

# SPORTSCOVER

## Sportscover Commercial Legal Expenses Insurance Proposal Form

### Introduction

Please would You complete the general details.

You should answer all questions accurately with as much information as You can. Additional information can be provided by attaching a separate piece of paper to this form. Once completed please return to Your Insurance Broker whose details can be found on the last page of this form.

### **IMPORTANT Please read the following before completing this form**

#### **Your Duty Of Disclosure – the things You need to tell us**

Under the Insurance Contracts 1984 Act, You have a Duty of Disclosure. You are required before You enter into, renew, vary, extend or reinstate Your Policy, to tell Us everything You know that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to Our decision whether to insure You, and anyone else to be insured under this Policy, and is so on what terms.

#### **• You do not have to tell Us about any matter**

- that diminishes the risk
- that is common knowledge
- that We should know in the ordinary course of Our business as an insurer, or
- which We indicate We do not want to know.

#### **• If You do not tell Us**

If You do not comply with Your Duty of Disclosure We may reduce or refuse to pay a claim or cancel Your Policy. If Your non-disclosure is fraudulent We may also have the option of avoiding the contract from its beginning.

### **Utmost Good Faith**

This insurance is a contract based on utmost good faith requiring the Underwriters (Active Underwriting Specialists) and the proposer/insured (You) to act towards each other with the utmost good faith in respect of any matter relating to this insurance.

### **Your Privacy**

The Privacy Act 1988 seeks to ensure the confidentiality and security of any personal information. Sportscover Privacy Policy detailing Our handling of personal information is available on request on Our website

[www.sportscover.com/insurance](http://www.sportscover.com/insurance)

You have the right to access and correct Your personal information We hold. If You would like to do this please call Us.

## Your details

Your name (including trading name)

Address

State

Postcode

Contact name

Phone Number

Email address

Website address

Employee Numbers

WA	NT	NSW
VIC	QLD	TAS
SA		

## STATEMENT OF FACT

You confirm that:

- 1) you have not had any insurer refuse a commercial legal expenses insurance, imposed special terms or declined to renew a commercial legal expenses policy
- 2) have not been in any dispute or legal proceedings to which this insurance would apply during the last five years
- 3) are not aware of any cause, event or circumstance which may give rise to claim being made under this insurance
- 4) your business or organisation is registered and domiciled in Australia
- 5) your business or any of your current or former officers, directors, trustees, employees or volunteers have not been convicted or charged with but not yet tried for, a criminal offence (other than motoring offences or convictions spent under the Commonwealth Spent Convictions Scheme)
- 6) you comply with all statutory regulations and established codes of practice, including those related to health and safety, adult and child safeguarding, product safety and environmental issues.

If you are unable to attest to the above statements, please specify:

## Declaration

I hereby declare that I am authorised to complete this application on behalf of the Proposer and confirm the above statements to be true to the best of my knowledge and belief at the time of completion and that no material facts have been misstated or withheld.

I undertake to inform the Insurer of any material change addition or alteration to the risk both before this application is effected and during the duration of the policy I acknowledge that this application together with any other information supplied to the Insurer shall form the basis of the contract.

Where appropriate in the event of a claim under this policy, I also agree to the appointment of the Appointed Representative by the Insurer.

Name:

Position:

Signature:

Date:

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