

EXPLORATION COMPANIES PROPOSAL FORM

Full Name of the Insured(s): _____

Registered Address: _____

Postal Address: (if different from above) _____

ABN / ACN: _____ **Website:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Nature / activities of Business: _____

1. **Estimated annual expenditure on exploration?** \$ _____

2. **Estimated annual payroll?** _____ \$ _____

Please state the total **number of employees** located in the following States/Territories and Overseas.

NSW____ VIC____ QLD____ SA____ WA____ TAS____ ACT____ NT____ O/S____ **TOTAL**_____

3. **Do your business activities require you or your employees to travel to and undertake work overseas?** Yes No

If yes, please state countries visited, how often visited and average duration for each trip: _____

4. **Please provide details of all Tenements:**

	State/Territory/Countries	No. of Tenement(s)	Approx. Sq. Kms (total)
Australia	_____	_____	_____
Overseas	_____	_____	_____
Total	_____	_____	_____

5. **Is there any property owned by others (excluding contractors / consultants) located on or in close proximity to your property / tenements?** Yes No

If yes, please provide details: _____

6. **Do you carry out any blasting activities?** Yes No

If yes, are you duly licensed? Yes No

Please describe nature and frequency of blasting activities: _____

7. **Do any of your properties / tenements have any of the following?**
- Abandoned tailings dams? Yes No
 - Abandoned shafts or underground mining operations? Yes No
 - Abandoned open cut pits? Yes No
 - Rivers, creeks, dams or other water courses? Yes No
8. **Are any construction, development or mining activities anticipated to take place during the next 12 months?** Yes No
 If yes, please provide full details: _____

9. **Do you appoint Contractors and/or Sub-Contractors to undertake any activities on behalf of the Business / Insured?** Yes No
 If yes, please state:
- Type of work carried out: _____
 - Estimated Annual Payments: _____
 - Estimated number of Contractor and/or Sub-Contractors employed: _____
 - Do you ensure Contractors and/or Sub-Contractors have their own Workers Compensation and Public Liability insurance? Yes No
 If yes, do you ensure the Contractor's policies indemnify your company for your vicarious liability? Yes No
10. a) **In the past 5 years has any claim(s) been made against the Proposer or any principal, partner, director, consultant, employee or any other party deemed to be an Insured in respect of the risks to which this proposal relates?** Yes No
 If yes, please provide full details including date, circumstances and quantum: _____

- b) **Is the Proposer or any principal, partner, director, consultant, employee or any other party deemed to be an Insured, AFTER ENQUIRY, aware of any circumstance(s) which might give rise to a claim?** Yes No
 If yes, please provide full details: _____

11. **Has any principal, partner, director, consultant, employee or any other party deemed to be an Insured ever:**
- been declined insurance? Yes No
 - been refused renewal for a policy? Yes No
 - had a policy cancelled? Yes No
 - had a policy endorsed to include additional terms, premium loadings or deductibles imposed? Yes No
 - been declared bankrupt, insolvent or had an administrator/liquidator appointed? Yes No
 - been convicted of or charged with any criminal offence? Yes No
- If yes to any of the above, please provide full details including dates and the circumstances. _____

12. **Please advise which Limit of Indemnity you require?**
- AUD\$10,000,000 AUD\$20,000,000
13. **Period of Insurance: From: _____ to: _____ (4pm)**
(Note cover will not commence until the date confirmed in writing by EBM)

DECLARATION AND AGREEMENT

I/We the undersigned duly authorised person(s) declare that:

- i) I am/We are authorised by each of the proposers to sign this Proposal Form; and
- ii) the above statements are correct, true and complete; and
- iii) no information material to this Proposal Form has been withheld; and
- iv) I/We have diligently made all necessary and detailed enquiries in order to comply with the **duty of disclosure**; and
- v) I/We understand that no insurance is in force until such time as the Insurer has confirmed acceptance of the proposed insurance; and
- vi) I/We undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- vii) I/We acknowledge that the Insurer relies on the information and representations in this Proposal Form and otherwise made by me/us in relation to this insurance.

Signed _____ Date _____

Name of Partner(s) or Principal(s) _____

On Behalf of (Name of Insured) _____

Insurance Arranged by: **Elkington Bishop Molineaux Insurance Brokers Pty Ltd**
 Trading as **EBM Insurance Brokers**
 ABN: 31 009 179 640 AFS Licence No: 246986

Insurance Underwritten by: **LLOYD'S - Syndicate 2987**

Insurers approved by Australian Prudential Regulation Authority (APRA)

EBM Offices in Australia:

		Phone	Fax
Sydney	L9, Suite 1, 333 George Street, Sydney NSW 2000		Fax: (02) 9276 6998
Melbourne	Suite 4/651 Victoria Street, Abbotsford VIC 3067	For your nearest office:	Fax: (03) 9425 1899
Brisbane	Level 5/ 150 Edward St Brisbane QLD 4000		Fax: (07) 3316 2401
Perth	105 Outram St West Perth WA 6005	PHONE	Fax: (08) 9213 4566
Gold Coast	Level 8/ 64 Marine Pde Southport QLD 4215		Fax: (07) 5555 6255
Kalgoorlie	49 Boulder Rd Kalgoorlie WA 6430	1300 INSURE	Fax: (08) 9080 1701
Bunbury	28 Stirling St Bunbury WA 6230		Fax: (08) 9781 4745
Geraldton	65A Forrest St Geraldton WA 6530	(1300 467 873)	Fax: (08) 9920 4778
Margaret River	PO Box 658 Margaret River WA 6285		Fax: (08) 9757 1339

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