

Miramar Engineering Proposal Form

IMPORTANT NOTICES

For the purposes of the Important Notices all references to:

- 'you' or 'your' has the same meaning as the 'insured' as defined in 'Section 3 – Definitions' of the policy;
- 'we', 'us', 'our' or the 'insurer' has the same meaning as defined under the heading 'About Zurich' in the policy.

BINDER AGREEMENT

Zurich Australian Insurance Limited (ABN 13 000 296 640, AFSL 232507) ('Zurich') distributes this product via Miramar Underwriting Agency Pty Ltd (ABN 97 111 534 797, AFSL 314176) ('Miramar'), acting under a binding authority given to it by Zurich. Miramar acts as an agent for Zurich and not for you.

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 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

Zurich and Miramar are bound by the *Privacy Act 1988* (Cth). We collect, disclose and handle information, and in some cases personal or sensitive (e.g., health) information, about you ('your details') to assess applications, administer policies, contact you, enhance our products and services and manage claims ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, affiliates of Zurich Insurance Group Ltd, other insurers and reinsurers, our banking gateway providers and credit card transactions processors, our service providers, our business partners,

health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. If you give us information about another person (such as an insured person, their spouse, dependent children, or close family member), we will rely on you to have told them that you will provide their information to us and to have provided them with this Privacy statement. If the information is sensitive (e.g. health) information, we will rely on you to have obtained their consent to give the information to us. Laws authorising or requiring us to collect information include the *Insurance Contracts Act 1984* (Cth), *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth), *Corporations Act 2001* (Cth), *Autonomous Sanctions Act 2011* (Cth), *A New Tax System (Goods and Services Tax) Act 1999* (Cth) and other financial services, crime prevention, trade sanctions and tax laws.

Zurich's Privacy Policy, available at www.zurich.com.au or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.

Miramar's Privacy Policy is available at miramaruw.com.au or by contacting Miramar's Privacy Officer:

Postal Address: PO Box A2016, Sydney South NSW 1235

Phone: +61 2 9307 6656

Email: privacyofficer@steadfastagencies.com.au

IMPORTANT INFORMATION FOR COMPLETION OF PROPOSAL FORM

- Please keep a copy of all documentation you send to us for your own record.
- Please use the additional details section on page 4 if you need more space to complete any question.
- To ensure prompt attention to your proposal, please complete this form in full and submit it to us as soon as possible.

BROKER DETAILS

Company: _____

Location: _____

Contact: _____

Email: _____

DETAILS OF THE INSURED

Full name of the insured: _____

ABN: _____

Period of insurance: _____ from _____ / _____ / _____ to _____ / _____ / _____

Business activities (principally): _____

ANZSIC rating: _____

Years operating/relevant industry experience: _____

Address (if more than one risk location, please attach details): _____

ISR BUILDING AND CONTENTS DECLARED VALUES

Building	BI type	Annual business interruption	Refrigerated stock	Other stock	All other contents
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Note that building is not covered under the policy.

PREVIOUS EQUIPMENT BREAKDOWN

(for the past five years even if not claimed, or if no insurance was in place for the past five years)

Description:	Date:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Existing Equipment Breakdown insurer: _____

Expiring Equipment Breakdown premium: _____

Is a current Fire Survey or photographs of equipment available? (If so, please attach) YES NO

Value of major item or group of items - plant & or pressure equipment: _____

LIMITS OF LIABILITY

Equipment breakdown: _____

Boilers and unfired pressure vessels: _____

Deterioration of stock: _____

Other (please specify): _____

ADDITIONAL DETAILS / COMMENTS / INFORMATION

DECLARATION

I declare that:

1. I have read and understood the Important Notices set out in this proposal.
2. I am authorised to complete and sign this declaration on behalf of all the applicants.
3. I confirm that the answers and statements in this proposal are true and correct and I have not withheld any information which may affect the decision to accept this proposal or the terms and conditions of any insurance provided.
4. I understand that if this proposal is accepted, the insurance cover will be subject to the terms and conditions set out in the policy.
5. I acknowledge that the particulars and statements contained in this proposal shall form the basis of the contract should a policy be issued.
6. I further acknowledge that Miramar on behalf of the insurer may decline this proposal.
7. I consent to Miramar and the insurer collecting, storing, using and disclosing personal information as set out in the Privacy Statement. Where I have provided personal information on behalf of another person I have complied with my obligations as set out in the Privacy Statement.
8. I understand that this insurance does not operate until Miramar issues the schedule and the premium has been paid (except for any cover provided under an interim contract of insurance).

Applicant 1

Name	Title
Signature	Date (DD/MM/YY)

Applicant 2

Name	Title
Signature	Date (DD/MM/YY)

Miramar Underwriting Agency Pty Ltd

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