«ins\_type»

Your Company Name

# Nomination of Preferred Health Safety and Rehabilitation Provider

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| --- | --- | --- | --- | --- | --- |
| Client Contact Details | | | | | |
| Client Name | | | | | |
|  | | | | | |
| Workers’ Compensation Insurer and Policy Number/s: | | | | | |
|  | | | | | |
| Address | | | | | |
|  | | | | | |
| Telephone | Mobile | | | Fax | |
|  |  | | |  | |
| Email Address | | | | | |
|  | | | | | |
| **To Whom It May Concern,**  Please be formally advised that the below named organisation is hereby appointing The Ltd to act as our preferred Health, Safety and Rehabilitation Provider in Australia.  At all times, strict confidentiality will be maintained in accordance with State and Federal regulations. | | | | | |
| **Organisation name** | | | | | |
|  | | | | | |
| **Signed and request by** | | | | | |
| Signature | | | | | |
|  | | | | | |
| Name & Position | | | | | Date |
|  | | | | |  |
|  | | | | | |
|  | | | | | |
| Signature | | | **Level 37**  **xxxxxxxx**  **Sydney NSW 2000**  **Tel: 9999999999**  **Fax: 8888888888**  [**feedback@abc.com.au**](mailto:feedback@abc.com.au)  [**www.abc.com.au**](http://www.abc.com.au)  **ABN: 11 111 111 111** | | |
|  | | |
| Name & Position | | Date |
|  | |  |

# Client Profile

We will give the following information to insurers when negotiating terms and costing for your renewal programme. Please ensure all details are current, mark any changes required and advise us of the following:

∙ Any changes or inclusions of any subsidiary, associated or controlled companies that are to be included as Insureds under your policies that are not listed below.

∙ Any changes to your business or products, particularly those which may increase the original risk; (e.g. adoption or cessation of processes or systems).

∙ Any proposed mergers, acquisitions or disposals.

∙ Interest of Third Parties - Your policy/ies may not provide cover for any party other than the named insured or anyone specifically referred to in the policy. If you intend to insure the interests of any other parties, such as lenders, principals, landlords, etc. you must note this below.

**NAMED INSURED**

**BUSINESS/ACTIVITIES**

**PRODUCTS**

|  |  |
| --- | --- |
| **ABN** | **ITC** |
|  |  |
| **CONTACT** | **MOBILE** |
|  |  |
| **TELEPHONE** | **FACSIMILE** |
|  |  |
| **EMAIL** | **WEBSITE** |
|  |  |

# Trade & Economic Sanctions

Do you (including any overseas branches, subsidiaries or entities that you own or control) do business with one or more of the following listed countries (including sales or exports to / from):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Burma (Myanmar) | ☐Yes | ☐No |  | Libya | ☐Yes | ☐No |
| Central African Republic | ☐Yes | ☐No |  | North Korea | ☐Yes | ☐No |
| Crimea & Sevastopol | ☐Yes | ☐No |  | Russia | ☐Yes | ☐No |
| Cuba | ☐Yes | ☐No |  | Somalia | ☐Yes | ☐No |
| Democratic Republic of the Congo | ☐Yes | ☐No |  | South Sudan | ☐Yes | ☐No |
| Eritrea | ☐Yes | ☐No |  | Sudan | ☐Yes | ☐No |
| Guinea- Bissau | ☐Yes | ☐No |  | Syria | ☐Yes | ☐No |
| Iran | ☐Yes | ☐No |  | Ukraine | ☐Yes | ☐No |
| Iraq | ☐Yes | ☐No |  | Yemen | ☐Yes | ☐No |
| Lebanon | ☐Yes | ☐No |  | Zimbabwe | ☐Yes | ☐No |

If yes answered to any of the above countries, please note:

* Sanctions compliance is a significant issue for your company, your customers and suppliers, your insurance broker and your insurers. These are often applied when diplomatic efforts have failed, or for the prevention and suppression of terrorist financing. Many countries (e.g. Australia, United States, UK) maintain their own sanctions laws and lists of sanctioned entities and/or have adopted the directives and sanctioned entity lists of organisations such as the European Union and/or United Nations. Sanctions laws and directives may be comprehensive or selective. Sanctions laws of other countries such as United States or EU may apply to your company/entity/business. For example a dual Australian/U.S. citizen or an Australian company that is a branch or foreign incorporated subsidiary of a U.S. company may be prohibited from doing business directly with any person or entity in Cuba, the Cuban government or Cuban nationals or facilitating such.
* Your broker will review the information you complete in the following questions and analyse against applicable Australian Autonomous Sanction Laws and United Nations Security Council (UNSC) sanctions laws. This analysis may include US Sanctions laws where you have ticked Cuba and/or Iran and/or where you have documented below that a US company or U.S. citizen is involved in the business transaction with any of the listed countries. Our analysis only considers implications for the insurance solutions we’re recommending and the services we’re providing to you. You are responsible to do your own risk assessment and research to identify what Sanctions apply to your business/entity/company, the extent to which they apply and/or obtain your own legal advice where clarity is required. We are not authorised to provide legal advice. If we determine Australian, UNSC or another country’s sanctions law may apply on the basis of the information you have provided, your broker will contact you to make further inquiries and/or discuss implications for your insurance coverage and/or the extent to which MMM can assist in providing insurance and reinsurance (if applicable) and other agreed services connected to such.

For each country where you answered ‘yes’ above, please answer the following questions. If space is insufficient to answer questions fully, attach separate sheet.

* Describe what business activities (including imports/exports and services) you conduct with that country and whether you know the identity of the entities that you’re dealing with. Note: Australia, UNSC, EU and other countries maintain lists of sanctioned entities and it is your responsibility to ensure you know the entities you’re doing business with and validate against applicable lists of sanctioned entities to ensure you’re compliant.

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* If a U.S. company (including non-U.S. subsidiaries and/or branches controlled by a U.S. company) and/or U.S. citizens will be involved in the business activities (including imports/exports and services) you conduct with a listed country, please provide details of who they are, their relationship to your company and what they’re doing.

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* Have you made your own inquiries of what UNSC, Australian Autonomous or other specific country sanction laws and lists of sanctioned entities apply to your business activities (including imports/exports and services) you conduct with that country and that you are compliant?

☐ Yes ☐ No

If No, advise below why you’ve not assessed your sanctions risks in relation to the listed countries.

* Note: If this question is left blank, incomplete, answered “No” or that you’re not compliant or have not taken any action to verify if sanctions laws apply to your business, it is still your responsibility to conduct your own risk assessment including knowing what sanctions laws (including lists of sanctioned entities) apply to your business activities/dealings, the extent they apply and to ensure you comply with the relevant laws and regulations. Your insurance policies will usually not provide cover for any claim or policy benefit where payment of such claim or provision of such benefit will involve your insurer breaching an applicable trade sanction, export control or anti-boycott law. Additionally Insurance policies will usually not indemnify you for fines, penalties and prosecution arising from breaching or non-compliance with applicable sanctions laws (including lists of sanctioned entities).

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# Motor Vehicle Domestic

## Carefully check the information below, which currently applies, particularly limits, sub-limits and declared values. If any changes are required for the next insured period please indicate these by amending the Schedule.

## Schedule

**NOTE:** Where a coverage heading incorporates provision for an amount to be inserted (e.g. Sub-Limit) but no amount is recorded, no cover is provided under this policy.

**MOTOR VEHICLE INSURANCE – To Be Advised – Comprehensive**

**NAMED INSURED**

**ABN AND ITC DETAILS**

**BUSINESS**

**SITUATION and/or**

**PREMISES**

**PERIOD OF INSURANCE** From:

To:

**PUBLIC/PRODUCTS**

**LIABILITY Limits of Liability**

Public Liability

(any one occurrence)

Products Liability

(any one occurrence

and in the aggregate during any

one period of insurance)

Property in Your physical or legal

control Not Insured

**EXCESS**

Subcontractors/Hire Labour

Do you employ Subcontractors or use Hire Labour? No

Summary

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  | | --- | --- | | RegNo |  | | Purpose |  | | Levels of Cover |  | | Radius of Settlement |  | | No Claim bonus |  | | Basis of Settlement |  | | Are you under 25 years? |  | | Excess |  | |