



# LIABILITY RENEWAL DECLARATION

Client name

Client No.

Policy No.

Expiry date

To assist NTI in considering your renewal invitation, please supply the following information 21 days before the expiry date noted above. Failure to provide the information in time may result in cancellation. This declaration does not constitute an offer for renewal or the provision of a new business quotation. We will advise in writing if we are prepared to make an offer of insurance. If we make an offer, this declaration forms part of the proposal for insurance.

## SECTION 1: BUSINESS INFORMATION

What liability limit do you require on your renewal? \$

What is your business' estimated annual turnover and Gross Freight Earnings? Turnover: \$  GFE: \$

How many powered units will you have hauling freight?

How many Tool of Trade items will you operate? (Do not count goods carrying vehicles).

## SECTION 2: EMPLOYEES / SUBCONTRACTORS / LABOUR HIRE STAFF

How many employed and subcontracted **truck drivers and / or plant operators** will you employ?

How many other contractors (**excluding** truck drivers / operators) will you employ?

No:  Annual wages:

How many labour hire (**including** placement and employment agency) staff will you employ?

No:  Annual wages:

Please list all activities (**other** than driving / operating a vehicle(s)) of subcontractors, labour hire staff:

  

## SECTION 3: BUSINESS ACTIVITIES

If your business activities have changed in the last year, please provide details including percentage of turnover by business activity: (Please note – these activities are not covered unless accepted by NTI in writing).

If you are an **earthmoving contractor**, are you involved in Road Works (beyond site preparation), Demolition, Railworks, Quarry and/or require Vibration Cover? **Yes**  **No**   
If **yes**, please complete the Supplementary Earthmoving Questionnaire.

If your business location/s have changed, please provide full details:

  

If you know of any events or occurrences (in the last 5 years) that may give rise to a liability claim, please provide full details:

  

Do you agree to assume the liability of others or provide waivers or warranties under any contracts? **Yes**  **No**   
If **yes**, please provide details:

## DECLARATION

I / We understand the advice given in relation to the DUTY OF DISCLOSURE, NON DISCLOSURE, THIRD PARTY INTERESTS AND ADMISSION OF LIABILITY. I / We understand that no insurance is in force until such time as the insurer has confirmed acceptance of this proposal for insurance. I / We acknowledge and agree that this proposed insurance is not retroactive and does not indemnify against losses incepted or manifesting prior to the commencement of this proposed insurance. I / We further agree to accept the company's policy subject to the terms, conditions and exclusions to be contained herein or endorsed thereon.

Insured's signature:

Date:

(If more than one insured all to sign)