

# Business Pack Insurance Quote Form

Preferred method of correspondence

☐

Email

☐

Mail

## 1. Your Details

### 1.1. Period Insurance

Start Date

Expiry Date

### 1.2. Insured

Current Insurer

Policy Number:

Insured Name

Trading Name

What is your web site address?

E-mail

What is your ABN?

Address Line 1

Address Line 2

Suburb

State

Post Code

Are you exempt from stamp duty?

☐

Yes

☐

No

If Yes, specify number:

### 1.3. Duty of Disclosure

Have you or any partner(s) shareholder(s) or director(s) of the business:

(1) Ever had an insurance policy cancelled, declined or terms imposed?

☐

Yes

☐

No

Date

Description

(2) Ever been declared bankrupt?

☐

Yes

☐

No

Date

Description

(3) Ever been involved in a company or business which became insolvent or subject to any form of insolvency or voluntary administration (e.g. liquidation or receivership)?

☐

Yes

☐

No

Date

Description

(4) Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?

☐

Yes

☐

No

Date

Description

(5) Been liable for any civil offence or pecuniary penalty?

Yes

No

Date

Description

(6) Any other matters you should disclose?

Yes

No

Date

Description

## 1.4. Claims Experience

Have you had any claims in the last 3 years under the sections to be insured?

Yes

No

### Claim

Sections

Business Property

Business Interruption

Theft

Money

Machinery Breakdown

Electronic Equipment

Public and Products Liability

Glass

General Property

Employee Dishonesty

Goods In Transit

Tax Audit

Management Liability

Date Of Loss

Amount of Claim

Please provide a brief description of the claim

Preventative/Corrective action details

## 2. Situation Details

Address

Suburb

Post Code

### 2.1. Sections

Please select the sections you want to cover for this situation

Business Property

Business Interruption

Theft

Money

Machinery Breakdown

Electronic Equipment

Public and Products Liability

Glass

General Property

Employee Dishonesty

Goods In Transit

Tax Audit

Management Liability

## 2.2. Business Details

### Business Description

What is your estimated turnover / gross income for the next twelve months

Total number of staff – Full Time

Total number of staff – Part time / Casual

### Construction

Multiple Buildings on site

Yes

No

Year built (yyyy)

Year last rewired (yyyy)

How much Expanded Polystyrene (EPS) does the premises contain (e.g. Foam insulation)?

Is there any asbestos present?

Yes

No

### Building Details

No. of Stories

### Floors

Concrete

Iron / Steel

Brick

Wood

Other/Mixed(Non Combustible)

Other/Mixed (Full/Partial Combustible)

Tile

### Walls

Concrete / Stone

Concrete Tilt Slab

Iron/Steel/Aluminium on steel

Iron/Steel/Aluminium on wood

Brick

Masonry

Expanded Polystyrene (EPS)

Wood

Mixed < 75% Brick/Concrete/Iron on steel

Mixed > 75% Brick/Concrete/Iron on steel

Glass

Metal

Polystyrene

Other

## Roof

Concrete	Masonry
Tiles / Slate	Asbestos
Fibro	Iron/Steel/Aluminium on steel
Iron/Steel/Aluminium on wood	Expanded Polystyrene (EPS)
Wood	Polystyrene
Glass	Other/Mixed (Non Combustible)
Other/Mixed (Full/Partial Combustible)	

## Fire Protection

Fire Protection Provided

None	Fire Extinguishers
Hose Reels	Sprinklers
Smoke Detectors - Monitored	Smoke Detectors - Non Monitored
Heat Detectors	Fire alarm
Monitored base alarm	Fire Blankets

## Sprinkler Type

Multiple Buildings on site	Yes	No
Water Supply	Dual	Single
Conforms to Australian Standards	Yes	No

## Security

Fire Protection Provided

None	Bars on windows/Non-opening windows
Deadlocks on doors	Protection of Display Windows
Electronic key pad/swipe card access	Security fencing
Locks on all external windows without bars	CCTV system installed
Bollards in front of glazing/display windows/roller shutters	External Lighting
Local alarm	Roller Shutters
Watchman patrols	Monitored base alarm

If applicable, please specify the type of monitored alarm:

Class 2 e.g. Digital Dialler	Class 2 e.g. Digital Dialler + GSM Cellular phone back-up polled daily
Class 3 e.g. Multi-path GPRS polled < 120 sec	Class 4 + 5 e.g. Direct Line or Multi-path Ethernet / GPRS polled < 60 sec

Other Details

Is there an ATM on premises?	Yes	No
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## 2.4. Other Situation Details

Where are the premises located?

Main or Suburban street	Wholly within a shopping centre (No external openings to outside centre)
Within a shopping centre (With external openings)	Within an Industrial Estate
<b>Within an Office Block (incl Ground or 1st floor)</b>	<b>Within an Office Block (2nd floor or above)</b>
Outside Metropolitan, regional or town boundaries	Shipping Container
Market	Other

Is premises connected to town water? Yes No

Type Of Fire Brigade

Professional Mannned 24 hours	Professional Mannned part time
<b>Own on site staff fire brigade Mannned 24 hours</b>	<b>Own on site staff brigade Mannned part time</b>
Rural or country volunteer brigade	Other

Store Flammable Goods? Yes No

If Yes

What quantity

Store substances in accordance with Australian Standards and local/ state government regulations? Yes No

If Yes, are goods stored in approved cabinets/bunded storage facilities? Yes No

## 2.5. Seasonal Increases

Seasonal Increase periods will apply to Property, Theft, Money and Machinery/Electronic Equipment Deterioration of Stock Sections only

Do you wish to change the Seasonal Increase periods? Yes No

If Yes

First Period:	From	To
First Period:	From	To

## 2.6. Interested Parties

Do you wish to note any interested parties? Yes No

If Yes, please specify

Sections

Business Property	Theft
Money	Machinery Breakdown
Electronic Equipment	Public and Products Liability
Glass	General Property
Employee Dishonesty	Goods In Transit
Tax Audit	Management Liability

Name		
Nature of Interest		
1st Mortgagee	2nd Mortgagee	3rd Mortgagee
Local Government Authority	Hire Purchase	Lease
Premium Funder	Principal	Other
Address Line 1		
Address Line 2		
Suburb	State	Post Code

### 3. Business Property

#### 3.1. Business Property Information

Does your premises contain multiple occupancy of tenants?	Yes	No
Is your premises more than 50% vacant?	Yes	No
Is the building heritage or national trust listed?	Yes	No
Have you, or any directors or officers entered into and SIGNED any contractual or Hold Harmless agreements that may affect our rights of recovery against other parties?* other than the following types of contracts;	Yes	No
1. A contract which releases any government, semi-government or municipal authority body from any liability, 2. contracts for storage of goods or merchandise; 3. lease agreements for the occupancy of any building or part of a building or lease or hire of property. Please provide details.		

#### 3.2. Sum Insured

Do you require Strata title mortgagee(s) interest cover only?	Yes	No
Building(s)	Replacement	Indemnity
Contents	Replacement	Indemnity
Stock		
Specified Item	Sum Insured	
Category		
Antique	Architects and Surveyors fees	
Customer vehicles	Container contents	
Customer goods	Floating stock	
Floating stock and/or contents	Rent	
Stock of caravans	Stock of petrol	
Stock of watercraft	Additional temporary protection	
Work of art	Other	
Total Sum Insured	Limit of Liability	

### Additional Cover

Accidental Damage (as defined)	Wording Coverage	Other Amount
If Other Amount, specify amount		
Extra Cost of Reinstatement		
Removal of Debris	Wording Coverage	Other Amount
If Other Amount, specify amount		
Rewriting of Records	Wording Coverage	Other Amount
If Other Amount, specify amount		
Playing Surfaces	Wording Coverage	Other Amount
If Other Amount, specify amount		
Flood	Yes	No

### 3.3. Excess

Please indicate the Excess you prefer for Business Property

\$ 100	\$ 250	\$ 500	\$ 750
\$ 1,000	\$ 2,000	\$ 5,000	\$ 7,500

### 3.4. Other Information

Do you wish to provide any additional information ?	Yes	No
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## 4. Business Interruption

### 4.1. Sum Insured

Business Interruption					
Type					
Insurable Gross Profit			Annual Revenue		
Weekly Revenue			Additional Increased in Cost of Working Only		
Additional Increase in Cost of Working					
Accounts Receivable					
Claims Preparation Costs					
Loss of Rent Receivable					
Indemnity Period					
6 months	12 Months	18 Months	24 Months	36 months	

## 4.2. Additional Benefit

Documents

Wording Coverage

Other Amount

If Other Amount, specify amount

## 4.3. Optional Benefit

Goodwill

## 4.4. Uninsured Working Expenses

Purchases

Discounts Allowed

Bad Debt

Other

Enter %

## 4.5. Unspecified / Specified Customers and Suppliers

Do you wish to specify any Customers or Suppliers?

Yes

No

### Customer / Supplier

Type

Supplier

Customer

Name

Address Line 1

Address Line 2

Suburb

State

Post Code

Country

Goods Supplied

Percentage of Dependency

## 4.6. Other Information

Do you wish to provide any additional information ?

Yes

No

# 5. Theft

## 5.1. Sum Insured

Contents - including stock

Contents - excluding stock

Stock in Trade

Cigarettes / Tobacco

Alcohol

Do you wish to add any specified items?

Yes

No



If Yes, Specified Item  
Description

Category

Floating stock and/or contents

Additional loss of keys

Antique

Customer goods

Customers vehicles

Stock of vehicles

Stock of caravans

Stock of petrol

Stock of watercraft

Trees/Shrubs/Plants

Work of art

Other

Sum Insured

## 5.2. Additional Benefits

Damage to Business Premises

Wording Coverage

Other Amount

If Other Amount, specify amount

Damage to Rented Premises

Wording Coverage

Other Amount

If Other Amount, specify amount

Theft Without Forcible and Violent Entry - Item (A) only

Wording Coverage

Other Amount

If Other Amount, specify amount

Theft (limited) Without Forcible and Violent Entry - Item (B) only /  
Theft Without Forcible and Violent Entry - Item (B) only

Wording Coverage

Other Amount

If Other Amount, specify amount

## 5.3. Optional Benefit

Theft Without Forcible and Violent Entry / Theft of property insured  
in the open air

Wording Coverage

Other Amount

If Other Amount, specify amount

## 5.4. Excess

Please indicate the Excess you prefer for Theft

\$ 100

\$ 250

\$ 500

\$ 750

\$ 1,000

\$ 2,000

\$ 5,000

\$ 7,500

## 5.5. Other Information

Do you wish to provide any additional information ?

Yes

No

## 6. Money

Blanket Cover

Money in transit

Money on Business Premises - during business hours / Money in the Building - during business hours

Money on Business Premises - outside business hours / Money in the Building - outside business hours

Money on Business Premises - locked safe or strongroom / Money in the Building - locked safe or strongroom

Money in private residence / Money in Custody

### 6.1. Optional Benefit

Is money left over night?	Yes	No					
Is money kept in a locked safe?	Yes	No					
Number of banking days a week?	1	2	3	4	5	6	7
Who banks money?	Staff	Certified carrier (Chubb)					

### 6.2. Excess

Please indicate the Excess you prefer for Money

\$ 100      \$ 250      \$ 500      \$ 750      \$ 1,000      \$ 2,000

### 6.3. Other Information

Do you wish to provide any additional information ?      Yes      No

## 7. Machinery Breakdown

### 7.1. Blanket Plant and Machinery Details

Blanket Plant and Machinery

Machinery Type	Size/Capacity/Power	No. of Units
Air Compressor	Less than 5 HP (< 3.7 kw)	
Air Compressor	Over 5 to 7.5 HP (3.7kw - 5.6kw)	
Air Compressor	Over 7.5 to 10 HP (>5.6kw - 7.5kw)	
Air Conditioners - Split System	Up to 5 HP (3.7kw)	
Air Conditioners - Window/Wall Type	Up to 5 HP (3.7kw)	
Auto Car Wash (Conveyer)	All Units	

Machinery Type	Size/Capacity/Power	No. of Units
Auto Car Wash (not dryer)	All Units	
Bandsaws	All Units	
Bar Coding Scanners	All Units	
Bottle/Display Cabinets	All Units	
Car Hoist - 2 & 4 Post	All Units	
Cash Registers	All Units	
Centrifugal Pump	Less than 2 HP (< 1.5kw)	
Centrifugal Pump	Over 2 to 7.5 HP ( 1.5kw - 5.6kw)	
Centrifugal Pump	Over 7.5 to 15 HP (>5.6kw - 11.2kw)	
Centrifugal Pump	Over 15 to 25 HP (>11.2kw - 18.6kw)	
Clothes Dryers	All Units	
Clothes Washers	All Units	
<b>Coffee Machines</b>	All Units	
Cold/Freezer Rooms Less than 3 HP	All Units	
Computer controlled lathes	All Units	
Deep Freezers	up to 2m long	
Deep Freezers	over 2m long	
Dish Washers	All Units	
Domestic Fridges	All Units	
Domestic Freezers	All Units	
Electric Motors	Less than 2 HP (< 1.5kw)	
Electric Motors	Over 2 to 10 HP (1.5kw - 7.5kw)	
Electric Motors	Over 10 to 20 HP (>7.5kw - 14.9kw)	
Electric Motors	Over 20 to 40 HP (> 14.9kw - 29.8kw)	
Electronic Scales	All Units	
Engine Diagnostic Unit	All Units	
Evaporative Coolers	Less than 3 HP (2.24kw)	
Generator Sets	Less than 2 kva	
Glass Washers	All Units	
Hair Dryers	All Units	
Hot Water Boiler	Less than 25 KW	
Hot Water Boiler	Over 25 KW to 75 KW	

Machinery Type		Size/Capacity/Power		No. of Units	
Ice Maker/Storage Bin		All Units			
LPG Cylinders		Less than 25 KG			
LPG Cylinders		Over 25 KG to 100 KG			
LPG Cylinders		Over 100 KG			
Meat Display Cabinets		All Units			
Meat Slicers		All Units			
Microwave - Commercial		All Units			
Microwave - Domestic		All Units			
Mincers		All Units			
Other Auto Workshop Machinery (noc)		All Units			
Post Mix Machine		All Units			
Pressure Vessels		Less than 2 mtrs			
Pressure Vessels		From 2 to 5 mtrs			
Range Exhaust Fans		Less than 1 HP (0.75kw)			
Refrigeration up to 5 HP		All Units			
Sausage Machines		All Units			
Sewerage Pumps		All Units			
Silent Cutter/Mixers		All Units			
Soft Serve Ice Cream Machines		All Units			
Spa/ Swimming Pool Pumps		All Units			
Submersible Pumps		Less than 1 HP (0.75kw)			
Temprites/Beer Coolers		All Units			
Vacuum Cleaners		All Units			
Wheel Aligner		All Units			
Wheel Balancer		All Units			
Limit any one loss					
\$ 10,000		\$ 15,000		\$ 20,000	
\$ 40,000		\$ 50,000		Other	
If Other					
Specified Item					
Description					

Category

Laser cutting machinery

Mobile plant

Woodworking extraction system

Lathe

Other

Sum Insured

## 7.2. Additional Cover

Deterioration of stock

Increase in Cost of Working

## 7.3. Excess

Please indicate the Excess you prefer for Machinery Breakdown

\$ 250

\$ 500

\$ 750

\$ 1,000

\$ 2,000

Deterioration of stock : 10% of claim or \$500 whichever is greater (AIG only)

Deterioration of stock Excess

\$ 250

\$ 500

\$ 750

\$ 1000

\$ 2,000

Increased cost of working excess (days) (Zurich only)

1

2

3

4

5

6

7

8

9

## 7.4. Other Information

Do you wish to provide any additional information ?

Yes

No

## 8. Electronic Equipment

Limit any one loss

Specified Item

Description of Item

Classification

Mobile Equip Anywhere in Aust(excl. laptop)

Laptop/Tablet

Computer & Word Processors

Electro-Medical Equipment

Diagnostic & Therapeutic X-Ray Equip

**Office Equipment**

Microwave Ovens

Communication Systems

Electronic Scales

Audio/Visual Equipment

Video Games(excl. domestic situation)

Sum Insured

## 8.1. Cover Options

Electronic Data and Electronic Data Media

Yes

No

If Yes:

Electronic Data

Electronic Data Media

Additional Increase in Cost of Working

Yes

No

If Yes:

Sum Insured

Indemnity Period (months)

3

6

12

18

24

36

Excess (days)

Restoration of Computer Data

Wording Cover

Other Amount

If Other Amount, specify amount

Increased Cost of Working

Wording Cover

Other Amount

If Other Amount, specify amount

Indemnity Period (months)

3

6

12

18

24

36

Excess (days)

## 8.2. Excess

Please indicate the Excess you prefer for Electronic Equipment

\$ 100

\$ 250

\$ 500

\$ 750

\$ 1,000

## 8.3. Other Information

Do you wish to provide any additional information ?

Yes

No

# 9. Public and Products Liability

## 9.1. Details of the Business

Property Owner Liability only?

Yes

No

## 9.2. Contractors and Subcontractors

Do you engage contractors and/or subcontractors in your business?	Yes	No
---	-----	----

If Yes:

Do you ensure that contractors and/or subcontractors have their own liability and where necessary, Workers Compensation insurance?	Yes	No
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Estimate of the amount to be paid to contractors and subcontractors in the next 12 months:

Labour only	\$
-------------	----

Labour and plant	\$
------------------	----

Labour, plant and materials	\$
-----------------------------	----

Do the contractors and/or subcontractors account for more than 25% of your total turnover?	Yes	No
--	-----	----

Contractor and subcontractor turnover

## 9.3. Labour Hire

Do you engage labour hire or hired in labour in your business?	Yes	No
--	-----	----

Estimate the amount to be paid to labour hire firms in the next 12 months	\$
---	----

What type(s) of work do staff from labour hire firms perform for you?

Does the labour hire or hired labour account for more than 25% of your total turnover?	Yes	No
--	-----	----

Labour hire and hired labour turnover

## 9.4. Designated Contracts

Do you have any contracts to be designated?	Yes	No
---	-----	----

If Yes, Description

## 9.5. Hazardous Activities and Substances

Do you, or do you intend to use, store or handle hazardous substances?	Yes	No
--	-----	----

Describe the hazardous materials used and/or the hazardous waste produced

Do you discharge waste or hazardous material into the atmosphere, sewer or elsewhere?	Yes	No
---	-----	----

If Yes, please provide details

## 9.6. Hire Out Equipment or Staff

Do you hire equipment or hire out equipment and/or staff?	Yes	No
---	-----	----

If Yes:

Is there a Hire Agreement with a disclaimer or legal waiver in place that the hirer signs before hiring?	Yes	No
--	-----	----

Is all equipment checked and maintained after each hire?

Yes

No

Equipment hired out

Turnover

Does the business hire out any of the following:

- electrical or powered tools / equipment
- self-propelled machinery without an operator
- trailers or caravans
- medical or surgical equipment
- sporting / recreational equipment
- watercraft

Yes

No

## 9.7. Other Details

In the last 6 years or in the future, do you intend to undertake business or export to any of the following countries - Belarus, Burma (Myanmar), Cote d'Ivoire, Cuba, The Democratic Republic of the Congo, Iran, Iraq, Liberia, North Korea, Sudan, Syria or Zimbabwe?

Yes

No

If Yes, please provide details

Do you, or do you intend to export goods?

Yes

No

If Yes, please provide details

Have you, or any directors or officers entered into and SIGNED any contractual or Hold Harmless agreements that may affect our rights of recovery against other parties?\* other than the following types of contracts;

Yes

No

1. A contract which releases any government, semi-government or municipal authority body from any liability,
2. contracts for storage of goods or merchandise;
3. lease agreements for the occupancy of any building or part of a building or lease or hire of property.

Please provide details.

## 9.8. Limits of Liability

Limit of Liability - Public & Products Liability

\$ 10,000,000

\$ 15,000,000

\$ 20,000,000

Other

If Other Amount, specify amount

Limit of Liability - Public Liability Only

\$ 10,000,000

\$ 15,000,000

\$ 20,000,000

Other

If Other Amount, specify amount

## 9.9. Additional Cover

Property in Physical & Legal Control - Limit

Wording Cover

Other Amount

If Other Amount, specify amount

USA / Canada Exports

Yes

No

If Yes, Product

Turnover



## 9.10. Optional Extensions

Consumer Protection Liability cover

Not Insured

Victorian Plumbers

Queensland Electricians

Licensed name

Licence number

## 9.11. Excess

Please indicate the Excess you prefer for Property Damage

\$ 100

\$ 250

\$ 500

\$ 750

\$ 1,000

\$ 2,000

\$ 5,000

\$ 7,500

\$ 10,000

## 9.12. Other Information

Do you wish to provide any additional information ?

Yes

No

# 10. Glass

## 10.1. Cover

External Glass

Yes

No

Internal Glass

Yes

No

Do you wish to add any specified glass items?

Yes

No

If Yes, Description

## 10.2. Optional Benefit

Signs

Wording Coverage

Other Amount

If Other Amount, specify amount

## 10.3. Excess

Please indicate the Excess you prefer for Glass

\$ 100

\$ 250

\$ 500

\$ 750

\$ 1,000

\$ 2,000

## 10.4. Other Information

Do you wish to provide any additional information ?

Yes

No

## 11. General Property

### 11.1. Unspecified Business Items

Specified Item

Description (List items if necessary)

Type

Laptops/Portable elect. equip(excl mob phones/PDAs)

Mobile phones & PDAs

Tools of Trade excl left on building site overnight

Tools of Trade when left on building site overnight

Stock in Trade of Tradesman

Household Goods in Storage

Traveller Samples

Other Specified Items

Sum Insured

### 11.2. Excess

Please indicate the Excess you prefer for General Property

\$ 100

\$ 250

\$ 500

\$ 1,000

\$ 2,000

### 11.3. Cover Extensions

Worldwide Cover

Yes

No

### 11.4. Cover Limitations

Fire Excluded

Yes

No

Fire, Theft and Collision of the conveying vehicle Only

Yes

No

Fire, theft, collision and other specified perils Only

Yes

No

### 11.5. Other Information

Do you wish to provide any additional information ?

Yes

No

## 12. Employee Dishonesty

### 12.1. Sum Insured

Employee Dishonesty

\$ 10,000

\$ 25,000

\$ 50,000

\$ 75,000

\$ 100,000

Other

If Other, specify limit

## 12.2. Excess

Please indicate the Excess you prefer for Employee Dishonesty

\$ 0	\$ 100	\$ 250	\$ 500	\$ 750
\$ 1,000	\$ 2,500	\$ 5,000	\$ 7,500	

## 12.3. Other Information

Do you wish to provide any additional information ? Yes No

# 13. Goods in Transit

## 13.1. Details of the Business

Do you transport temperature controlled goods? Yes No

Estimated value of annual sendings

What type of goods are you sending?

## 13.2. Sum Insured

Cover Type Accidental Damage Limited Cover

Goods In Transit

\$ 25,000	\$ 50,000	\$ 75,000	\$ 100,000	\$ 250,000
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## 13.3. Excess

Please indicate the Excess you prefer for Goods In Transit

\$ 0	\$ 100	\$ 250	\$ 500
\$ 1,000	\$ 2,500	\$ 5,000	\$ 7,500

## 13.4. Other Information

Do you wish to provide any additional information ? Yes No

# 14. Tax Audit

## 14.1. Details of the Business

Has the business &/or any director who will receive protection under this section had any previous Tax Audits? Yes No

### 14.2. Sum Insured

Tax Audit

\$ 10,000

\$ 15,000

\$ 20,000

\$ 50,000

\$ 100,000

Cover Type

Business Audit only

Business and Directors Audit

Audit of Individuals

Number of directors

Director Name # 1

Suburb

State

Postcode

### 14.3. Excess

Please indicate the Excess you prefer for Tax Audit

\$ 0

\$ 100

\$ 250

\$ 500

\$ 750

\$ 1,000

\$ 2,500

\$ 5,000

\$ 7,500

### 14.4. Other Information

Do you wish to provide any additional information ?

Yes

No

## 16. Your Contact Details

Your Name

Address

Suburb

State

Post Code

Mobile

Phone

Email

Preferred Contact Method

How did you hear about us?

Web Search

Advertisement

Word of Mouth

Tradeshow

Company Website

Other

If Other, how else did you hear about us?

Would you also like to obtain more information or quotations for other types of insurance?

Your Business

Car

General and Products Liability

Home

Management Liability

Landlord

Corporate Travel and Group Personal Accident

Travel

Workers Compensation

Boat

Commercial Motor Vehicles

Caravan

## 17. Notice

We draw your attention to the Important Notice accompanying this Quote form. You must read the Important Notice carefully. If you do not understand the content of Important Notice, please contact us immediately.

If any of the statements in this Quote form are untrue, and you have suppressed or mis-stated any facts and/or should any information given by you alter between the date of this Quote form and the inception date of the insurance to which this Quote form relates you must immediately notify us.

You authorise us to collect or disclose any personal information relating to this insurance to any insurer or insurance reference service. Where you have provided information about another individual (for example, a relative, employee or client), you have or you will make the individual aware of that fact and the section in the Policy on "The way we handle your personal information".

You agree that you have read and understood this notice by doing any of the following:

- (a) Signing and returning a copy of this form; or
- (b) Providing the information requested and returning the form to us; or
- (c) Providing us with instructions to place the policy.

Signature of Applicant(s)

Position held

Position held

Date

Date