



EBM
INSURANCE BROKERS

AFSLN 246986 ABN:31 009 179 640

Cosmetic Products
Manufacturers
Insurance



PUBLIC & PRODUCTS LIABILITY APPLICATION FORM

Complete the following and **fax/email to 1300 365 822 OR** brookes@ebminsurance.com.au

THE APPLICANTS

The Name of the Business ABN No:			
Postal Address	State:		Post Code:
Contact Person	Email:		
Contact Numbers	Phone No. Mobile ()	Phone No. Business/ Fax ()	
Current Insurer/ Expiry Date	: /		

GENERAL INFORMATION

<p>(b) Have you (in the past 5 years)</p> <ol style="list-style-type: none"> 1. had to make any claim(s) on your insurance for loss or damage? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or excess imposed by any insurer? Yes <input type="checkbox"/> No <input type="checkbox"/> 3. suffered any loss or damage which you would have been covered for by the insurance you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/> <p>If you answered YES to any of the above questions, please supply full details:</p>	
<p>(c) Have you or any partner(s) or director(s) of the business</p> <ol style="list-style-type: none"> 1. been declared bankrupt within the past 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. within the past 5 years ever been involved in a company or business which became insolvent or subject to insolvency or administration (e.g. liquidation or receivership)? Yes <input type="checkbox"/> No <input type="checkbox"/> 3. been convicted of any criminal offence within the past 10 years (other than minor traffic offences)? Yes <input type="checkbox"/> No <input type="checkbox"/> <p>If you answered YES to any of the above questions, please supply full details:</p>	

Please provide a description of your business (e.g. Manufacturer and Distributor of Soaps and Creams)	
Do you export any of your products to the United States of America and/or Canada? If YES , please list products and % of overall sales per state	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do any of your products require a prescription? If YES , please list products and % of overall sales:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any of your products administered orally? If YES , please list products and % of overall sales:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide below a list of all products manufactured/sold by you (other than those listed above).	

Do your products contain all natural ingredients? If NO , please provide list of unnatural ingredients, what they are used for, and what % is in each product.	Yes <input type="checkbox"/> No <input type="checkbox"/>
What synthetic preservatives are used and what % is in each product?	
What is your estimated annual turnover for the next 12 months? \$ Please provide a turnover split between cosmetics and any other activities to be covered under the policy.	
How many years experience do you have in the industry?	
What Quality Control procedures do you have in place?	
How do you label your products and do you comply with all relevant legislation, regulations and industry guidelines? Please provide details with specific reference to the TGA, ACCC, NICNAS and ACO.	

BROADFORM LIABILITY SECTION

LIMIT OF LIABILITY	
Note: The limits below represent Public & Products Liability	
Please indicate below which limit you require by ticking the appropriate box	
Option 1: \$10,000,000 <input type="checkbox"/> Option 2: \$20,000,000 <input type="checkbox"/>	

OTHER INSURANCE PRODUCTS PACKAGING AVAILABLE:

Please note that various other insurance products are available including the following:	
Property	Including Building, Contents, Burglary, Glass, Stock and Business Interruption
Travel Insurance	This may be beneficially when delivering or promoting products.
General Property	Loss or damage to property such as tools, equipment, laptops and other portable property whilst away from the premises.
Income Protection *	Protection of up to 75% of your gross income in the event you are unable to work due to illness or injury with premiums usually tax deductible.
If you would like a quotation or more information in regards to these or any other Insurance product please note below or contact EBM on 03 9425 1891	

YOUR DUTY OF DISCLOSURE

<p>What you must tell us</p> <p>The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your application and also each time before you alter or renew the Policy. Each person named as the Insured has the same duty.</p> <p>PENALTY FOR NON-DISCLOSURE</p> <p>If you do not tell us everything necessary, we may:</p> <ul style="list-style-type: none"> • reduce or refuse to pay a claim, or • cancel your Policy. <p>If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.</p>
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You do not need to tell us anything which:

- reduces the risk,
- is common knowledge,
- we already know, or ought to know in the ordinary course of our business,
- we indicate we do not want to know.

If you are not sure if something is relevant, it is best to disclose it anyway.

SIGNATURE AND DECLARATION

I/WE HEREBY DECLARE AND WARRANT that the answers given above are in every respect true and correct, and I/we have not withheld any information likely to affect the acceptance of this Insurance; and I/WE AGREE that any person filling in completing or assisting in the completion of this Application Form wholly or in part does so as my/our Agent and not that of the EBM; and I/WE further agree that this Application Form and Declaration shall be the basis of the Contract between the Insurer and myself/ourselves; and I/WE agree to render EBM and the Insurer all assistance in the event of a claim occurring.

I ACKNOWLEDGE that I have carefully read every part of this Application Form which was filled in by someone other than myself. I further acknowledge that each such part is true and correct, and is to be taken as having been filled in by myself.

I acknowledge you reserve the right to decline any application.

Applicants Signature:

X

Date:

/ /200