

Healthcare Premises Pollution Liability

Proposal Form

Policy Details

Company Name:	
Key Contact:	
Address:	
Telephone:	
Email:	
Website:	

Company Overview

When was the company established/number of years the company has been in business?

Is the Company owned or controlled by another company? Yes No

Business Description:

Covered Locations

Please attach a list of all locations for which coverage is required in the following format:

Company Name	Full Address	Current Land Use	Prior Land Use	Date Site Acquired	Size of Site (hectares or m2)

Transportation

Is transportation coverage required? Yes No

1st Party 3rd Party

Please describe details of materials transported, number of journeys undertaken per month, and volumes/quantities being transported:

Bulk Hazardous Materials, Chemicals or Fuel

Please list below any bulk hazardous materials, Chemicals or Fuels stored in quantities above 1,000 litres or equivalent:

Above ground storage tanks

Substance	Method of Storage (IBCs, containers, tanks)	Details of any Spill Containment (e.g. stored in a bunded area, in sealed room, located on hardstand, etc.)

Below Ground Storage Tanks

Contents	Year Installed	Capacity	Tank Construction (i.e. steel or fiberglass)	Loss monitoring automatic

Will any of the Storage Tanks be removed, closed or upgraded within the next eighteen (18) months? Yes No

Environmental Management

Please provide details of any Environmental Management Procedures *(please attach a copy of any documented procedures)*:

Environmental Protection Licence? <i>(Please provide)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dangerous Good Licence/Notification? <i>(Please provide)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asbestos/Hazardous Survey? <i>(Please provide)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mould, Fungi and/or Legionella Pneumophila Management Plans? <i>(Please provide)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are cooling towers and/or HVAC systems regularly monitored/inspected? <i>(If Yes, please provide copies of the last 3 (three) reports)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an Environmental Management System (EMS) accredited/certified to ISO 14001?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Gross Revenues

Gross Revenues for Current Accounting Year:	\$
Estimated Revenues for Proposed Financial Year:	\$

Business Interruption

Is Business Interruption Coverage required? Yes No
If so, please attach financial statement(s), annual reports and/or balance sheets for the last two (2) years.

Limits of Liability and Self-Insured Retentions *(Please indicate requested limits and retention levels)*

Limits of Liability:	Per Loss	\$
	Aggregate	\$
Excess/Self-Insured Retention:	Per Loss	\$

Previous/Other Insurance

Within the past five (5) years has the proposer purchased this type of insurance Coverage? Yes No

If Yes, please provide information regarding any such coverage and all available loss information:

Claims

Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the proposer or other party to the proposed insurance? Yes No

Does the Proposer or other party to the proposed insurance have knowledge of any pollution conditions at any of the proposed covered locations? Yes No

Does the Applicant or any other party to the proposed insurance have knowledge of injury to people or damage to property during the last five (5) years on or at projects where the Applicant or any other party to the proposed insurance performed covered operations? Yes No

Does the Proposer or any other party to the proposed insurance have knowledge of any claims made or pollution conditions discovered during the last five (5) years resulting from the transportation of the Applicant's or any other party's waste, goods or products? Yes No

Does the Applicant or any other party to the proposed insurance have knowledge of any claims made with respect to pollution conditions on, at, under or migrating from, any disposal sites to which the Applicant's or any other party's waste is currently being, or has historically been, taken for recycling or disposal? Yes No

At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim against any insured? Yes No

If **Yes** to any of the six Claims questions above, please provide a brief description of the Claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.

* It is understood and agreed that if any such Claims exist, or any such facts or circumstances exist which could give rise to a Claim, then those Claims and any other Claims or costs arising from such facts or circumstances are excluded from the proposed insurance unless otherwise affirmatively stated in the policy.

Signature

By signing this application, the Company represents to the Insurer that it understands its duty of disclosure, all statements made in this application, including attachments, about the Company and its operations are true and complete, and that no material facts that may affect the Insurer's decision to insure and on what terms have been misstated in this application or concealed. Completion of this form does not bind coverage. The Company's acceptance of the Insurer's quotation is required before the Company may be bound and a policy issued.

Signature of authorised person on behalf of the Company:		Date:	
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Print Name:

Title:

Duty of Disclosure

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

What you do not need to tell us

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

General Insurance Code of Practice

We are a signatory to the General Insurance Code of Practice (Code). The objectives of the Code are to further raise standards of service and promote consumer confidence in the general insurance industry. Further information about the Code and your rights under it is available at codeofpractice.com.au and on request. As a signatory to the Code, we are bound to comply with its terms. As part of our obligations under Parts 9 and 10 of the Code, Chubb has a [Customers Experiencing Vulnerability & Family Violence Policy](#) (Part 9) and a [Financial Hardship Policy](#) (Part 10). The Code is monitored and enforced by the Code Governance Committee.

Privacy Statement

In this Statement, **We**, **Our** and **Us** means Chubb Insurance Australia Limited (**Chubb**).

You and **Your** refers to Our customers and prospective customers as well as those who use Our Website.

This Statement is a summary of Our Privacy Policy and provides an overview of how We collect, disclose and handle Your Personal Information. Our Privacy Policy may change from time-to-time and where this occurs, the updated Privacy Policy will be posted to Our [website](#).

Chubb is committed to protecting Your privacy. Chubb collects, uses and retains Your Personal Information in accordance with the requirement of the *Privacy Act 1988* (Cth) and the Australian Privacy Principles (**APPs**), as amended or replaced from time-to-time.

Why We collect Your Personal Information

The primary purpose for Our collection and use of Your Personal Information is to enable Us to provide insurance services to You.

Sometimes, We may use Your Personal Information for Our marketing campaigns and research, in relation to new products, services or information that may be of interest to You.

How We obtain Your Personal Information

We collect Your Personal Information (which may include sensitive information) at various points including, but not limited to, when You are applying for, changing or renewing an insurance policy with Us or when We are processing a claim. Personal Information is usually obtained directly from You, but sometimes via a third party such an insurance intermediary or Your employer (e.g., in the case of a group insurance policy). Please refer to Our Privacy Policy for further details.

When information is provided to Us via a third party We use that information on the basis that You have consented or would reasonably expect Us to collect Your Personal Information in this way. We take reasonable steps to ensure that You have been made aware of how We handle Your Personal Information.

When do We disclose Your Personal Information?

We may disclose the information We collect to third parties, including:

- the policyholder (where the insured person is not the policyholder, i.e. group policies);
- service providers engaged by Us to carry out certain business activities on Our behalf (such as claims assessors, call centres in Australia, online marketing agency, etc);
- intermediaries and service providers engaged by You (such as current or previous brokers, travel agencies and airlines);
- government agencies (where we are required to by law);
- other entities within the Chubb group of companies such as the regional head offices of Chubb located in Singapore, UK or USA (Chubb Group of Companies); and
- third parties with whom We (or the Chubb Group of Companies) have sub-contracted to provide a specific service for Us, which may be located outside of Australia (such as in the Philippines or USA). These entities and their locations may change from time-to-time. Please contact us, if you would like a full list of the countries in which these third parties are located.

In the circumstances where We disclose Your Personal Information to the Chubb Group of Companies, third parties or third parties outside Australia We take steps to protect Personal Information against unauthorised disclosure, misuse or loss.

Your decision to provide Your Personal Information

In dealing with Us, You agree to provide Us with Your Personal Information, which will be stored, used and disclosed by Us as set out in this Privacy Statement and Our Privacy Policy.

Access to and correction of Your Personal Information

Please contact Our customer relations team on 1800 815 675 or email CustomerService.AUNZ@chubb.com if you would like:

- a copy of Our Privacy Policy, or
- to cease to receive marketing offers from Us or persons with whom We have an association.

To request access to, update or correct Your Personal Information held by Chubb, please complete this [Personal Information request form](#) and return it to:

Email: CustomerService.AUNZ@chubb.com

Fax: + 61 2 9335 3467

Address: GPO Box 4907, Sydney NSW 2001

Further information request

If You would like more information about how We manage Your Personal Information, please review Our Privacy Policy for more details, or contact:

Privacy Officer

Chubb Insurance Australia Limited

GPO Box 4907

Sydney NSW 2001

+61 2 9335 3200

Privacy.AU@chubb.com

How to make a complaint

If You are not satisfied with our organisation, services, Our response to Your enquiry, or You have any concerns about Our treatment of Your Personal Information or You believe there has been a breach of Our Privacy Policy, or You are not satisfied with any aspect of your relationship with Chubb and wish to make a complaint, please contact our Complaints and Customer Resolution Service (**CCR Service**) by post, phone, fax, or email, (as below):

Complaints and Customer Resolution Service

Chubb Insurance Australia Limited

GPO Box 4065

Sydney NSW 2001

P +61 2 9335 3200

F +61 2 9335 3411

E complaints.AU@chubb.com

For more information, please read Our [Complaints and Customer Resolution](#) policy.

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurer. With operations in 54 countries and territories, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London, Paris and other locations, and employs approximately 34,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in Australia for 100 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Business Package, Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base, including many of the country's largest companies. Chubb also serves successful individuals with substantial assets to insure and consumers purchasing travel insurance. With five branches and more than 800 staff in Australia, it has a wealth of local expertise backed by its global reach and breadth of resources.

More information can be found at www.chubb.com/au.

Contact Us

Chubb Insurance Australia Limited
ABN: 23 001 642 020 AFSL: 239687

Grosvenor Place
Level 38, 225 George Street
Sydney NSW 2000
O +61 2 9335 3200
www.chubb.com/au

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