



## BEAUTY CARE MANUFACTURE LIABILITY DECLARATION

Please return completed & signed form via email to [sydney@ebm.com.au](mailto:sydney@ebm.com.au), or alternatively fax to (02) 9276 6998 or post to GPO Box 5400, Sydney NSW 2001.

**Privacy** - We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance and/or financial planning needs. We only provide your information to insurance companies, underwriting agencies, wholesale brokers and premium funders with whom you choose to deal (and their representatives). We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you and you could breach your duty of disclosure. You can check the information we hold about you at any time. For more information about our Privacy Policy, ask us for a copy or visit our website [www.ebm.com.au](http://www.ebm.com.au).

By completing the quotation request below, I certify that I am aware that any collection of personal information is used in accordance with EBM's Privacy Policy.

### Insured Details

**1. Insured Name:**

*(The above is to include all individuals and entities to be insured)*

**2. Residential Address:**

**3. Postal Address:**

**4. Phone Number:**

**5. Email Address:**

### Business Details

**6. Business Activities:**

**7. ABN:**

**8. Website:**

**9. Actual Turnover for past 12 months:**

**10. Estimated Turnover for next 12 months:**

**11. Limit of Liability Required:**      \$10,000,000      \$20,000,000

**12. Please tick the appropriate boxes to indicate which products you manufacture or private label:**

Bath Salts	Eyelash Curlers	Lip Balms
Body & Hand Lotions	Eyelash Extensions	Make Up Brushes
Body Fragrances	Facial & Body Cleansers	Nail Clippers
Body Powders	Facial & Body Creams	Perfumes
Candles	Fake Nails	Soaps
Combs & Brushes	Foundation Pads	Tweezers
Cosmetics	Hair Care Products	
Emery Boards	Hair Extensions	
Essential Oils	Jewellery	

*Additional Information (if required)*

**13. The following products require acceptance by the insurer:**

Acetone products	Permanent Cosmetics
Aerosol products	Pharmaceuticals
Chinese imported products	Products that do not meet Governmental approval or guidelines
Digestive products	Suppositories or Nutraceuticals
Drugs	Vitamins or Supplements
Invasive products	



Please provide further details if any of the above are selected

<b>14. Will there be any products introduced over the next 12 months?</b>	Yes	No
<b>15. Are any products administrated orally or require a prescription?</b>	Yes	No
<b>16. Are any products manufactured by a third party?</b>	Yes	No
<b>17. Are any products imported or exported?</b>	Yes	No
<b>18. Are there any un-natural or synthetic ingredients used?</b>	Yes	No
<b>19. Are there contracts whereby you assume the liability of others?</b> <i>I.e: Hold Harmless agreements</i>	Yes	No
<b>20. Are products labelled to comply with relevant legislation, regulations and industry guidelines?</b> <i>I.e: NICNAS, TGA &amp; ACCC</i>	Yes	No
<b>21. Do you have quality control procedures in place?</b> <i>I.e: batch testing</i>	Yes	No

**Insurance History**

<b>22. Have you made any claim(s) to an Insurer for loss or damage?</b>	Yes	No
<b>23. Are there any claims and/or incidents that have not yet been advised?</b>	Yes	No
<b>24. Have you suffered any loss or damage which would have been covered by the proposed insurance policy?</b>	Yes	No
<b>25. Have you had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer?</b>	Yes	No
<b>26. Have you ever been declared bankrupt?</b>	Yes	No
<b>27. Have you ever been involved in a company or business which became insolvent or subject to any form of insolvency, administration, liquidation or receivership?</b>	Yes	No
<b>28. Have you ever been convicted of any criminal offence?</b>	Yes	No
<b>29. Have you ever been liable for any civil offence or pecuniary penalty?</b>	Yes	No

If you have answered YES to any of the above, please provide further details:

- 30. I/We declare that the above is true and correct in every respect and I/We have answered every question fully and frankly. I acknowledge that I have carefully read any and every part of this declaration which was filled in by someone other than myself. I further acknowledge that each such part is true and correct and is to be taken as having been filled in by me.**

*Once completed, please print, sign and return to our office*

Signature:

Signature:

Name:

Name:

Date:

Date: