

# Rail Contractors Addendum Questionnaire



## Important notice

- This Addendum is to be completed in conjunction with Public & Products Liability Proposal form.
- This Addendum (and any attachments) form part of the Proposal.
- Please answer all questions in full. Where appropriate, please tick the yes or no box that best indicates your reply.
- If there is insufficient space, please provide further details on your letterhead.

## Insured details

Insured name:

Please provide a breakdown as a percentage of your gross income for the past 12 months derived from the following fields of work:

| Activities                  | % | Details |
|-----------------------------|---|---------|
| Excavation / earthmoving    |   |         |
| Track Replacement / welding |   |         |
| Signal works                |   |         |
| Protection officers         |   |         |
| Infrastructure / stations   |   |         |

Others (Please provide further details):

Current projects:

Largest 5 past projects:

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

Is all work in the rail corridor conducted under instruction/supervision of the rail principal? Yes  No

If NO, please explain:

Is the work conducted under risk management/WHS requirements of the rail principal? Yes  No

If NO, please explain:

## Further declaration to the proposal after inquiry

I declare that the statements and particulars are true and that I have not misstated or suppressed any material facts. I agree that this Addendum, together with the Proposal and any other information supplied by us shall form the basis of any contract of insurance effected thereon, and I undertake to inform the insurer of any material alteration to these facts whether occurring before or after completion of such contract of insurance. I acknowledge that I have read and understood the "Your Duty of Disclosure" on the first page of the Proposal. I agree that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. I am authorised to complete the above information on behalf of the Insured named in the Proposal.

Insured's name:

Signature principal(s)/partner(s)/directors:

Date:

## Any queries, please contact us

### **Solution Underwriting Agency Pty Ltd**

Level 5, 289 Flinders Lane  
Melbourne VIC 3000  
T. 03 9654 6100

Suite 1602, Level 16, 109 Pitt Street  
Sydney, NSW 2000  
T. 02 8582 6500

E. [solution@solutionunderwriting.com.au](mailto:solution@solutionunderwriting.com.au)  
W. [www.solutionunderwriting.com.au](http://www.solutionunderwriting.com.au)

ABN: 68 139 214 323  
AFSL: 407780

