

## **Liability Insurance**

In	surance Applic	ation & Propo	osal		
Intermediary		Policy No.			
The Proposer					
Insured Name(s) in full:					
Are You registered for GST purposes?	Yes No No	What is Your ABN	?		
Postal Address					
				Postcode	
Contact Numbers. Ph:	Mobile:		Email:		
1. Period of Insurance From:	/ /	To:	/	/	
2. Location(s) of Premises (attach a list i	f more than one loca	tion).			
				Postcode	
3. Please show the occupation of each t	tenant (if more space	is required attach a	a list)	_	
1	2.		3.		
	5.		6.		
4. Are the Premises National Trust or H	eritage Listed?	Yes No No			
How old are the buildings?					
5. Limit of Indemnity Required					
Public Liability - Limit any one occurre	ence			\$	
Products Liability				ı	Not Insured
6. How many Car Parking Spaces are the	ere?				
Claims History					
Please give full details of all Claims and /	or complaints made a	gainst You in the pa	ast five (	5) years.	





Ge	eneral Information							
Α.	Have you, in the last 5 years							
	had any insurance declined or cancelled, proposal / application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer?	Yes 🗌	No 🗌					
2.	suffered any loss or damage which would have been covered by the proposed insurance policy?	Yes 🗌	No 🗌					
В.	Have you or your partners or directors							
1.	ever been declared bankrupt?	Yes 🗌	No 🗌					
2.	in the last 10 years been involved in a company or business which became insolvent or was under the control of a liquidator or receiver?	Yes 🗌	No 🗌					
3.	been convicted of any criminal offence or served a prison sentence?	Yes 🗌	No 🗌					
If y	you answered YES to any question in (A) or (B) above, please provide full details in the space below.							
You This 1.  2.  You WH You 1. 2. 3. 4. No If Y	portant Notices  If Duty of Disclosure  Is policy is subject to The Insurance Contracts Act 1984. Under that Act You have a Duty of Disclosure.  Is means:  When You ask for cover, You must tell Us all that You know about the risk that You want covered which may aff  (a) To offer You cover, and  (b) The terms and the cost of such cover.  If You ask for the cover to be renewed, extended, altered or reinstated You must tell Us:  (a) If there have been any changes in what is covered, and  (b) Of all things that may increase the chances of a claim.  In have this duty until We agree to insure You.  Intat You Don't Have to Tell Us  If do not have to tell Us of anything;  That reduces the chances of a claim. But, if You do, it may let Us offer You better terms.  That is common knowledge.  That we should know as a normal part of Our business.  If We waive Your Duty of Disclosure.  If We waive Your Duty of Disclosure.  Out don't tell Us something that You know which may affect Our decision to offer You cover or the terms of that covered to:  Reduce the amount that We have to pay for a claim. This may mean that We would pay You nothing.  Cancel this policy. We may even be allowed to cancel this policy from the date that the cover started if You lie to	over We may	be					
<b>D</b>	keep information from Us or mislead Us.							
	eclaration signing this Proposal form You declare that:							
1. 2. 3. 4.	You have read the above Important Notices You understand and have complied with Your Duty of Disclosure. The property that You want covered is in good condition. All the information You have given in this form is correct.							
Ple	Please sign below							
Sig	nature Date / /							