

BROKER  
DETAILS

Broker Company

Broker Contact Name

Broker Email

Broker Phone

THE INSURED

Full name of proposed Insured including subsidiaries:

1. Your (company) name

2. Are you currently registered for gst?

Yes

No

3. ABN Number

4. Contact Name

5. Contact Number

6. Email Address

7. Mobile Contact Number

Business Address

8. Address

9. Suburb

10. State

11. Postcode

12. Please provide full details of the Promotion including mechanics/odds/type of promotion.  
Please attach a copy of Terms & Conditions.

13. Address

14. Suburb

15. State

16. Postcode

EVENT / PROMOTION DETAILS

17. Promotion / Draw Date (DD/MM/YYYY)

/

/

18. Has this type of Event or Promotion been held before

Yes

No

19. If Yes, Please give full details, including any occurrence that could have or did result in a financial loss

20. What is Your involvement in the Event or Promotion ?

21. What is Your experience in this capacity ?

22. How will the Event or Promotion be overseen or supervised, and who will provide such oversight and supervision ? **Note: we may appoint an independent firm to provide such oversight and supervision, the cost of which shall be borne by You in addition to the premium unless specifically agreed otherwise by Us**

PARTICIPANTS  
& PRIZE VALUE

23. Total number of participants
24. How many attempts can each participant have ?
25. What is the value of the prize on offer ?
26. Does this represent the full extent of Your financial responsibilities ? Yes No  
If no, please give details

GENERAL QUESTIONS

27. Can you confirm that all the necessary contractual arrangements will be put in place in a timely manner and these will be valid for the period of the insured Event or promotion ? Yes No
28. Have you sought legal advice, either in house or independent, on the legality of the proposed Event or Promotion? Yes No  
If yes, please provide details
29. Do You know of any matter, fact or circumstance, actual or threatened, that increases or could increase the possibility of a loss under this proposed Insurance? Yes No  
If yes, please provide details

**Please note that you must observe and comply with all applicable laws, ordinances and regulations (where applicable) whether national, federal, state or local.**

DUTY OF DISCLOSURE

- a. In the past 10 years have you or any Insured person/business/corporation/ director had any insurer decline any proposal from inception or decline any claim, cancelled or refused to renew a policy or imposed special conditions? Yes No
- b. In the past 10 years have you or any Insured person/business/corporation/ director ever been declared bankrupt or involved in any form of insolvency administration and not been discharged for at least one year? Yes No
- c. In the past 10 years have you or any Insured person/business/corporation/ director been convicted or have charges pending, for any criminal offence, including arson, or involving dishonesty of any kind? Yes No
- d. Have you ever had a non-motor vehicle loss, whether insured or not, in excess of \$20,000? Yes No  
If yes, please provide details
- e. Do you authorise us to give to, or obtain from, other insurers or any reference service, any information relating to insurance held by you or any claim in relation thereto? Yes No
- f. Are you aware of any matter, not covered above, that may be relevant to the insurers decision whether to insurer you, & if so, on what terms? Yes No  
If yes, please provide details

PRIVACY NOTICE

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) (Privacy Act) and the Australian Privacy Principles (APPs). Where required, we will provide you with a Collection Notice which outlines how we collect, disclose and handle your personal information. You can also refer to our Privacy Policy available on our website [www.insuranceadviser.net](http://www.insuranceadviser.net) or by contacting us for more information about our privacy practices including how we collect, use or disclose information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled.

CLIENT ACKNOWLEDGEMENT / SIGNATURE

**I/We Acknowledgement that:**

- All answers and statements made in the coverage summary forming part of this Insurance Proposal are true and accurate in every respect. **Full name**
- No information has been withheld which is likely to affect an insurer's decision about rating or accepting my/our insurances. **Position held**
- The Insurer reserves the right to decline my application. **Date**
- This acknowledgement will be relied upon by the insurer and/or Able Underwriting Pty Ltd. **Signature**