

DECLARATION

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

We are required to provide a Duty of Disclosure notice to you on behalf of the Insurer. Should you need any clarification in respect of the notice or your obligations please do not hesitate to contact us.

Our Policy Quotation is based on information you have supplied. Please ensure that you have carefully read all Duty of Disclosure questions and information attached prior to signing the declaration.

Your Duty of Disclosure requires you to tell us of any information that may affect our decision to provide 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 us, this may result in the refusal and/or reduction of claims and/or cancellation of the insurances.

DUTY OF DISCLOSURE

- 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- 2 Have you or any other insured party ever withdrawn a claim, or had a claim declined by an insurer?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 pending for any criminal offence? Yes No
- 5 Have you or any other insured party experienced a loss, whether insured or not, or had any claims in the past 5 year? Yes No
- 6 Do you authorise us to give to, or obtain from, Insurers or any other reference service including the Insurance Claims Register Ltd, information relating to the insurance held by you, or any claims in relation thereto? Yes No
- 7 I/We agree the Privacy Policy Statement is acceptable: Yes No

PRIVACY LEGISLATION

Pursuant to the Privacy Act the following is brought to your attention. We have collected information about you in the process of providing you with this Insurance Report. The information has been collected to evaluate the insurance you seek, and will be used to assist in administering your policy and managing any claims. The information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory.

You have the right of access to and correction of this information, subject to the provisions of the Privacy Act.

DISCLAIMER

Risk exposures vary widely from business to business. The risk comments, views and advice in this Insurance Report are intended as a guide only. While all reasonable efforts have been made to ensure the information and advice provided in this Insurance Report is accurate, we make no representations and give no warranties that the information is free from errors or omissions. We take no responsibility for the accuracy of any information supplied by third parties.

To the full extent permitted by law, we accept no responsibility and shall have no liability for any errors, omissions or other inaccuracies in the information provided in this Insurance Report, or for any loss or damage suffered or incurred (directly or indirectly) by any person, as a result of using the information in this Insurance Report.

This risk report is prepared and provided on a confidential basis for use only by the recipient and should not be reproduced or forwarded to any other person without the prior written consent of us. We have no obligation to update any advice given and you should review your risk needs regularly (we are happy to assist on request).

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 an Insurer's decision on this insurance and/or on what terms and conditions.
2. I/We have read and understand all the information contained in the schedule and this declaration, including the Duty of Disclosure obligations and agree it is as I/we require.
3. I/We understand this Insurance Report is a summary and is not the policy wording and that I/we have been recommended to read the policy wording.
4. I/We undertake to advise of any material alteration of the information disclosed whether occurring before or after the insurance cover commenced.
5. I/We acknowledge that the Insurer reserves the right to decline any application.
6. I/We understand that this declaration will be relied on by the Insurer in accepting my/our application.
7. 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.
8. I/We declare that in conformance with Section 48 (6) of the Fire Service Act 1975, the indemnity value of the asset/s listed and insured is fair and reasonable in relation to the replacement value of the asset/s.

Applicant Name/s: Date:

Applicant Signature/s: