

Applicant Declaration

To effect cover it is essential that you sign and return this declaration with your premium payment or monthly instalment documents.

Our renewal schedule is based on the information you have supplied and if any changes are required please contact us immediately. Please ensure that you have carefully read all Duty of Disclosure questions and information attached with the renewal prior to signing this declaration.

Your Duty of Disclosure requires you to tell us of any information that may affect the Insurer's decision to renew your insurance cover and/or on what terms and conditions. Each person(s) or entity named as the Insured has this Duty of Disclosure. If you do not tell us about any information which may be relevant to the Insurer renewing this insurance, this may result in the refusal or reduction of claims or the cancellation of the Policy itself.

Duty of Disclosure Questions (please answer yes or no – if yes, please give reason).

- 1** Has any Insurer ever refused a proposal you have made for insurance, or have you ever had a policy cancelled, renewal refused or special terms imposed: YES / NO
- 2** Have you or any other insured party ever withdrawn a claim, or had a claim declined by an insurer: YES / NO
- 3** Have you or any other insured party ever been declared bankrupt, been placed in receivership or liquidation, or been sued for unpaid debts: YES / NO
- 4** Subject to the Criminal Records (Clean Slate) Act 2004, have you or any other insured party been convicted, charged, or have a prosecution for any criminal offence: YES / NO
- 5** Have you or any other insured party ever experienced a loss, whether insured or not, or had any claims in the past 5 years. YES / NO
- 6** Are you aware of any circumstances, other than those mentioned above, which could influence the Insurers decision to accept the risk of insurance, or which could alter the terms of such decision: YES / NO

7 Do you authorise us to give to, or obtain from, Insurers or any other reference service information relating to the insurance held by you, or any claims in relation thereto:

YES

8 I/We agree the Privacy Policy Statement is acceptable:

YES

Privacy Legislation

Pursuant to the Privacy Act 1993 the following is brought to your attention. We have collected information about you in the process of providing you with a renewal schedule. The information has been collected to evaluate the insurance you seek and is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory. You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Signature and Declaration

- 1** I/We hereby declare that all the answers and statements made in this declaration and as shown on the schedule, are true and accurate in every respect and no information has been withheld which is likely to affect and Insurer's decision about renewing this insurance and/or on what terms and conditions.
- 2** I/We have read and understand all the information contained in the quotation and this declaration, including my/our Duty of Disclosure obligations.
- 3** I/We undertake to advise of any material alteration to the information disclosed whether occurring before or after the insurance cover commenced.
- 4** I/We acknowledge that the Insurer reserves the right to decline any application.
- 5** I/We understand that this declaration will be relied on by the Insurer in accepting my/our renewal.
- 6** I/We authorise the Insurer to give and obtain from other Insurance Companies, Insurance Brokers, the Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by me/us.

Insured Name: _____

Insured Signature: _____

Date: _____