



# Broadform Liability Insurance Addendum

- Answer all questions. Blanks or dashes, or answers 'known to underwriters or brokers' or N/A' are unacceptable & will delay consideration of this addendum.
- If there is insufficient room to complete a question, please attach a signed and dated annexure.
- Any documents annexed hereto by the practice, form an integral part of this addendum.
- Where appropriate, please place a cross in the 'Yes' or 'No' box which best indicates your response.

1. List all premises from which the business is conducted: Postcode


2. Is manual work undertaken away from the Insured's premises?  
 No  Yes  If "Yes", specify what manual work is undertaken and show the percentage of total working time related to such work:

	%
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3. Business details – please provide the following information:

		Past 12 Mths	Est. next 12 Mths
a. Number of persons engaged in the business			
b. Annual gross salaries/wages		\$	\$
c. Annual gross turnover / sales / revenue		\$	\$
d. Annual total of amounts paid to contractors and sub-contractors (excluding payments to labour hire firms) for:	Labour and materials	\$	\$
	Labour Only	\$	\$

Describe the nature of work undertaken by the contractors and sub-contractors:


Do you ensure that contractors and sub-contractors have their own liability insurance?  
 No  Yes  If "Yes", do you insist on a minimum limit?  
 No  Yes  If "Yes", what is that limit? \$ \_\_\_\_\_

e. Is hire labour used? Past 12 Mths      Est. next 12 Mths  
 No  Yes  If "Yes", what is the annual total of amounts paid to labour hire firms? \$ \_\_\_\_\_      \$ \_\_\_\_\_

Describe the nature of work undertaken by the staff obtained from labour hire firms:


4. Do you manufacture or import Products?

No  Yes  If "Yes", list all Products manufactured or imported. (Please attach any product brochures available)

Product	Manufactured or Imported		Intended Application	Source Country	% of total turnover
	Manuf.	Imported			
					%
					%
					%
					%
					%

Will any Products be introduced to your range in the next 12 months:

No  Yes  If "Yes", please provide details.


5. Will any Products be exported in the next 12 months:

No  Yes  If "Yes", please provide an estimate of the total value of the Products to be exported over the next 12 Mths:

\$	
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Product	Destination Country	Estimated value of exports
		\$
		\$
		\$
		\$
		\$

**Acknowledgment**

I/We acknowledge the declarations made in the Professional Indemnity Insurance Proposal Form also apply to this addendum.

I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at [www.cgu.com.au/privacy](http://www.cgu.com.au/privacy), including for processing this addendum and providing me/us with cover.

To be signed by Chairman/President/Managing Partner/ Managing Director/ Principal of the association/partnership/ company/practice/business.

Signature

Date

Signature

Date

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Signatories to this addendum should be the same signatories to the above mentioned proposal form.