

# Freeman McMurrick

## Market Liability proposal form

Return completed form via fax 03 9820 9159 or email [rmaxwell@freemanmcmurrick.com.au](mailto:rmaxwell@freemanmcmurrick.com.au). If you require further information to complete this form, please contact Freeman McMurrick.

**BROKER CONTACT DETAILS**

Name \_\_\_\_\_

AFSL number \_\_\_\_\_

**Please read these guidance notes before completing the proposal form.**  
**Where further information is required, please refer to your broker/insurance agent.**

- This proposal must be completed in ink and signed and dated by such person (The Proposer) who must be of legal capacity and authorised by the Proposer to seek a quotation for Public and Products Insurance and any additional coverage that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.
- Please submit, with the proposal, all relevant information including Financial Report and Accounts, brochures, requested documents etc.
- Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number.
- It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.
- For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgement and acceptance of your Proposal.
- Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer

**Copies of the Proposal Forms should be retained for your own records.**

**PROPOSER DETAILS**

Name of the market

Street

Suburb

City

State

Postcode

Phone

Fax

Email address

Postal Address

Full name of market organiser

Is the market organiser employed full time?

No  Yes

Has the insured had any insurance contracts denied, cancelled or been subject to special conditions in the past, or been charged or convicted of any criminal offence other than driving offences?

No  Yes

If yes, please provide details

**MARKET INFORMATION**

Select the coverage you require a quote for

Organiser and stallholders       Organiser only       Group of stallholders

Number of years of market operation       Total number of markets per annum

Average number of visitors per day       Daily hours of operation  am/pm to  am/pm

**STALL HOLDER INFORMATION**

Number of stallholders: with insurance  without insurance       Total number of stallholders

Does the market cater to any of the following stall types?

**Food stalls:**

- cold      No  Yes  If yes, how many?   
 - hot      No  Yes  If yes, how many?

**Electrical:**

- new      No  Yes  If yes, how many?   
 - secondhand      No  Yes  If yes, how many?

**Clothing:**

- new      No  Yes  If yes, how many?   
 - secondhand      No  Yes  If yes, how many?

**Toys:**

- new      No  Yes  If yes, how many?   
 - secondhand      No  Yes  If yes, how many?

**Amusements & rides**      No  Yes  If yes, how many?

**Household items:**

**Arts and Craft**      No  Yes  If yes, how many?

- new      No  Yes  If yes, how many?   
 - secondhand      No  Yes  If yes, how many?

Other:

     How many?

**CURRENT INSURANCE DETAILS**

Current insurer

Limit of Liability	Policy Excess	Premium	Policy expiration date
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Who owns the property where the market is held?

Do you have a contract with the owner with any Insurance/Disclaimer Clauses?      No  Yes

If yes, please attach a copy of this to confirm cover.

**CLAIMS MANAGEMENT**

It is important to maintain a record of all incidents that could lead to claims. The information must be logged as soon as possible after the incident has occurred and, to place a claim, details of each incident must be provided to Freeman McMurrick immediately.

Do you currently keep an Incident Record of all incidents and claims?      No  Yes

Will you complete and maintain an Incident Report in respect of each incident or accident?      No  Yes

**CLAIMS HISTORY**

Has an insurance claim been made within the last 5 years?

No  Yes

If yes, please provide details.

DATE OF INCIDENT	DESCRIPTION	INSURER	CLAIMED AMOUNT	RESERVE AND/OR PAID AMOUNT (INCL. COSTS)
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

If you have any comments on claims of incidents above, please make them here:

**RISK MANAGEMENT**

Risk Management reduces the likelihood of a claims made against you. In addition, your risk management procedures may have a material influence on any terms offered by Freeman McMurrick.

If your market is an indoor market, are there effectively designed awnings to prevent water entering the doors and entrances?

Not applicable  No  Yes

Does the market have emergency evacuation procedures in place?

No  Yes

If yes, please provide details below

Are any of the following services independently contracted to the market?

Cleaning  Security  Maintenance

Do you have contracts with cleaning contractors or a manual for your own cleaning staff with clear instructions for a) all aspects regarding the checking and cleaning of areas to which the public have access and b) actions in the event of emergencies?

No  Yes

If yes, please attach relevant document to this form.

Do you ensure that all contractors and sub-contractors, eg. cleaners and security, have and maintain general liability insurance for at least \$5,000,000?

No  Yes

Please indicate the general state of repair of the area you occupy.

Excellent  Good  Reasonable  Poor  Very Poor

Please advise the patrol intervals specified for cleaning and checking the

↘ Market area  am/pm to  am/pm

↘ Toilet area  am/pm to  am/pm

Please indicate and provide details of any first aid facilities at the market

First aid kits (by law, this is a minimum requirement)

Trained first aid personnel

First aid room

First aid and emergency contact signage

First aid recording and reporting system

Other

**DECLARATION**

Liability of the Insurer does not commence until the application has been accepted by the Insurer. Binding is contingent upon Freeman McMurrick confirming that cover is in place.

Are there any other facts or circumstances which you are aware of and may affect the Insurers assessment of the risk?

No  Yes  If yes, please provide details:

I/we hereby declare that after enquiry all statements and particulars contained in this proposal are true and correct and that no information has been withheld that might increase the risk to Insurers or influence the acceptance of this proposal and should the above alter I/we will advise Freeman McMurrick Pty Ltd as soon as practicable.

I/we understand that the failure to disclose any material facts which would influence the acceptance and assessment of the proposal may result in Insurers refusing to provide indemnity or voiding the policy in every respect. I/we hereby agree and accept that this declaration shall be the basis of the contract between both parties if entered into.

I am authorised on behalf of the insured(s) to sign this proposal. I understand that the duty of disclosure applies to all insured(s). The answers are provided on behalf of all persons/entities comprising the insured(s).

I understand the questions in this proposal form. Whilst some of these questions may not be answered by me I certify that I have checked them and that they are correct to the best of my knowledge and belief.

I/We agree that this proposal shall be the basis of the contract between me/us and the Insurers and I/we agree to accept the Policy subject to terms, conditions and exclusions.

Signed

Title

Dated

**Please remember to attach a copy of the contract you have with cleaning contractors or your staff manual in respect to cleaning.**

**Please also attach a copy of any contract with the Property Owner that has been signed with Insurance Disclaimers.**

**IMPORTANT NOTICES**

*Non-Renewable Contract*

Any insurance policy issued will expire after 12 months. If you require the policy to be renewed please provide us with all necessary information in good time.

*Your Duty of Disclosure*

You have a duty to disclose to us, before the contract of insurance is entered into, every matter that is known being a matter that:

- you know to be a matter relevant to the decision of the insurer whether to accept the risk.
- a reasonable person in the circumstances could be expected to know to be a matter so relevant.

This duty of disclosure also applies to any renewal, extension, variation or reinstatement of the Policy.

The insurer is entitled, at their sole option, to refuse to cover the additional exposure or charge a reasonable additional cost. If the nature of the change entails a substantially different risk, whether in type or degree, from that previously envisaged risk, the insurer may avoid the contract.

If the person or entity who became the Insured under the policy upon the contract being entered into:

- failed to comply with the duty of disclosure or
- made a misrepresentation to the insurer before the contract was entered into then
  - > if the failure was fraudulent or the misrepresentation was made fraudulently, the insurer may avoid the contract;
  - > if the insurers are not entitled to avoid the contract or, being entitled to avoid the contract have not done so, the liability of the insurers in respect of a claim is reduced to the amount that would place the insurers in a position in which the insurers would have been if the failure had not occurred or the misrepresentation had not been made.

The insured shall throughout the period of insurance give notice as soon as reasonably practicable of any material change in any fact, activity or circumstances as described in the proposal. In the event of insurers being at any time entitled to void the Policy by reason of the Insured failing to give notice in accordance with this policy conditions, the insurer may at their election, instead of voiding the Policy give notice in writing to the insured that there shall be excluded from the indemnity any claim which has arisen or may arise which is related to such facts, activities or circumstances.

**PRIVACY STATEMENT**

Lloyds's and its agents are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Private Sector) Act 2000 (the Act). This sets out basic standards relating to the collection, use, disclosure and handling of personal information.

"Personal information" is essentially information or an opinion about a living individual whose identity is apparent or can reasonably be ascertained from the information or opinion.

Information will be obtained from individuals directly where possible. Sometimes it may be collected indirectly (e.g. from your representatives).

Only information necessary for the arrangement and administration of Lloyd's business by Lloyd's, its agents and their representatives will be collected. This includes information necessary to accept the risk, to assess a claim, to determine competitive and appropriate premiums, etc.

Lloyd's and its agents disclose personal information to third parties who they believe are necessary to assist them in doing the above. These parties will only use the personal information for the purposes we provided it to them for (or if required by law).

When you give Lloyd's and its agents personal information about other individuals, we rely on you to have made or make them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information if you wish and request correction if required. You may also opt out of receiving materials sent by Lloyd's by contacting Freeman McMurrick Pty Ltd on 03 9867 5677.