



SAA Insure

Scaffolding Industry Insurance

IMPORTANT INFORMATION

The information You provide in this document and through any other documentation, will be relied upon by the insurers to decide whether or not to accept Your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for Your answer, please use additional sheets, sign and date each one and attach them to this document.

If You do not understand or if You have any questions regarding any matter in this document, including these Important Information, please contact Us or Your insurance broker before signing the Declaration at the end of this document.

Unless We have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by Us and You have paid or agreed to pay the premium.

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;
- is common knowledge;
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

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.

EXCESS

The policy provides that You will be required to bear a specified amount of all claims and this is for each and every claim made against You including defence costs. We will let You know when the excess is payable.

PRIVACY STATEMENT

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to Us will be dealt with in accordance with Our Privacy Policy. By executing this document You consent to collection, use and disclosure of Your personal information in accordance with Our Privacy Policy. If You do not provide the personal information requested or consent to its use and disclosure in accordance with Our Privacy Policy, Your application for insurance may not be accepted, We may not be able to administer Your services/products, or You may be in breach of Your duty of disclosure.

Our Privacy Policy explains how We collect, use, disclose and handle Your personal information including transfer overseas and provision to necessary third parties as well as Your rights to access and correct Your personal information and make a complaint for any breach of the APPs.

A link to Our Privacy Policy is located on Our website at www.hmdi.com.au Please access and read this policy.

GENERAL INSURANCE CODE OF PRACTICE

The Insurance Council of Australia Limited has developed the General Insurance Code of Practice ("the Code"), which is a self-regulatory code for use by all insurers. The Code aims to raise the standards of practice and service in the insurance industry. The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the Code.

For further information on the Code, please visit www.codeofpractice.com.au

For more information on the Code Governance Committee (CGC) go to <https://insurancecode.org.au>

SUBROGATION RIGHTS

If You have entered into an agreement with another party, which prevents your Insurer from taking recovery action for compensation from that party it may affect Your rights to cover under this Policy.

Should You now be a party to such an agreement or be requested to enter such an agreement in the future, please advise Us immediately in writing.



**Scaffolding
Association
Australia**



COMPANY INFORMATION																			
Full name of Insured																			
Website				ABN				Year Established											
Address				Suburb				State				Postcode							
COVER REQUIREMENTS																			
Your business activities																			
Public Liability Limit required				A\$5,000,000				A\$10,000,000				A\$20,000,000				Other			
Public Liability base excess				A\$5,000				A\$10,000				A\$25,000				Other			
Worker to Worker excess				A\$10,000				A\$25,000				A\$50,000				Other			
Policy Due date								Current Insurer						Do you require PI?		Yes		No	
OPERATIONAL INFORMATION																			
Are all Directors, Employees and Sub-Contractors licensed scaffolders?								Yes						No					
Is work carried out over 10 metres?				Yes		No		If yes, advise percentage						%		Max height?			
Majority works								% Residential								% Commercial			
Do you perform work on, at or from any of the following sites? If yes, please select and provide % of turnover										%		Airport, airfield or aerodrome							
										%		CBD							
										%		Grandstands, temporary seating, stages, lighting towers or camera towers							
										%		High voltage power supply or power generating facility							
										%		Mines (above ground or open cut)							
										%		Mines (underground)							
										%		Railway track, railway bridge, railway culvert or crossing							
										%		Refinery, gas producing or bulk fuel storage facility							
										%		Off-shore gas or oil platforms							
										%		Wharf or any form of ship handling or loading facility							
												None of the above							
If you answered yes to any of the above questions, please provide full details:																			
Do you:		Manufacture any scaffolding products?										Yes		No					
		Own or hire lifting equipment for the erection of scaffolding?										Yes		No					
		Regularly hire out scaffolding for long-term contracts?										Yes		No					
		Sell any used or second-hand equipment?										Yes		No					
		Regularly inspect the above equipment for safety and maintenance?										Yes		No					
		Have formal training in place for your staff?										Yes		No					
		Have documentation to support repair, maintenance and safety inspections for all of your equipment?										Yes		No					
		Comply with the relevant Australian Standards for your product or services?										Yes		No					
		Assume or provide liability under contract or hold harmless agreements?										Yes		No					
		If you answered yes to the last question, please provide full details:																	

TURNOVER/INCOME DETAILS									
	Est. next 12 months		Actual last 12 months						
Total annual turnover									
Estimated wages						Do you use Labour Hire?		Yes	No
Payments to sub-contractors						Payments to Labour Hire			
What is the nature of work carried out by sub-contractors / Labour Hire?									
Are contractors/sub-contractors required to carry their own insurance for:					a) Public liability?			Yes	No
					b) Workers compensation?			Yes	No
What procedures are in place to check that this is in place?									
Number of:		Full time staff				Part time staff			
Show percentage of work performed in each state:				NSW	%	ACT	%	QLD	%
				VIC	%	TAS	%	SA	%
OTHER OPERATIONAL INFORMATION									
Are you a member of the Scaffolding Association Australia (SAA)?								Yes	No
Are you aware of any claims/incidents in the last five years, which may or may not result in a claim against this policy? If yes, please provide full details under "Additional Claims Information".								Yes	No
ADDITIONAL CLAIMS INFORMATION									
DECLARATION – YOUR DUTY OF DISCLOSURE									
I confirm that:		I have read and understood the clauses detailed under the Important Information section (including the Duty of Disclosure) included in this Proposal.							
		I understand the questions in the proposal.							
		The answers and statements in this Proposal are correct and that no information has been withheld which may affect the decision to accept this Proposal or the terms and conditions of any insurance provided.							
Authorised signatory						Dated			
Name of signatory						Title			