Management Liability

Labour Hire Addendum

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545



Details of Applicant			
Insured Name			
Policy Number			
Policy Period			
Please be advised that if the Company is or uses an unlicensed labour hire provider in certain States or Territories in Australia this could result in both criminal and/or financial penalties for the Company, and/or the Host employer. This may also result in either amendments to or declinature of your insurance cover.			
Supply of Labour Hire Personnel			
Does the Company supply labour hire within:			
Queensland (Labour Hire Licensing Act 2017 (Qld) or any subsequent alterations)?	Yes □ No □		
Victoria (Labour Hire Licensing Act 2018 (Vic) or any subsequent alterations)?	Yes □ No □		
South Australia (Labour Hire Licensing Act 2017 (SA) or any subsequent alterations)?	Yes □ No □		
Other Locations (not listed above - please list below)?	Yes □ No □		
If the Company supplies labour hire, are they licensed to do so? If 'Yes' please supply the license number(s)	Yes □ No □		
Queensland (Labour Hire Licensing Act 2017 (Qld) or any subsequent alterations)			
Victoria (Labour Hire Licensing Act 2018 (Vic) or any subsequent alterations)			
South Australia (Labour Hire Licensing Act 2017 (SA) or any subsequent alterations)			
Other Labour License held			
If 'No', has the Company applied to be licensed?	Yes □ No □		
Utilisation of Labour Hire Personnel			
Does the Company utilise labour hire in:			
Queensland (Labour Hire Licensing Act 2017 (Qld) or any subsequent alterations)?	Yes □ No □		
Victoria (Labour Hire Licensing Act 2018 (Vic) or any subsequent alterations)?	Yes □ No □		
South Australia (Labour Hire Licensing Act 2017 (SA) or any subsequent alterations)?	Yes □ No □		
Other Locations (not listed above - please list below)?	Yes □ No □		
If 'Yes' do they source from a licensed labour hire provider (where required)?	Yes □ No □		

QM10159-0425

Declaration and Authorisation

To enable us to consider providing insurance terms and conditions please provide us with the following information 28 days prior to the expiry date of your existing policy.

Upon receipt of the required information our offer of insurance will be prepared and provided to your financial service provider. If this is a renewal declaration for the renewal of your existing policy, cover will cease at 4:00pm on the expiry date shown on your current policy schedule unless you have provided us with the renewal information requested and we have agreed to renew your policy.

If there is insufficient space, please attach a separate sheet with information.

I, the Insured, the undersigned duly authorised person(s) declare that:

- 1. I am authorised by all persons or entities seeking insurance to sign this Labour Hire Addendum;
- 2. I understand that any statement made in the Labour Hire Addendum will be treated by QBE Insurance (Australia) Limited ABN 78 003 191 035 (QBE) as a statement made by all potential Insured Persons;
- 3. I have read and understood the 'Notice to the Applicant' on the front of the Management Liability Application Form/Renewal Declaration;
- 4. I have carefully reviewed all answers and statements made in the Labour Hire Addendum and declare that all answers and statements are true, correct and complete in every respect;
- 5. I understand that no insurance is in force until such time as QBE has confirmed acceptance of the proposed insurance;
- 6. I agree that should any of the information given in this Labour Hire Addendum change between the date of this application and the inception date of the Policy that this application relates to, I will give notice to my financial service provider as soon as reasonably practicable; and

I authorise QBE to give or obtain from other insurers or insurance reference bureaus, any information about this insurance or any other insurance held by the Business including this Labour Hire Addendum and the Business's claims history and credit history;

Signature of the Applicant or Applic	cant's Authorised Representative		Date (dd/mm/yyyy)
Printed name of signatory			
Company name		Title	
E-mail address		Phone number	

Please return the completed application form to your financial services provided

This Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035

QM10159-0425 2