NO
Manufacture / Assemble / Supply / Repack any products?	YES/NO
Engage hired contractors/labourers on any one project where value of all such work is greater than $20,000?	YES/NO
Perform work on residential premises? - % required	YES/NO
Perform work on commercial premises? - % required	YES/NO
What type: Office Buildings/Shopping Centres?	
Maximum height work performed up to?	
Perform work on cooling towers/air conditioners/refrigeration - % required	YES/NO

If Yes to any of the above, please supply details on a separate page.

Have you made any claims or are aware of any circumstances which may lead to a claim with in the past 5 years: **Yes / No**
If Yes, Please supply details:

ADD – GENERAL PROPERTY – TOOLS OF TRADE
Cover Required
Unspecified Sum Insured…………………………………………… **$**

Specified Tools Sum Insured …………………………………… **$**
Description …………………………………………………………………………………………………...
………
How and where stored …………………………………………………………………………………….
………
Security ……………………………………………………………………………………………………...

DECLARATION BY CLIENT
I/We in effecting insurance in accordance with the information furnished in this Needs Analysis declare & warrant:

(a)   The statements in this Needs Analysis are true

(b)   That I/We agree to accept the terms, exclusions, conditions and limitations of the Policy(s) effected on my/our behalf by you in respect of the insurances obtained in respect of the above.

Client/Proposer(s) Signature: **Date:**