

**TRADE CREDIT INSURANCE
REQUEST TO ADD JOINT INSURED**

APPLICANT

Business Name _____

Trading Name _____

Registered Address _____ Postcode _____

Postal Address _____ Postcode _____

ABN, ACN and/or other _____

Telephone _____ Fax _____

Email _____

1. JOINT APPLICANT

Business Name _____

Trading Name _____

Registered Address _____ Postcode _____

Postal Address _____ Postcode _____

ABN, ACN and/or other _____

Telephone _____ Fax _____

Email _____

2. JOINT APPLICANT

Business Name _____

Trading Name _____

Registered Address _____ Postcode _____

Postal Address _____ Postcode _____

ABN, ACN and/or other _____

Telephone _____ Fax _____

Email _____

3. JOINT APPLICANT

Business Name _____

Trading Name _____

Registered Address _____ Postcode _____

Postal Address _____ Postcode _____

ABN, ACN and/or other _____

Telephone _____ Fax _____

Email _____

4. JOINT APPLICANT

Business Name _____

Trading Name _____

Registered Address _____ Postcode _____

Postal Address _____ Postcode _____

ABN, ACN and/or other _____

Telephone _____ Fax _____

Email _____

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.

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 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.

CO-INSURANCE

Our policy operates on the principle of co-insurance. This means that you will be considered your own insurer for:

- a) an agreed percentage of any loss you may suffer;
- b) so much of any indebtedness owing to you as exceeds the permitted credit limit; and
- c) any deductibles applicable to your policy.

THE BOND & CREDIT co.

A MEMBER OF THE TOKIO MARINE GROUP

SIGNATURE AND DECLARATION OF POLICY HOLDER

We declare that we have read and understood the notifications above and that the information given on this form (including any additional lists, forms, schedules or attachments) is to the best of our knowledge and belief correct and we are not aware of any circumstances which we have not disclosed to The Insurer* which might affect your decision whether to accept the risk. We further declare that none of the customers are a subsidiary or associated company of ours and that we have no interest direct or indirect, in any of the customers.

The signatory warrant that they are duly authorised to sign this declaration on behalf of all applicants.

Organisation stamp or full name of applicant(s) _____

Name of Signatory _____

Position in organisation _____

Signature _____

Email _____

Date _____

GPO BOX 111 SYDNEY NEW SOUTH WALES 2001 TELEPHONE. 1300 326 181
EMAIL. TRADECREDIT@TBCCO.COM.AU

BCC Trade Credit Pty Ltd (ABN 48 608 296 233) (BCC) is arranging this insurance and acts as an Authorised Representative of Tokio Marine & Nichido Fire Insurance Co. Ltd. ABN 80 000 438 291, AFSL 246548