

Direct Sellers | Insurance Solutions

# Proposal Form

Underwritten by:



**Gallagher**

Insurance | Risk Management | Consulting

## Important Notices

### **Duty of Disclosure**

Before entering into a contract of general insurance, you have a duty, under the Insurance Contracts Act 1984 (Cth), to disclose to the Insurer every matter that you know or could reasonably be expected to know, that is relevant to the Insurer's decision about insuring you and if so, on what terms.

Your duty does not require disclosures of matters:

- That diminish the risk;
- That are of common knowledge;
- That the Insurer knows, or in the ordinary course of its business as an insurer, ought to know;
- As to which compliance with your duty of disclosure is waived by the Insurer.
- 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 policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent the Insurer may avoid the policy from its inception. This is why it is vital that enquiry must be made of all relevant principals, directors, employees, contractors, and subsidiaries before this Proposal is signed by or on behalf of the prospective Insured.

### **Utmost good faith**

Every insurance contract is subject to the doctrine of utmost good faith, which requires that parties to the contract should act toward each other with the utmost good faith. Failure to do so on your part may prejudice any claim of the continuation of cover provided to the insurer.

### **Change of circumstance**

It is vital that you advise us of any departure from your "normal" form of business (i.e. the business details that have been advised to your Insurer). For example, any change to business activities, ownership, acquisitions, changes in location, or new overseas activities.

### **Subrogation**

You may prejudice your rights with regard to a claims if, without prior agreement from the Insurer, you make an agreement with a third party that will prevent the Insurer from recovering the loss from that party of another party.

### **Under insurance**

Your property is insured for reinstatement and replacement costs and as such the Insured amounts should represent the full replacement value at new costs. If this is not done any claim you make for these costs may not be paid in full.

### **BINDING AUTHORITY**

In effecting this contract of insurance Arthur J. Gallagher & Co. (Aus) Limited is or will be acting under an authority given to it by Berkley Insurance Australia to effect the contract. Arthur J. Gallagher & Co. (Aus) Limited will be effecting the contract of insurance as agents of Berkley Insurance Australia and not of you as the Insured. Arthur J. Gallagher & Co. (Aus) Limited is authorised to provide Specialty Risks under this authority.

## Direct Sellers

### Insurance Proposal Form

**IMPORTANT: Any decision to offer insurance cover is based on the information you provide us in this proposal form.**

**PERIOD OF COVER: We will commence your insurance policy upon receipt of this completed proposal form and subject to no outstanding issues. Otherwise, please state your commencement date: / / (4pm local time)**

Details of the Insured			
Full Name:		DOB:	
Trading Name <i>(if applicable):</i>		ABN:	
Are you with IICT? If yes, please supply membership details otherwise move on to the next section.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Membership Number:		Level of Membership:	

Mailing Address:		P/Code:	
Phone:		Mobile:	
		Fax:	
Email Address:			
Website:			
Do you have a current Combined Liability policy or Student policy in place with us?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please advise client code			
Are you a Permanent resident of Australia?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no please advise what Visa class you are on and the expiry date.			

What products do you sell?

Limits of cover	
This policy will cover you for the below limits: Please note it's a combined Public Liability and Professional Indemnity policy	
Limits of cover for Public Liability	\$10million
Limits of cover for Professional Indemnity	\$1million

## Direct Sellers

### Insurance Proposal Form

Insurance Previous and Future (Retrospective Cover)	
Do you require retrospective cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently insured for your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is your current insurer?	
What is the original inception date of the policy? (Required to take out this section)	
What is the expiry date of the policy (Required to take out this section)	

Do you work from home or residential premises? Did you know your home and contents cover might not cover you for this?	
Would you like us to provide information on this?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require a business pack policy or information on this – including cover for building, contents, stock, glass, money, Business Interruption – Income Protection for your business	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### OTHER INSURANCE

I am interested in a Business Pack policy to cover my building, Contents, Stock, Money, Business Interruption	<input type="checkbox"/> Yes <input type="checkbox"/> No
I run my business from home	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in a home and contents or motor vehicle policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in a personal accident and illness policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

- I have read and understood the Duty of Disclosure.
- I have read and understood the Privacy Statement.
- I have read and understood the FSG.

Please be advised that we do include a broker fee and receive remuneration from your policy

## Direct Sellers

### Insurance Proposal Form

#### Claims Questions

After full enquiry, are you aware of any:

- |   |  |
|---|--|
| a). Claim having been made against you, any of the practitioners employed by you or any of your business partners?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b). Circumstances which could give rise to a claim against you, your employees or business partners in the future?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c). Have you ever made a claim for property loss or damage in respect of which cover is being sought?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d). Have you ever had any insurance declined, cancelled, renewal refused, special conditions imposed, special excess imposed or a claim rejected? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e). Have you been declared bankrupt or put into receivership of voluntary liquidation?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f). Have you been charged or convicted of any criminal offence?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you have answered yes to any of the above questions please provide full details:

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#### Advices

After enquiry, I declare that:

1. I have made all necessary enquiries into the accuracy of the responses given in this Proposal.
2. The statements and particulars given in this Proposal are true and complete, and no material facts have been omitted, misstated or suppressed.
3. Should any of the information given by me alter between the date of this Proposal and the inception date of any Insurance  
1. Policy, I will give immediate notice thereof to Insurer(s) via Arthur J. Gallagher, and I agree that Insurer(s) may alter or withdraw the terms that they have offered.
4. I agree that if there are any changes during the Policy Period to the modalities I want covered I will promptly notify Insurer(s) via Arthur J. Gallagher.
5. I have read and understood the Important Notices contained in this Proposal.
6. I agree that this Proposal, together with any additional information contained in an appendix or attachment, will form the basis of the contract of insurance effected by Insurer(s).
7. I agree that submitting this Proposal for the purposes of obtaining a quotation does not bind Insurer(s) to complete an  
2. Insurance Policy.
8. I will provide Insurer(s) with notice via Arthur J. Gallagher as soon as practicable of any fact or circumstance that might give rise to a  
3. Claim and furnish all relevant documentation to Insurer(s) in the investigation or defence of any Claim.
9. Insurer(s) are hereby authorised to make any investigation and enquiry in connection with this Statement of Fact that they deem necessary.

***To speed up the process we are able to email your documentation to you.***

**Direct Sellers**

Insurance Proposal Form

*Please confirm if you wish to receive documents by email.*

<input type="checkbox"/>	I agree to receive my documentation and further correspondence by email.
	Current email address: <input type="text"/>
<input type="checkbox"/>	Please do not send my documents or any correspondence by email.

**Signature of the Insured**

<input type="text"/>	Date:	<input type="text"/>
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(If applicable)

<input type="text"/>	Date:	<input type="text"/>
<input type="text"/>	Date:	<input type="text"/>

**I have more questions. Who can I contact?**

Arthur J. Gallagher & Co. (Aus) Limited

Specialty Risks Team

Tel: 1800 222 012

Fax: 07 3382 0676

Email: [specialtyrisks@ajg.com.au](mailto:specialtyrisks@ajg.com.au)



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