|  |
| --- |
| **Workplace Protector Quote Request****Business Savvy Risk Management**ABN 51 121 504 827Level 14, 309 Kent StreetSydney, NSW 2000**P** 02 9290 8595**E** info@businesssavvy.com.au |
| **BUSINESS DETAILS** |
| **1** | Current Insurance |  Management Liability |  [ ]  No [ ]  Yes - Insurer: |  |
| Employment Practices Liability |  [ ]  No [ ]  Yes - Insurer: |  |
| Standalone Statutory Liability |  [ ]  No [ ]  Yes - Insurer: |  |
| **2** | Company Names | *Please list all entities and their respective ABNs to be covered by this subscription* |
|  |  |  | ABN: |  |
|  | ABN: |  |
|  | ABN:  |  |
| **3** | Business Contact |  |
| Telephone |  |
| Email |  |
| **4** | Physical Address | State  Postcode  |
| Postal Address | State  Postcode  |
| **5** | Occupation/Business Activities |  |
| **COMPANY HISTORY** |
| **6** | Years of Operation |   years |
| **7** | Company’s Gross Consolidated Turnover *(proceeding 12 months)* | AUD$ |
| **8** | Contractor Payments*(proceeding 12 months)* | AUD$ |
| **9** | Revenue by State | TAS % VIC % QLD % SA % NT %ACT % WA % NSW % O/S % |
| **10** | Limit Required*(options for multiple limits can be requested)* | [ ]  $1,000,000 [ ]  $2,000,000[ ]  $5,000,000 [ ]  $10,000,000 |
| **11** | Been involved in any Merger/Acquisition | [ ]  No [ ]  Yes – details: |

|  |
| --- |
| **STAFFING DETAILS** |
| **12** | **Employment Category** | **ACT** | **NSW** | **NT** | **QLD** | **SA** | **TAS** | **VIC** | **WA** | **NZ** | **O/S** |
| Board Members, Directors, Partners & Executive Officers |  |  |  |  |  |  |  |  |  |  |
| Full Time Employees |  |  |  |  |  |  |  |  |  |  |
| Part-Time & Casual Employees |  |  |  |  |  |  |  |  |  |  |
| Independent Contractors |  |  |  |  |  |  |  |  |  |  |
| Voluntary Workers (Including Work Experience) |  |  |  |  |  |  |  |  |  |  |
| **13** | For the preceding 12 months, please advise the Number of Directors, Executive Officers and/or Employees that were: | Dismissed by employer: |  |
| Receiving remuneration over $100,000: |  |
| **DETAILS ABOUT OPERATIONAL PRACTICES** |
| **14** | Does the Named Organisation: |
| (a) Quality Assurance Certification to ISO 9000 series?  | [ ]  Yes[ ]  No |
| (b) A Workplace or Occupational Health & Safety Manager, Department or Co-ordinator? | [ ]  Yes[ ]  No |
| (c) A manual concerning Workplace or Occupational Health & Safety Procedures? | [ ]  Yes[ ]  No |
| (d) A manual concerning Protection of the Environment? | [ ]  Yes[ ]  No |
| (e) Manuals and/or written procedures regarding compliance with all other Acts of Parliament that govern the Occupation? | [ ]  Yes[ ]  No |
| * Are these manuals regularly audited by external consultants to ensure compliance with the relevant Acts of Parliament?
 | [ ]  Yes[ ]  No |
| **15** | In the last five years, and after specific enquiry of the Named Organisation, Management and Staff, has any proposed Insured had any of the following: |
| (a) A fine or penalty imposed by Federal, State, Local Government or Regulatory Authority? | [ ]  Yes[ ]  No |
| (b) Workplace or Environmental incidents that warranted investigation by a Regulatory Authority? | [ ]  Yes[ ]  No |
| (c) A request, notice, direction or letter from any Regulatory Authority, including but not limited to any Government transport authority, Occupational Health & Safety authority and/or Environmental Protection authority to provide or produce any information, records or documentation? | [ ]  Yes[ ]  No |
| (d) An audit by any Regulatory Authority, including but not limited to any Government transport authority, Occupational Health & Safety authority and/or Environmental Protection authority? | [ ]  Yes[ ]  No |
|  | (e) A Compulsory Requirement to attend any hearing, inquiry, prosecution or other commission? | [ ]  Yes[ ]  No |
|  | If any questions of part 15 have been answered YES, please provide comprehensive details of the circumstances below. If knowledge or information exists, any Claim arising from this is excluded from the proposed insurance |
| **17** | Does the Named Organisation: |
| (a) Have an Employee Handbook incorporating Employee Code of Conduct? | [ ]  Yes[ ]  No |
| (b) Have Procedures for filing complaints/grievances? | [ ]  Yes[ ]  No |
| (c) Have Anti-harassment and discrimination policies?  | [ ]  Yes[ ]  No |
| (d) Require dismissals to be reviewed by external solicitors? | [ ]  Yes[ ]  No |
| (e) Periodically have its employment policies, procedures, and forms reviewed by external solicitors | [ ]  Yes[ ]  No |
|  If a review was conducted, were all recommendations from this review complied with? | [ ]  Yes[ ]  No |
| (f) Have a Human Resource manager or department? If not, who handles this function?  | [ ]  Yes[ ]  No |
| **HISTORY** |
| **18** | In the last 3 years, has any proposed Insured had any Employment Practice issues? | [ ]  Yes[ ]  No |
| If this has been answered YES, please provide comprehensive details of the circumstances below. If knowledge or information exists, any Claim arising from this is excluded from the proposed insurance. |
| **ADDITIONAL DETAILS** |
| 19. | Number of Site Visits Required Per Annum:  |
|  | Additional Notes |
| **DECLARATION** |
| It is important that the Named Organisation and all Subsidiaries/Controlled Entities thereof, and the Authorised Director/Executive Officer signing this Declaration on their behalf, are fully aware of the scope of this insurance so that these questions can be answered correctly. If in doubt, please contact your broker as non-disclosure may affect an Insured’s and/or the Named Organisation’s right of recovery under the insurance or lead to avoidance.I, the undersigned, being a Director/Executive and/or Responsible Officer of the Named Organisation, hereby declare that:1. I am authorised to complete this Proposal on behalf of the Named Organisation as noted on the Proposal
2. All answers to the questions contained in this Proposal are, after enquiry, true to the best of my knowledge & belief; and
3. I have read and understood the notices within this Proposal; and
4. I understand that submission of this Proposal does not bind either the Insurer or the Named Organisation or any subsidiary companies/controlled entities thereof, to enter into a binding contract of insurance.
 |
| Nae of person completing this proposal: |  |
| Capacity / Title: |  |
| Dated: |  |

**Please return your completed form by email to info@bsrm.com.au.**