

Statutory Liability Addendum

This Addendum should be read with and completed in conjunction with the Arch Management Liability Proposal Form.

Does the Named Organisation:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Have Quality Assurance Certification to ISO 9000 series? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Have procedures concerning Workplace Health & Safety ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| a. Is there a system in place to ensure these procedures are enforced? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Is there a system in place to identify hazards and implement safety measures reduce a risk of injury? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Have procedures concerning Protection of the Environment ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| a. Is there a system in place to ensure these procedures are enforced? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Is there a system in place to identify hazards and implement measures to reduce environmental harm | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Have National heavy Vehicle Accreditation Scheme (NHVAS) or similar accreditation | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Have a written Chain of Responsibility (CoR) procedures? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If Yes: | | | | |
| a. Are these procedures annually reviewed internally to ensure compliance with the relevant Acts of Parliament | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Are these procedures regularly audited by external consultants to ensure compliance with the relevant Acts of Parliament | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. Is there a system in place to ensure these procedures are enforced? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Operate in a radius outside 750km ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| a. If Yes , please advise the percent of income derived? _____ % | | | | |
| 8. Derive more than 10% of income from the carriage of Dangerous Goods ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| a. If Yes , please advise the percent of income derived? _____ % | | | | |
| 9. Own and/or operate any Forklifts ? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

10. Own and/or operate and **Lifting or Hoisting Equipment**? Yes ☐ No ☐

a. **If Yes**, please advise the number of units and maximum **lifting/hoisting capacity**

Other than speeding and parking offences, in the last five years, has the Named Organisation, any of it's predecessors in business, any director or any employees had any of the following:

11. A **fine or penalty** in excess of \$2,500 imposed by any government or regulatory authority
Yes ☐ No ☐

12. **Workplace or Environmental incidents** that warranted investigation by a regulatory Authority?
Yes ☐ No ☐

13. Been required to attend any hearing, inquiry, prosecution or other commission
Yes ☐ No ☐

14. 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 ☐

15. 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 ☐

If any of the above has been answered YES please attach comprehensive details of the incidents

NOTE: If knowledge or information exists, any claim arising from this is excluded from the proposed insurance

DECLARATION

I declare that I have made all necessary inquiries into the accuracy of the responses given in this Addendum and confirm that the statements and particulars provided in it are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that if any of the information given by me or the proposer, alters between the date of this Addendum and the inception date of the insurance to which it relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the Important Notices contained in this Addendum and that I have read and understood the content of them, including the Duty of Disclosure. I agree to the terms of the Privacy Statement. I also acknowledge that the insurance will be provided in whole or in part by overseas insurers.

I confirm that I am authorised by the proposer and its partners/principals/directors (if applicable) to complete this Addendum and to accept the quotation terms for this insurance on their behalf.

Name and Title

Date

Signature

Signing of this Statutory Liability Addendum does not bind the proposer or the insurers to complete or enter into a Policy. The Statutory Liability Addendum should be signed by the Chief Executive Officer (Managing Director), Chairman or Chief Risk Officer and/or Chief Financial Officer.