

General Liability

Respirable Crystalline Silica (RCS) Proposal Form

Completing This Proposal Form

- Please read the “Duty of Disclosure” and “Privacy Statement” before completing this proposal form.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- The terms “you” or “your”, whenever used in this proposal form shall mean the Named Insured and all its subsidiaries.
- The term “personnel”, whenever used in this proposal form shall mean employees, contractors and subcontractors (including their respective employees), self-employed persons, outworkers, apprentice/trainees, work experience students, persons engaged through labour hire firms, volunteers, or any other person where you have a duty of care for their health and safety under any applicable work health and safety legislation.

I. General Information

Named Insured:

II. Underwriting Questionnaire

1. Do your operations or processes involve actual or potential exposure of your personnel to respirable crystalline silica (RCS)? *(Note: this includes situations where exposure to RCS is properly controlled)*

☐ Yes **(please go to question 2)**

☐ No **(please skip questions 2 to 4 and go to the Declaration)**

☐ Unknown **(please go to question 2)**

2. Is your business involved in any of the following operations or processes? *(Please select all that apply)*

☐ Construction or demolition

☐ Quarrying, mining or mineral processing

☐ Potteries, ceramics or ceramic glaze manufacture

☐ Brick or tile manufacture

☐ Foundries, furnace or refractory material production or cutting

☐ Concrete product manufacture

☐ Fireplace, monumental or architectural masonry manufacture and/or installation

☐ Kitchen benchtop manufacture and/or installation

☐ Grit or abrasive blasting

If you have selected any of the above, please answer questions 3 and 4 below.

☐ None of the above **(Please skip questions 3 and 4 and go to the Declaration)**

3. Has the risk to your personnel of exposure to RCS been specifically assessed?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No <i>(Please provide additional commentary where this is selected)</i>
4. Which of the following measures are you taking to control the exposure of your personnel to RCS? <i>(Please select all that apply).</i>	
<input type="checkbox"/>	No specific RCS controls are considered necessary. <i>(Please provide additional commentary where this is selected)</i>
<input type="checkbox"/>	Full enclosure of processes and/or people (this may include ventilated vehicle cabs, or fully enclosed processes)
<input type="checkbox"/>	Continuous water or damping down of processes that may create RCS dust
<input type="checkbox"/>	Local exhaust ventilation (including on-tool extraction)
<input type="checkbox"/>	Respiratory protective equipment
<input type="checkbox"/>	Health surveillance for your personnel
<input type="checkbox"/>	Regular training for your personnel on RCS risks and precautions to be taken <i>(Please provide additional commentary where this is not selected)</i>
<input type="checkbox"/>	Other

III. Declaration

The undersigned authorised officers of the Named Insured declare that to the best of their knowledge and belief the statements made in this proposal and in all attachments and schedules to this proposal are true and notice will be given as soon as practicable should any of the above information change between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Named Insured, to effect insurance, the undersigned agree that this proposal and all attachments and schedules to this proposal and the said statements in this proposal shall be the basis of and will be incorporated in the policy should one be issued.

The undersigned, on behalf of the Named Insured and all of its subsidiaries, acknowledge that the Statutory Notice contained in this proposal has been read and understood.

Name of Director, Officer or Risk Manager:	
Signature:	
Date:	

Statutory Notice

For the purposes of this statutory notice, Chubb Insurance Australia Limited ABN: 23 001 642 020 AFSL: 239687 means “we”, “us” and “our”.

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. Parts 5 through 9, and 11 of the Code do not apply to You as an insured under a wholesale insurance product, but the remainder of the Code does apply. As part of Our obligations under Part 10 of the Code, Chubb has a [Financial Hardship Policy](#). 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 the updated Privacy Policy will be posted on Our [website](#). Please review Our Privacy Policy for more information about how We manage Your personal information. You can also contact Us at:

Privacy Officer
Chubb Insurance Australia Limited
GPO Box 4907
Sydney NSW 2001
+61 2 9335 3200
Privacy.AU@chubb.com

How We handle Your personal information

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.

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Why We collect Your personal information

We collect and hold Your Personal Information primarily to provide insurance services to You. Sometimes, We may use Your Personal Information for marketing products or services that may be of interest to You. We may also use it to improve our products or services.

You agree to provide Us 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.

How We collect Your personal information

We collect Your Personal Information (which may include sensitive information) when you interact with Us. You interact with Us when You are applying for, changing, or renewing an insurance policy, or when We are processing a claim. Personal Information is usually obtained directly from You, but sometimes via a third party such as 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.

Who else might receive Your personal information

We may disclose your personal information to third parties, including:

- insured persons who are not the policyholder, such as group policies.
- service providers engaged by Us to carry out certain business activities on Our behalf. For example, claims assessors, call centres in Australia, or an online marketing agency.
- 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).
- third parties with whom We or the Chubb Group of Companies sub-contracted to provide Us a specific service. These sub-contracted third parties may be located outside of Australia in places such as in the Philippines or USA, 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 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 Your personal information against unauthorised disclosure, misuse, or loss.

You can access and correct Your personal information

For a copy of Our Privacy Policy or if you no longer want to receive marketing offers from Us or our associates, contact Our customer relations team. To request access to, update, or correct Your personal information held by Chubb, please complete this [personal information request form](#) and return it to Our customer relations team.

Customer relations contact details:

GPO Box 4907

Sydney NSW 2001

1800 815 675

CustomerService.AUNZ@chubb.com

How to make a complaint

Please contact Our Complaints and Customer Resolution Service (CCR Service) if:

- You are not satisfied with Our organisation, services, or response to Your enquiry.
- You have any concerns about Our treatment of Your personal information.
- You believe there has been a breach of Our Privacy Policy.

Complaints and Customer Resolution Service (CCR Service)

Chubb Insurance Australia Limited

GPO Box 4065

Sydney NSW 2001

+61 2 9335 3200

complaints.AU@chubb.com

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

About Chubb in Australia

Chubb is a world leader in insurance. 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, 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.

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