



**PLEASE EMAIL FOR
PHONE APPOINTMENTS**

**Email: info@osi.insure
Web: onlinesellersinsurance.com.au**

LIABILITY INSURANCE FORM

CLIENT INFORMATION:

INSURED NAME

EMAIL

AUSTRALIAN BUSINESS NUMBER (ABN)?

TYPE OF PRODUCT / PRODUCTS?

ADDRESS

PHONE NUMBER

IS YOUR COMPANY REGISTERED FOR GST IN AUSTRALIA?

HOW DID YOU HEAR ABOUT US?

OTHER INFORMATION:

1. WHERE IS YOUR PRODUCT MANUFACTURED?

2. HAVE ALL PRODUCTS BEEN CHECKED TO FOLLOW MANUFACTURING INSTRUCTION CHECKLIST?

3. WHICH COUNTRIES DO YOU EXPORT TO?

4. DOES YOUR PRODUCT COMPLY TO AMAZON STANDARDS FOR ITS CATEGORY?

5. DO YOU CONDUCT ANY BUSINESS ACTIVITIES IN AUSTRALIA? DO YOU HAVE A WAREHOUSE OR OTHER TYPE OF PHYSICAL PREMISES WHERE YOU TRADE FROM?

IN RESPECT OF PRODUCTS EXPORTED TO NORTH AMERICA.

1. LIST ALL PRODUCTS THAT YOU EXPORT TO NORTH AMERICA TOGETHER WITH THE ESTIMATED TURNOVER OF EACH TYPE OF PRODUCT YOU ANTICIPATE WILL BE EXPORTED IN THE NEXT 12 MONTHS.

Product Description	Estimated Turnover
	\$AUD

2. WEBSITE OR LINK TO THEIR AMAZON PAGE.

3. ARE YOU SELLING YOUR PRODUCTS IN ANY OTHER COUNTRIES? IF YES, PLEASE CONFIRM WHICH COUNTRIES AND THE SPLIT OF ANNUAL REVENUE PER COUNTRY.

4. DETAILS OF ANY QUALITY ASSURANCE IN PLACE

5. ARE ALL WARNINGS AND PRODUCT LABELLING HAVE BEEN REVIEWED BY LEGAL COUNSEL AND ARE IN LOCAL LANGUAGE OF WHERE THEY ARE BEING EXPORTED TO?

6. ARE ANY OF YOUR PRODUCTS INTENDED TO BE USED AS COMPONENTS IN OTHER PRODUCTS. IF SO, GIVE DETAILS.

Component name/ description	End product and use

7. ARE YOUR PRODUCTS SUBJECT TO ANY FORM OF PROCESSING, REPACKING OR ASSEMBLY IN NORTH AMERICA PRIOR TO BEING SOLD TO THE CONSUMER? IF YES, PLEASE GIVE DETAILS.

8. WHAT PERCENTAGE OF YOUR TOTAL TURNOVER IS DERIVED FROM EXPORTS TO NORTH AMERICA?

9. DO YOU SIGN OR AGREE TO ANY OF THE FOLLOWING IN RELATION TO YOUR CUSTOMERS OR AGENTS IN NORTH AMERICA?

Type	Yes or No
Hold harmless agreements	
Contractual indemnities	
Vendors endorsement i.e. where you have agreed to arrange products liability cover for your agent/ vendor/manufacturer	

IF YOU HAVE RESPONDED “YES” TO ANY OF THE ABOVE, PLEASE PROVIDE DETAILS BELOW:

10. DO YOU HAVE ANY PERMANENT REPRESENTATION IN NORTH AMERICA E.G. INCORPORATED SUBSIDIARY/ ASSOCIATED COMPANY, IMPORT AGENTS, PERSONS OR FIRMS HOLDING POWER OF ATTORNEY, EMPLOYEES ETC. IF SO, PLEASE PROVIDE DETAILS BELOW:

11. PLEASE PROVIDE DETAILS AS TO HOW YOU ENSURE THAT YOUR PRODUCTS MEET OR EXCEED US FEDERAL REGULATIONS AND STATE LEGISLATIVE/LEGAL REQUIREMENTS REGARDING SAFETY, HYGIENE, ADDITIVES, IMPURITIES, MATERIALS, LABELLING, WARNINGS ETC.

12. ARE YOU LIVE ON AMAZON? IF NOT WHEN DO YOU THINK YOU WILL BE LIVE ON AMAZON?

Estimated Total Annual Turnover	
Any Employees / Any Subcontractors	

SIGNATURE

FULL NAME

DATE

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DUTY OF DISCLOSURE

Under the Insurance Contracts Act, you have to disclose every matter that you know, or could reasonably be expected to know, is relevant to the Insurers decision whether to accept the risk of insurance and on what terms. The duty of disclosure applies on each and every occasion you seek new insurance cover or renewal, alter or extend existing cover.

YOUR DUTY DOES NOT REQUIRE DISCLOSURE ON ANY MATTER

- that diminishes the risk to be undertaken
- that is common knowledge
- that the Insurance Company knows or in the ordinary course of its business ought to know
- as to which the Insurer waives compliance with your duty

It is essential that you comply with your duty of disclosure as the Insurance Company may be entitled to deny a claim, reduce it's liability under the contract of insurance or cancel the contract from its beginning.

PLEASE ANSWER THE FOLLOWING QUESTIONS

HAS ANY INSURER WITH RESPECT TO ANY INSURANCE POLICY HELD BY YOU OR ANY OTHER PERSON INCLUDED AS AN INSURED

- a. refused to renew, cancelled, or terminated a policy of insurance? YES NO
- b. imposed special or restrictive conditions, increased excess or premium?

HAVE YOU OR ANY OTHER PERSON INCLUDED AS AN INSURED

- c. made any claims in the last 5 years on any insurance policy?
- d. had a claim refused or rejected by an Insurer on any insurance policy?
- e. been convicted of a criminal offence?
- f. been placed into administration, receivership, liquidation, bankruptcy?
- g. Had any convictions for driving under the influence of alcohol or drugs, or had a licence cancelled or suspended in the last 5 years?
- h. have anything else to declare under your duty of disclosure?

IF YOU HAVE ANSWERED "YES" TO ANY QUESTION PLEASE PROVIDE RELEVANT DETAILS BELOW

COMPLETED / CONFIRMATION BY THE INSURED

SIGNATURE

FULL NAME

DATE

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