

Application Form

Business Package

Completion of this Form

Please answer all questions. Please tick appropriate boxes and provide details as requested. If there is not enough space provided to answer a question please complete Your answer on a separate page and attach it to the Proposal.

Acceptance of Proposal

Cover for this insurance will not commence until agreed and accepted by Coast in writing. Coast reserves the right to decline any Proposal and to verify any information provided.

Defined Terms

Some words used in this Proposal Form ('Proposal') have a special meaning as defined in the Policy wording and such other documents which make up the Policy which contain definitions.

Broker Contact

Brokerage

Broker Contact

The Applicant

Insured Name

Insured Person(s) / Directors

Website

Registered Address

Post Code

Interested Party

ABN

ITC%

 %

Period of Insurance

From

 / /

To

 / /

At 4pm local time

Business description

Please describe your business

History

Who is the current insurer?

When does the current policy fall due?

How long have you operated this business?

If less than 5 years, please advise experience in this field

Have you or any partner(s) or director(s) of the business:

Ever had an insurance policy declined, cancelled or special conditions imposed? Yes No

If yes, please provide detail

Date

/ /

Ever been declared bankrupt?

Yes No

If yes, please provide detail

Date

/ /

Have you or any partner(s) or director(s) of the business:

Been convicted of any criminal offence within the past 5 years
(other than minor traffic convictions)?

Yes No

If yes, please provide detail

Date

Any other matters you should disclose?

Yes No

If yes, please provide detail

Date

Claims:

Have you suffered any losses, for your business liability in the last 5 years? Yes No

If yes, please provide Date of loss / details of incident and settlement amount

Status Ongoing Closed

Claims:

Have you any unreported or uninsured losses? Yes No

If yes, please provide Date of loss / details of incident and settlement amount

Have you put any preventative or corrective measures in place? Yes No

Next, we will ask you about specific business activities and premises.

Is there anything else you'd like to tell us?

Situations

	Address	State	Post Code	Occupancy Type	Status	Heritage Listed
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner Occupier <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner Occupier <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner Occupier <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Owner Occupier <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant	<input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied	<input type="checkbox"/> Yes <input type="checkbox"/> No

Tenants & Business Activities

	Tenants (if applicable)	Activities
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

Buildings

Situation 1

Number of buildings	<input type="text"/>	Year built	<input type="text"/>
Year (re)wired	<input type="text"/>	Number of stories	<input type="text"/>
Roof shape	<input type="text"/>	Rebuild cost	\$ <input type="text"/>
Is there EPS/PIR/PUR Panels in the structure? <input type="checkbox"/> No			
	<input type="checkbox"/> Yes	<input type="text"/>	%

Floors Construction

Concrete
 Wood
 Iron / Steel

Other (Non Combustible)

Other (Combustible)

Walls Construction

Concrete
 Iron/Steel/Aluminium
 Brick
 Masonry
 Glass
 Wood

Expanded Polystyrene (EPS)

Other (Non Combustible)

Other (Combustible)

Roof Construction

Concrete
 Iron/Steel/Aluminium
 Tiles / Slate
 Masonry
 Asbestos

Glass
 Wood

Expanded Polystyrene (EPS)

Other (Non Combustible)

Other (Combustible)

Fire Protection

What fire protection is present and in working order?

None	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sprinklers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Smoke Detectors	<input type="checkbox"/> Monitored	<input type="checkbox"/> Non monitored
Hose Reels	<input type="checkbox"/> Partial floor area	<input type="checkbox"/> total floor area
Fire Extinguishers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heat Detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Blankets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Security

What security is provided?

None	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Alarm	<input type="checkbox"/> Local alarm	<input type="checkbox"/> Monitored / Back to base	<input type="checkbox"/> None
Deadlocks on doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Bars on windows	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Roller shutters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CCTV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Patrols	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electronic key pad / swipe card access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Security fencing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
External lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Location

Which of the following best describes where the buildings are located?

- Main or Suburban street
- Within an Industrial Complex
- Outside Metropolitan, regional or town boundaries
- Wholly within a shopping centre (no external openings to outside centre)
- Within a shopping centre (with external openings)
- Within an Office Block (including ground or 1st floor)
- Within an Office Block (2nd floor or above)
- Other

Is premises connected to town water? Yes No

Fire Brigade

Distance to nearest Fire Brigade

- Professional Manned 24 hours
- Professional Manned part time
- Own on site staff fire brigade Manned 24 hours
- Rural or country volunteer brigade

Flammable Goods

Are flammable goods stored on the premises? No

Yes

What quantity?

In approved cabinets/bunded storage facilities? Yes No

Situation 2

Number of buildings	<input type="text"/>	Year built	<input type="text"/>
Year (re)wired	<input type="text"/>	Number of stories	<input type="text"/>
Roof shape	<input type="text"/>	Rebuild cost	<input type="text" value="\$"/>
Is there EPS/PIR/PUR Panels in the structure?		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="text" value=""/> %

Floors Construction

Concrete
 Wood
 Iron / Steel

Other (Non Combustible)

Other (Combustible)

Walls Construction

Concrete
 Iron/Steel/Aluminium
 Brick
 Masonry
 Glass
 Wood

Expanded Polystyrene (EPS)

Other (Non Combustible)

Other (Combustible)

Roof Construction

Concrete
 Iron/Steel/Aluminium
 Tiles / Slate
 Masonry
 Asbestos

Glass
 Wood

Expanded Polystyrene (EPS)

Other (Non Combustible)

Other (Combustible)

Fire Protection

What fire protection is present and in working order?

None	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sprinklers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Smoke Detectors	<input type="checkbox"/> Monitored	<input type="checkbox"/> Non monitored
Hose Reels	<input type="checkbox"/> Partial floor area	<input type="checkbox"/> total floor area
Fire Extinguishers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heat Detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Blankets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Security

What security is provided?

None	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Alarm	<input type="checkbox"/> Local alarm	<input type="checkbox"/> Monitored / Back to base	<input type="checkbox"/> None
Deadlocks on doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Bars on windows	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Roller shutters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CCTV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Patrols	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electronic key pad / swipe card access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Security fencing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
External lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Location

Which of the following best describes where the buildings are located?

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- Within a shopping centre (with external openings)
- Within an Office Block (including ground or 1st floor)
- Within an Office Block (2nd floor or above)
- Other

Is premises connected to town water? Yes No

Fire Brigade

Distance to nearest Fire Brigade

- Professional Manned 24 hours
- Professional Manned part time
- Own on site staff fire brigade Manned 24 hours
- Rural or country volunteer brigade

Flammable Goods

Are flammable goods stored on the premises? No

Yes

What quantity?

In approved cabinets/bunded storage facilities? Yes No

Situation 3

Number of buildings	<input type="text"/>	Year built	<input type="text"/>
Year (re)wired	<input type="text"/>	Number of stories	<input type="text"/>
Roof shape	<input type="text"/>	Rebuild cost	<input type="text" value="\$"/>
Is there EPS/PIR/PUR Panels in the structure?		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="text" value=""/> %

Floors Construction

Concrete
 Wood
 Iron / Steel

Other (Non Combustible)

Other (Combustible)

Walls Construction

Concrete
 Iron/Steel/Aluminium
 Brick
 Masonry
 Glass
 Wood

Expanded Polystyrene (EPS)

Other (Non Combustible)

Other (Combustible)

Roof Construction

Concrete
 Iron/Steel/Aluminium
 Tiles / Slate
 Masonry
 Asbestos

Glass
 Wood

Expanded Polystyrene (EPS)

Other (Non Combustible)

Other (Combustible)

Fire Protection

What fire protection is present and in working order?

None	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sprinklers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Smoke Detectors	<input type="checkbox"/> Monitored	<input type="checkbox"/> Non monitored
Hose Reels	<input type="checkbox"/> Partial floor area	<input type="checkbox"/> total floor area
Fire Extinguishers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heat Detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Blankets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Security

What security is provided?

None	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Alarm	<input type="checkbox"/> Local alarm	<input type="checkbox"/> Monitored / Back to base	<input type="checkbox"/> None
Deadlocks on doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Bars on windows	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Roller shutters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CCTV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Patrols	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electronic key pad / swipe card access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Security fencing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
External lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Location

Which of the following best describes where the buildings are located?

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- Outside Metropolitan, regional or town boundaries
- Wholly within a shopping centre (no external openings to outside centre)
- Within a shopping centre (with external openings)
- Within an Office Block (including ground or 1st floor)
- Within an Office Block (2nd floor or above)
- Other

Is premises connected to town water? Yes No

Fire Brigade

Distance to nearest Fire Brigade

- Professional Manned 24 hours
- Professional Manned part time
- Own on site staff fire brigade Manned 24 hours
- Rural or country volunteer brigade

Flammable Goods

Are flammable goods stored on the premises? No

Yes

What quantity?

In approved cabinets/bunded storage facilities? Yes No

Situation 4

Number of buildings	<input type="text"/>	Year built	<input type="text"/>
Year (re)wired	<input type="text"/>	Number of stories	<input type="text"/>
Roof shape	<input type="text"/>	Rebuild cost	<input type="text" value="\$"/>
Is there EPS/PIR/PUR Panels in the structure?		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="text" value=""/> %

Floors Construction

Concrete
 Wood
 Iron / Steel

Other (Non Combustible)

Other (Combustible)

Walls Construction

Concrete
 Iron/Steel/Aluminium
 Brick
 Masonry
 Glass
 Wood

Expanded Polystyrene (EPS)

Other (Non Combustible)

Other (Combustible)

Roof Construction

Concrete
 Iron/Steel/Aluminium
 Tiles / Slate
 Masonry
 Asbestos

Glass
 Wood

Expanded Polystyrene (EPS)

Other (Non Combustible)

Other (Combustible)

Fire Protection

What fire protection is present and in working order?

None	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sprinklers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Smoke Detectors	<input type="checkbox"/> Monitored	<input type="checkbox"/> Non monitored
Hose Reels	<input type="checkbox"/> Partial floor area	<input type="checkbox"/> total floor area
Fire Extinguishers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heat Detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Blankets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Security

What security is provided?

None	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Alarm	<input type="checkbox"/> Local alarm	<input type="checkbox"/> Monitored / Back to base	<input type="checkbox"/> None
Deadlocks on doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Bars on windows	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Roller shutters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
CCTV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Patrols	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electronic key pad / swipe card access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Security fencing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
External lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Location

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- Within a shopping centre (with external openings)
- Within an Office Block (including ground or 1st floor)
- Within an Office Block (2nd floor or above)
- Other

Is premises connected to town water? Yes No

Fire Brigade

Distance to nearest Fire Brigade

- Professional Manned 24 hours
- Professional Manned part time
- Own on site staff fire brigade Manned 24 hours
- Rural or country volunteer brigade

Flammable Goods

Are flammable goods stored on the premises? No

Yes

What quantity?

In approved cabinets/bunded storage facilities? Yes No

Coverage Section: Business Property

Building(s)		\$
Contents		\$
Stock		\$
		\$
		\$
Special sections		
Customer's goods		\$
Stock of watercraft		\$
Stock of caravans		\$
Stock of petrol		\$
		\$
		\$
		\$
Total Sum Insured		\$

Other Covers

Extra Cost of Reinstatement	<input type="checkbox"/> Wording <input type="checkbox"/> Other Amount	\$
Removal of Debris	<input type="checkbox"/> Wording <input type="checkbox"/> Other Amount	\$
Rewriting of Records	<input type="checkbox"/> Wording <input type="checkbox"/> Other Amount	\$
Flood	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Storm Surge	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Coverage Section: Business Interruption

Do you require cover for Business Interruption? Yes No

Business Interruption	\$	<input type="checkbox"/> Insurable Gross Profit <input type="checkbox"/> Weekly Revenue <input type="checkbox"/> Annual Revenue <input type="checkbox"/> Additional Increased Cost of Working only
Loss of Rent Receivable	\$	
Payroll – if not insured 100% in Gross Profit	\$	
Accounts Receivable	<input type="checkbox"/> Wording <input type="checkbox"/> Other Amount	\$
Claims Preparation Costs	<input type="checkbox"/> Wording <input type="checkbox"/> Other Amount	\$
Indemnity Period	<input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months	

Loss of Payroll

100% for (weeks)	
Percentage for Remaining Period	
Consolidated Period (weeks)	

Uninsured Working Expenses

Purchases	
Discounts Allowed	
Bad Debt	
Other	%

Specified Customers and Suppliers

Do you wish to specify any Customers or Suppliers? Yes No

Type	<input type="checkbox"/> Customer <input type="checkbox"/> Supplier
Name	
Address	
Good Supplied	

Do you wish to provide further information?

Coverage Section: Theft

Do you require cover for Theft? Yes No

If yes

Tobacco Products		\$
Liquor Products		\$
Stock, other than tobacco or liquor		\$
Machinery & Plant		\$
Theft (limited) without forcible and violent entry		\$
		\$
		\$

Other Covers

Damage to business premises	<input type="checkbox"/> Wording <input type="checkbox"/> Other Amount	\$
Damage to rented premises	<input type="checkbox"/> Wording <input type="checkbox"/> Other Amount	\$
Seasonal increase period/s	<input type="checkbox"/> Wording <input type="checkbox"/> Other Amount	\$
Directors & employees tools of trade and personal effects	<input type="checkbox"/> Wording <input type="checkbox"/> Other Amount	\$
Employee dishonesty	<input type="checkbox"/> Wording <input type="checkbox"/> Other Amount	\$

Coverage Section: Money

Do you require cover for Money? Yes No

In transit	\$
On premises – Business Hours	\$
On premises – Outside Business Hours	\$
In locked safe	\$
	\$
	\$
	\$

Coverage Section: Glass

Do you require cover for glass? Yes No

Do you wish to add any specified glass items? Yes No

When does the current policy fall due?

Coverage Section: Machinery breakdown and electronic equipment

Do you require cover for Machinery breakdown and electronic equipment? Yes No

Specified Machinery	
	\$
	\$
	\$
	\$
	\$
	\$

Specified Electronic equipment	
	\$
	\$
	\$
	\$
	\$
	\$

Optional Extensions

Do you require cover for Deterioration of stock? Yes No

Coverage Section: General Property

Do you require cover for General Property? Yes No

Specified Property	
	\$
	\$
	\$
	\$
	\$
	\$

Coverage Section: Tax Audit

Do you require cover for Tax Audit? Yes No

Insured event	<input type="checkbox"/> \$10,000 <input type="checkbox"/> Other Amount	\$
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Coverage Section: Public and Products Liability

Do you require cover for Public & Products liability? Yes No

Turnover

What is the estimated turnover / gross income for the next 12 months \$

Please provide the approximate percentage of turnover derived from each State, Territory or Overseas.

NSW	VIC	QLD	SA	WA	NT	TAS	ACT
%	%	%	%	%	%	%	%
Overseas – (If overseas, please list countries)							
	%		%		%		%
	%		%		%		%

Type of Work

Please list all activities this business carries out and the approximate turnover derived from each.

Type of work	% of turnover
	%
	%
	%
	%
	%
	%

Personnel

Staff

Number of staff

Estimated payroll \$

Contractors

Do you engage subcontractors? Yes No

If yes, what activities do you contract to them?

What are your estimated payments to contractors? \$

Labour hire

Do you engage labour hire personnel? Yes No

What are your estimated payments to labour hire? \$

Imported Goods

Do you, or do you intend to import goods? Yes No

If yes, please specify the items

Country imported from

Do you have quality control procedures in place? Yes No

If yes, please provide details

Are your products subject to any Australian or International standard? Yes No

If yes, please provide details

Exported Goods

Do you, or do you intend to export goods? Yes No

If yes, please specify the items

Country exported to

Do you have quality control procedures in place? Yes No

If yes, please provide details

Are your products subject to any Australian or International standard? Yes No

If yes, please provide details

Hazardous Activities and Substances

Substances

Do You, or do You intend to use, store or handle hazardous substances? Yes No

If yes, please specify the substances

Do You, or do You intend to, discharge waste or hazardous material into the atmosphere, sewer or elsewhere? Yes No

If yes please provide details

Waste material

Method of storage

Safety procedures

Activities

Do You, or do You intend to carry out any of the following:

Use of explosives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bridge construction/maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demolition activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work on offshore platforms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilities, gas production, petrochemical plants, power stations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Height work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction or maintenance work involving chemical works	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work of or in the defence force	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mining or for the mining industry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work on aircraft or their components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rail or trains	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide details

Do you wish to tell Us anything else?

Important Notices

Binder Agreement

Coast Insurance Pty Ltd (ABN 44 108 154 829, AFSL 268726) ('Coast') distributes the product under a binding authority as agent for the Insurer. The Policy is underwritten by certain underwriters at Lloyd's ('Underwriters') (proportion 100%). The Underwriters are collectively referred to as 'We, Us, Our, the Insurer(s)' in the Policy.

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 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.

Privacy Statement

In this Privacy Statement the use of "We", "Us" and "Our" means the Insurer(s) and Coast unless specified otherwise.

We are committed to the safe and careful use of Your personal information in the manner required by the *Privacy Act 1988* (Cth) and the Australian Privacy Principles and the terms of this Policy.

We collect Your personal information in order to assess Your application for insurance and, if Your application is accepted, to administer and manage Your insurance policy and respond to any claim that You make. To do this, Your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on Our behalf, such as assessors and facilitators, some of whom may be located in overseas countries such as the United Kingdom.

Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

Privacy Statement (continued)

By providing Us with Your personal information, You consent to the disclosure of Your personal information to reinsurers, service providers and related entities in overseas countries to enable Us to assess Your application, to administer and manage Your insurance Policy and to respond to any claim that You make. If You consent to the disclosure of Your personal information to overseas recipients, and the overseas recipient handles Your personal information in a way other than in accordance with the Australian privacy laws, We may not be responsible for the handling of Your personal information by the overseas recipient.

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We may not be able to assess Your application or administer and manage Your insurance policy and respond to any claim that You make.

Our privacy policies contain information on how You may access personal information that each of us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of Your personal information and how complaints are handled. If You require more information, You can access Coast's Privacy Policy at www.coastins.com.au

Print Name of Insured

Signature of Insured

Date