

Arena Underwriting Pty Ltd

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GEARSURE EQUIPMENT INSURANCE PROPOSAL



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.

What you do not need to tell us

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.

Subrogation

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

Your policy contains provisions that either exclude the Insurer from liability, or reduce their liability, if you have entered into any agreements that exclude your rights to recover damages from another party in relation to any loss, damage or destruction which would allow you to sustain a claim under this policy.

Binder Warning

In arranging this policy we are acting under a binding underwriting authority from the underwriter, Chubb Insurance Australia Limited. In that capacity we act as agents for Chubb.

| General Information | | | | | |
|---|---|--|--|--|--|
| Insured Name: | | | | | |
| ABN: | | | | | |
| Postal Address: | | | | | |
| Phone Number: | | | | | |
| Email Address: | | | | | |
| | | | | | |
| Underwriting Information | | | | | |
| Address of where you usually store the Equipment to be Insured? | | | | | |
| Have you suffered any los last 5 years? □ Yes – if so, please □ No | sses of equipment, including theft, fire or damage (whether insured or not) in the provide details. | | | | |
| | n refused insurance or have had your insurance cancelled by an Insurer or have increased premiums or increased excesses imposed on any policy of insurance by | | | | |
| ☐ Yes – if so, please provide details. ☐ No | | | | | |
| Period of Insurance: | From: | | | | |
| | To: 4:00pm | | | | |
| Type of Cover Required: | □ Worldwide (excluding certain sanction countries) □ Premises Only – Address: | | | | |
| Please provide details of security at your normal place of storage? | | | | | |
| Please advise names of a | ny interested parties to be noted on the policy? (i.e. finance companies etc). | | | | |

| SCHEDULE OF ITEMS TO INSURE (Please attach a separate Schedule if insufficient space). | | | | | | |
|---|-----------|-------------|--|--|--|--|
| Note: Only items that appear on the schedule are covered under this policy | | | | | | |
| Description of Item | Serial No | Sum Insured | | | | |
| 1. | | \$ | | | | |
| 2. | | \$ | | | | |
| 3. | | \$ | | | | |
| 4. | | \$ | | | | |
| 5. | | \$ | | | | |
| 6. | | \$ | | | | |
| 7. | | \$ | | | | |
| 8. | | \$ | | | | |
| 9. | | \$ | | | | |
| 10. | | \$ | | | | |
| Limit for miscellaneous items (leads, stands, pedals etc) | \$ | | | | | |
| Limit for hired or borrowed equipment (policy automatically includes cover for \$25,000 in total with a limit of \$5,000 per item. If you require higher limits for hired in or borrowed equipment please advise: | | | | | | |
| Maximum value of hired in equipment to be insured | \$ | | | | | |
| Maximum limit any on item for hired in equipment | \$ | | | | | |
| | | | | | | |
| DECLARATION: | | | | | | |
| I/We hereby agree that this proposal & declaration shall be the basis of the contract between myself/ourselves & the Underwriting Insurance Company I/We have chose. I/We also acknowledge having read and understood the important Notices forming part of this application. | | | | | | |
| Name: | | | | | | |

Signature:

| Date: | | | | |
|-------|--|--|--|--|
|-------|--|--|--|--|

Underwritten By



CHUBB INSURANCE AUSTRALIA LIMITED ABN 23 001 642 020 AFS No. 239687