
**MINING & RESOURCES
PUBLIC & PRODUCTS LIABILITY - PROPOSAL FORM****IMPORTANT NOTICES****YOUR DUTY OF DISCLOSURE**

Section 21 of the Insurance Contracts Act 1984 provides that before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

However, your duty of disclosure does not require you to disclose matters:

- that diminish the risk to be undertaken by the Insurer;
- that are of common knowledge;
- that your Insurer knows, or in the ordinary course of its business, ought to know;
- as to which compliance with your duty of disclosure is waived by the Insurer.

Your duty of disclosure continues after the proposal form has been completed up until the Policy Period commences.

CONSEQUENCES OF NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a Claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

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: **Certain Underwriters at Lloyd's
Insurers approved by Australian Prudential Regulation Authority
(APRA)**

ABOUT EBM

Elkington Bishop Molineaux Insurance Brokers Pty Ltd (EBM) has a binding authority with Certain Underwriters at Lloyd's which allows EBM to arrange, issue and distribute insurance on behalf of these underwriters.

EBM holds Australian Financial Services Licence number 246986 and can be contacted on 1300 INSURE (1300 467 873). EBM have offices in Sydney, Melbourne, Perth, Gold Coast, Bunbury, Kalgoorlie, Geraldton, Karratha and Sale.

EBM PRIVACY CLAUSE

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We only provide your information to insurance companies, underwriting agencies, wholesale brokers and premium funders with whom you choose to deal (and their representatives). We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you and you could breach your duty of disclosure. You can check the information we hold about you at any time.

For more information about our Privacy Policy, ask us for a copy or visit our website www.ebminsure.com.au

COMPLAINTS & DISPUTES

Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. Any enquiry or complaint relating to this Insurance should be referred to EBM Insurance Brokers in the first instance. If this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should write to:

Lloyd's Underwriters' General Representative in Australia

Level 9, 1 O'Connell Street, Sydney, NSW 2000
Telephone Number: (02) 8298 0700 Facsimile Number: (02) 82980788
Email: idaustralia@lloyds.com

who will refer your dispute to the Policy Holder & Market Assistance Department at Lloyd's. Complaints that cannot be resolved by the Complaints Department may be referred to the Financial Ombudsman Service (UK). Further details will be provided at the appropriate stage of the complaints process.

MINING & RESOURCES - PUBLIC & PRODUCTS LIABILITY PROPOSAL FORM – EXPLORATION COMPANIES

Please complete and return this proposal form to our office.

Terms are based on a number of criteria including but not limited to, limit of liability, annual income/expenditure, business activities, areas of operation, use of contractors & sub contractors, deductibles and claims experience.

1. POLICY INFORMATION

FULL NAME OF THE INSURED			
LEGAL	ENTITY: _____		
TRADING	NAME: _____		
PRINCIPAL LOCATION: _____			

POSTAL	ADDRESS:	(if	different) _____
_____		ABN/ACN: _____	
_____		WEBSITE: _____ <u>www.</u> _____	
PHONE: _____		FAX: _____ EMAIL: _____	
NATURE / ACTIVITIES OF BUSINESS:			

2. EXPENDITURE /PAYROLL /EMPLOYEE INFORMATION

	Expenditure on Exploration	Payroll	No. Full Time Employees
Actual Last 12 months			
Estimated for the next 12 months			

Number of employees located in the following states/territories and overseas.

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

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:

3. DETAILS OF TENEMENTS

	STATE/TERRITORY/COUNTRY	NUMBER	APPROX SQ KM'S TOTAL
AUSTRALIA			

OVERSEAS			

3. TENEMENTS cont.

Do any of your properties/tenements have any of the following:-

- | | | |
|--|------------------------------|-----------------------------|
| ▪ Abandoned tailings dams? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Abandoned shafts or underground mining operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Abandoned open cut pits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Rivers, creeks, dams or other water courses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If Yes, to any of the above, please provide details of precautions taken to prevent injury or damage arising from any of the above hazards.

4. PROPERTY ON OR IN THE VICINITY

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:-

5. DEVELOPMENTS

Are any construction, development or mining activities anticipated to take place during the next 12 months?

Yes No

If Yes, please provide details:

6. BLASTING

Do you undertake any blasting activities Yes No

If YES, are you duly licensed? Yes No

Describe nature & frequency of blasting activities:

7. CONTRACTORS

Do you appoint Contractors and/or Sub-Contractors?

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

8. CLAIMS CIRCUMSTANCES

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: _____

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: _____

9. DISCLOSURE

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?
- 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.

10. INSURANCE REQUIREMENTS

LIMIT OF INDEMNITY REQUIRED AUD\$10,000,000 AUD\$20,000,000

PERIOD OF INSURANCE: FROM: _____ TO: _____ (4PM)

(Note cover will not commence until the date confirmed in writing by EBM)

GENERAL DECLARATION & 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 renewal declaration/proposal form; and
- ii) the above statements are correct, true and complete; and
- iii) no information material to this renewal declaration/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 renewal declaration/proposal form and otherwise made by me/us in relation to this insurance.

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

PRINT NAME:(Client) _____ **SIGNATURE:** _____

POSITION: _____ **DATE:** _____