

LIABILITY RENEWAL QUESTIONNAIRE – STANDARD

Please complete this questionnaire to assist in reviewing and preparing renewal terms.

Insured/s Name			
NOTE: Please include <u>all</u> insured names			
Period of Insurance	From:	/ / at 4 p.m. Local Time	To: / / at 4 p.m. Local Time
Limit of Indemnity	\$		
Gross Annual Turnover	Activity – please specify the activity	Actual for past 12 months	Estimated for coming 12 months
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
	Total	\$	\$
Please answer the following questions.			
1. Have there been any changes to your business or business activities over the past 12 months and/or do you expect any changes in the future 12 months?		YES	NO
2. Are there any changes required to this expiring insurance coverage?		YES	NO
3. Have your circumstances changed with the use of any labour hire personnel/firms?		YES	NO
4. Have your circumstances changed with hiring out any of your employees to third parties on a labour hire basis?		YES	NO
5. Further to the loss and/or claims experience you declared last year, are there any additional claims and/or changes to the information declared last year?		YES	NO
6. Further to the contractual arrangements you declared last year, are there any changes (including additional contracts you have entered into) since last year? <i>Note: Cover for such contracts are excluded unless specifically noted otherwise in writing.</i>		YES	NO

If you have answered “YES” to any of the above, please state the question and provide the details below.

I/We declare that:

- i. I/we understand that I/we are still bound by the Duty of Disclosure;
- ii. the answers and information given by me/us in this questionnaire are true and correct in all respects;
- iii. no information has been withheld that would affect the underwriter’s review and underwriting of this questionnaire;
- iv. where answers in this questionnaire are not in my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
- v. at the request of Sterling Insurance Pty Ltd, I/we understand that I/we may be required to provide a Declaration of Annual Turnover from our registered Company Accountant or independent Tax Accountant or Tax Agent.

Name:

Position:

Signed:

Date: / /

