

Client No.	<input type="text"/>
Policy No.	<input type="text"/>
Intermediary	<input type="text"/>
No.	<input type="text"/>

This declaration does not constitute an offer for renewal or the provision of a new business quotation. If we make an offer, this declaration forms part of the proposal for insurance.

ALL questions MUST be answered - DO NOT LEAVE ANY BLANK

## Proposer

<b>Proposer's Name</b>	<input type="text"/>		
<b>Trading Name</b>	<input type="text"/>		
<b>Address of Operation</b>	<input type="text"/>	<b>Postcode</b>	<input type="text"/>
<b>Postal Address</b>	<input type="text"/>	<b>Postcode</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>	<b>Mobile Phone</b>	<input type="text"/>
<b>Email address</b>	<input type="text"/>		
<b>Website address</b>	<input type="text"/>		
<b>Business Description</b>	<input type="text"/>		

Number of years operating this business:

## Proposed period of Insurance

From  To

Interim Cover Number

## Insurance and Claims History

**Previous Insurer**

In the past three years have you had any insurance declined, cancelled refused or special conditions/terms imposed or claim refused?

Yes  No

Please list the number of losses and gross amount of losses incurred (if any) over the last three years:

Period	Number of Occurrences	Gross Amount of Loss
Current Period	<input type="text"/>	\$ <input type="text"/>
Period - 2	<input type="text"/>	\$ <input type="text"/>
Period - 3	<input type="text"/>	\$ <input type="text"/>

Please attach your previous insurer's claims experience if available

### Transits within Australia

Description of Goods	Estimated annual Sendings	Limit of Liability (any one conveyance)	Excess
Commodity 1	\$	\$	\$
Commodity 2	\$	\$	\$
Commodity 3	\$	\$	\$
If any FOB exports	\$	\$	\$

Mode of Transport (tick all that apply)

Air  Own Vehicle  Post  Road  Rail  Sea  Air

Packing details if other than (non temperature controlled) containerised:

### Optional Extensions

#### Exhibitions

Do you require cover for exhibitions?

Yes  No

Maximum Sum Insured for any on Exhibition

#### Tools of Trade - Within Australia Only

Do you require cover for Tools of Trade?

Yes  No

Number of Vehicles

Maximum limit per conveyance

#### Travellers Samples - Within Australia Only

Do you require cover for Travellers?

Yes  No

Number of Vehicles

Maximum limit per conveyance

## Imports

	Description of Goods	Estimated annual Sendings	Limit of Liability (any one conveyance)	Excess	Region Exports are principally to
Commodity 1		\$	\$	\$	
Commodity 2		\$	\$	\$	
Commodity 3		\$	\$	\$	

Mode of Transport (tick all that apply)

Air  Own Vehicle  Post  Road  Rail  Sea  Air

Packing details if other than (non temperature controlled) containerised:

Have You included Australian Import Duty in your Estimated Annual sendings? Yes  No

Enter the Basis of valuation required if other than standard (CIF+10% is standard) Other

Do you Import from any excluded countries? {excluded countries listed below} Yes  No

Details of these sendings:

## Excluded Countries

Afghanistan, Algeria, Bolivia, Central African Republic, Chad, Colombia, Congo-Kinshasa (DRC), Cote d'voire (Ivory Coast), Ethiopia, Guinea, Iran, Iraq, Kenya, Lebanon, Libya, Madagascar, Mali, Nigeria, Pakistan, Palestinian Authority (Gaza And West Bank), Russia North Caucasus (Chechnya, Dagestan, Ingushetia, Kabardino-Balkaria, Karachay-Cherkessia, Ossetia), Somalia, Sudan, South Sudan, Syria, Yemen, Zimbabwe

## Exports

	Description of Goods	Estimated annual Sendings	Limit of Liability (any one conveyance)	Excess	Region Exports are principally to
Commodity 1		\$	\$	\$	
Commodity 2		\$	\$	\$	
Commodity 3		\$	\$	\$	

Mode of Transport (tick all that apply)

Air  Own Vehicle  Post  Road  Rail  Sea  Air

Packing details if other than (non temperature controlled) containerised:

Enter the Basis of valuation required if other than standard (CIF+10% is standard) Other

Do you Export to any excluded countries? {excluded countries listed below} Yes  No

Details of these sendings:

## Excluded Countries

Afghanistan, Algeria, Bolivia, Central African Republic, Chad, Colombia, Congo-Kinshasa (DRC), Cote d'voire (Ivory Coast), Ethiopia, Guinea, Iran, Iraq, Kenya, Lebanon, Libya, Madagascar, Mali, Nigeria, Pakistan, Palestinian Authority (Gaza And West Bank), Russia North Caucasus (Chechnya, Dagestan, Ingushetia, Kabardino-Balkaria, Karachay-Cherkessia, Ossetia), Somalia, Sudan, South Sudan, Syria, Yemen, Zimbabwe

## World to World

	Description of Goods	Estimated annual Sendings	Limit of Liability (any one conveyance)	Excess	Countries' From	Countries' To
Commodity 1		\$	\$	\$		
Commodity 2		\$	\$	\$		
Commodity 3		\$	\$	\$		

Mode of Transport (tick all that apply)

Air  Own Vehicle  Post  Road  Rail  Sea  Air

Packing details if other than (non temperature controlled) containerised:

Enter the Basis of valuation required if other than standard (CIF+10% is standard)

Other

Do goods travel from and/or to any excluded countries? {excluded countries listed below}

Yes  No

Details of these sendings:

## Excluded Countries

Afghanistan, Algeria, Bolivia, Central African Republic, Chad, Colombia, Congo-Kinshasa (DRC), Cote d'voire (Ivory Coast), Ethiopia, Guinea, Iran, Iraq, Kenya, Lebanon, Libya, Madagascar, Mali, Nigeria, Pakistan, Palestinian Authority (Gaza And West Bank), Russia North Caucasus (Chechnya, Dagestan, Ingushetia, Kabardino-Balkaria, Karachay-Cherkessia, Ossetia), Somalia, Sudan, South Sudan, Syria, Yemen, Zimbabwe

## Privacy Statement

### Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of providing insurance services to you. This includes evaluating your application, evaluating any request for a change to any insurance provided; providing, administering and managing the insurance services following acceptance of an application; investigating and, if covered, managing claims made in relation to any insurance you have with us. The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

### Disclosure

We may disclose your personal information, when necessary and in connection with the purposes listed above, to: your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers; other service providers, hospitals, medical, health professionals, legal and other professional advisers.

### Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

### Access

You can request access to the personal information by contacting us at our address shown on this form.

### Your Duty To Disclose

Before you enter into a contract of general insurance with an insurer, you have a duty, under the 'Insurance Contracts Act 1984', to disclose to the insurer every matter that you know, or could be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

### Non Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

### Average/Underinsurance

This Policy contains an average clause. This means that we require you to insure for the market value. If you do not do so, and you are underinsured, we will pay you less in the event of any claim, proportionate to the amount of underinsurance. In particular, the amount we will pay is the proportion that the sum insured bears to 80% of the market value, subject to the precise conditions set out in the Policy.

### Third Party Interests

You must inform us of the interests of all third parties (i.e. financiers, lessors) whose interest is to be noted on this insurance. Noting of their interest will not entitle them to be covered as an insured but merely to be given notice of any cancellation lapsing or proposed payment of total loss claim. Their interest will not be protected even to this extent if they are not noted on the policy.

### Subrogation Agreements

Where another person, other than a person exempted by law, is liable to compensate you for any loss or damage covered by the policy, but you have agreed with, or given an undertaking to that person without our written authority, either before or after the loss or damage occurred that you would not seek to recover any moneys from that person, we will not cover you under the policy for any such loss or damage.

### Declaration

I/We hereby jointly and/or severally understand the advice given in relation to the DUTY OF DISCLOSURE, AVERAGE, THIRD PARTY INTERESTS and SUBROGATION.

I/We jointly and/or severally understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance. I/We hereby jointly and/or severally hereby agree that if at the request of the company, within 14 days of receiving notice thereof, to obtain from the Commissioner of Motor Transport of the Authority having charge of the same, a complete and up to date record of offences in respect of the same which I have been reported and/or convicted. I/We hereby and/or severally declare that the above particulars and statements are true and I/We agree that this proposal and declaration shall be the basis of the contract between Me/Us and the company and be incorporated therein. I/We affirm that I/We have not withheld any information likely to affect the acceptance of this proposal.

1.  Date

(If more than one insured all to sign)

Where the answers are not in my/our handwriting they have been checked jointly and/or severally by me/us and certified as correct.

Proposer signature  Date

(If more than one insured all to sign)

Date