



Proposal

Please read the following information carefully. It forms a record of information advised and constitutes the basis of your Insurance Contract.

THIS IS AN IMPORTANT DOCUMENT. PLEASE KEEP IT IN A SAFE PLACE. IF THE DETAILS ARE CORRECT THEN PLEASE RETURN IT TO US SIGNED AND DATED.

If any of the facts in this statement are **incorrect** you must notify us as soon as possible and, in all circumstances, **within fourteen days** from the date of inception of the insurance.

Upon payment of the premium requested and subject to the Statement of Facts not being rejected by you, you are accepting the Insurance offered on the terms contained in the Statement of Facts, the Certificate Schedule and the Certificate Document.

Your duty of disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Insured	
Address	
Business Description	

Number of Operatives

Estimated Turnover for the next Financial Year	
Estimated Payroll for the next Financial Year	
Number of Proprietors / Partners / Principals giving advice	0
Number of Manual Workers (Directors / Employees / Labour Only Sub Contractors / Work Experience)	1
Number of Bona-fide Sub-contractors: (Subcontractors that supply both Labour and Materials)	0
Non Manual (clerical) Workers (Directors / Employees / Labour Only Sub Contractors / Work Experience)	0
Number of Temporary Manual Workers:	0
Average days worked (temp manual workers):	N/A
Experience of Proprietors/Partners/Directors/Principals exceeds 1 year?	Yes
Claims in the last 5 years?	No

Please note: if the total number of manual workers (including Labour Only Sub Contractors) goes over 5 in total, please notify us immediately.

Public / Products Liability

Limit of Indemnity

\$10,000,000.00

any one event/unlimited in the Period of Insurance but in all for Products & Pollution

Includes: Tax Disputes & Investigations Legal Expenses plus Free Legal Advice Claims Service

Do you require Professional Indemnity Insurance? No

Limit of Indemnity N/A - Not Taken

If Yes, Please advise if a separate fee is charged for Advice Only? Yes No

If Yes, please refer.

Do you require Tools of Trade Insurance?

Please advise limit required

Limit any one item \$2,500

Claims in last 3 years? Please select...

Insurance Period:

From:

To:

4.00pm Local Standard Time at the Insured's address

Deductibles

Liability 500 Each and every claim

Tax Disputes & Investigations Legal Expenses: \$2,500 Each and every claim

Professional Indemnity 500 Each and every claim

Tools of Trade 500 Each and every claim

Geographical Limits

Commonwealth of Australia

Additional Conditions / Extensions

As per policy wording

Subjectivities

It is a condition precedent to liability that all subjectivities applied to the policy are fully resolved within **14 days** of the inception date. In the event that all subjectivities are not fully resolved, **Underwriters** reserve the right to void the policy ab initio.

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Insured

General Details

Have You or any director or partner involved with the Business or any other business have in the past 5 years:

1. Ever been declared bankrupt or insolvent.	No	<input type="text"/>	Yes	<input type="text"/>
2. Ever been convicted of or charged (but not yet tried) or been given an Official Police Caution in respect of any criminal offence other than a motoring offence.	No	<input type="text"/>	Yes	<input type="text"/>
3. Ever had any previous insurer decline a proposal, refuse to renew a policy or impose special terms or conditions.	No	<input type="text"/>	Yes	<input type="text"/>
4. Ever been convicted of any offence relating to the Health and Safety of your employees or members of the public in connection with your business	No	<input type="text"/>	Yes	<input type="text"/>

Claims History

In connection with The Business or any other business in which You or any director or partner are, or have been involved, and in respect of the cover(s) now granted:

1. There have been losses/claims made for the risks proposed exceeding \$1,000 in the last 5 years. If **Yes**, please provide full details

No

Yes

2. There have been losses/claims made for two losses of the same type or 2 losses of any type in the last 5 years whether insured or not. If **Yes**, please provide full details

No

Yes

Payment Terms

1. Payment of premium to High Street Underwriting Agency Pty Limited within 30 days of inception

2. High Street Underwriting will collect this premium on behalf of Insurers. You may regard this premium as having been paid to insurers when you pay High Street Underwriting

Declaration

I / We declare that the statements and particulars in this proposal form are true and no material facts have been suppressed.

I / We undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

I / We understand that this proposal, together with any other information supplied, shall form the basis of the contract of insurance.

I/We declare that to my/our knowledge and belief the answers and particulars given on the Statement of Facts made by me/us are true and complete, and that I/We have not withheld any material information. Failure to disclose such information may result in claims not being met

Signature of Proprietor, Partner or Principal

Date