

General Property Insurance Application

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545



Please answer each question on behalf of all Proposers, Partners and their Spouses, or any Business which has or has had subsequently the same ownership. All questions are to be answered. If there is insufficient space please attach additional pages.

The Applicant/s

| | | | | | | | | | | | | | | |
|----------------------------|-----------------------------|--|--|-----|--|--|-----|-------|------------------|--|---------|----------|---|--|
| Name of insured(s) | | | | | | | | | | | | | | |
| Principal & Postal Address | | | | | | | | | State | | | Postcode | | |
| | Contact details | | | | Phone (private) | | | | Phone (business) | | | | | |
| | | | | Fax | | | | Email | | | | | | |
| Tax Status | Are you registered for GST? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | ABN | | | | Taxable | | % | |
| Period of Insurance | From | | | To | | | | | At 4pm | | | | | |

Interested Parties (e.g. Mortgagees)

| | | | | | | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|------------------|--|--|----------|--|--|
| Name | | | | | | | | | Type of interest | | | | | |
| Address | | | | | | | | | State | | | Postcode | | |

General Information

- Has any Insurer ever declined, refused to renew, cancelled or imposed special terms or conditions to any application, renewal or policy held by you, either alone or jointly with any other person or entity?
If "Yes", please provide details. Yes No
 - Do you use or have any radioactive, explosives, flammable, toxic, corrosive or potentially dangerous goods?
If "Yes", please provide details. Yes No
 - Is your plant and machinery in good repair and all statutory requirements met?
If "No", please provide details. Yes No
 - Have you had any losses (whether insured or not) during the past 5 years?
If "Yes", please provide details. Yes No
- | 200__ to 200__ | | | 200__ to 200__ | | | 200__ to 200__ | | | 200__ to 200__ | | | 200__ to 200__ | | |
|----------------|----|--------|----------------|----|--------|----------------|----|--------|----------------|----|--------|----------------|----|--------|
| Amount | No | Excess | Amount | No | Excess | Amount | No | Excess | Amount | No | Excess | Amount | No | Excess |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
- Give details of losses and precautions taken to prevent them happening again. If insufficient space attach additional pages.
 - Have you or any partners, shareholders or directors of the business ever been declared bankrupt or involved in a company which became insolvent or placed in receivership? If "Yes", please provide details. Yes No
 - Have you or any partner, shareholder or director of the business been convicted of a criminal offence during the past 5 years or been liable for a civil offence or pecuniary penalty exceeding \$5,000?
If "Yes", please provide details. Yes No

The Business (Please provide a full description of all activities and processes undertaken)

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Peril/s (cover) required

| Peril No. | Description | Yes | No | Peril No. | Description | Yes | No |
|-----------|--|--------------------------|--------------------------|-----------|-------------------|--------------------------|--------------------------|
| 1. | Accidental damage | <input type="checkbox"/> | <input type="checkbox"/> | 5. | Flood | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Collision & Overturning of conveying vehicle | <input type="checkbox"/> | <input type="checkbox"/> | 6. | Malicious damage | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Theft | <input type="checkbox"/> | <input type="checkbox"/> | 7. | Extraneous perils | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Fire | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

(For definitions of the above listed Perils please refer to the General Property Insurance Policy wording)

Property to be Insured (including model & serial numbers)

| Item No. | Description | Sum insured | Excess |
|-------------------|-------------|-------------|--------|
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| Total sum insured | | | |

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

We'll collect personal information when you deal with us, our agents, other companies in the QBE group or suppliers acting on our behalf. We use your personal information so we can do business with you, which includes issuing and administering our products and services and processing claims. Sometimes we might send your personal information overseas. The locations we send it to can vary but include the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.

Our Privacy Policy describes in detail where and from whom we collect personal information, as well as where we store it and the full list of ways we could use it. To get a free copy of it please visit qbe.com.au/privacy or contact QBE Customer Care.

It's up to you to decide whether to give us your personal information, but without it we might not be able to do business with you, including not paying your claim.

Declaration and Authorisation

Please remember we will treat a statement or claim or act or omission by any one of the applicants as a statement or claim or act or omission by all of the applicants

- I/We have received a copy of the Policy Terms and Conditions
- I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
- I/We authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance held by the business including this completed application and the business's claims history and credit history.

Applicant's signature

Date (dd/mm/yyyy)

Applicant's Title

Office Use Only

Premium

GST

Government Stamp Duty

TOTAL Amount Payable

\$ + \$ + \$ = \$

This Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035