

PROPOSAL

IMPORTANT FACTS RELATING TO THIS PROPOSAL FORM

NOTE: You should read the following advice before proceeding to complete this proposal form.

DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of matter: that diminishes the risk to be undertaken by the insurer; that is of common knowledge; that your insurer knows, or, in the ordinary course of its business, ought to know; or as to which compliance with your duty is waived by the insurer.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning

NOTE: Please read the following Important Notices

1. Claims

This Policy does not provide cover in relation to events that occurred before inception of the policy.

2. Liability Claims

The Policy only provides cover in relation to Personal Injury and Damage to property that occurs during the Period of Insurance. This does not include Personal Injury or Damage to Property that has already been discovered after, the Period of Insurance

3. Acceptance of the Application

This insurance will not be in force until the completed Application has been received and the risk accepted by the insurer. The insurer reserves the right to decline any Application.

4. This Policy does not include Workers' Compensation Insurance.

Workers' Compensation Insurance is compulsory for all employers of workers. (Separate application required).

If you require assistance with the completion of this form, please
Call: 1800 177 163
Or email us to: admin@imga.com.au
PO Box 6013 Fairfield QLD 4103

DETAILS ABOUT YOU & YOUR BUSINESS:

Full Name of Persons to be insured: _____

Ph: _____ Fax: _____ E-mail: _____

Please describe the nature of the activities: _____

Main premises (your placement location):

Address: _____ State: _____ P/Code: _____

Date of placement: _____ Start: _____ End: _____

YOUR INSURANCE REQUIREMENTS:

PROPERTY :

Mediprotect's **Healthcare Individual Package automatically** includes contents cover for **\$10,000**

PUBLIC LIABILITY (BROADFORM LIABILITY)

Which Indemnity Limit do you require?

\$10,000,000 Indemnity Cover

\$20,000,000 Indemnity Cover

GENERAL QUESTIONNAIRE

Please answer **Yes** or **No** to the following Questions:

1. Has any insurer declined an application from You, or cancelled or refused to renew a policy of yours, required special terms to insure You, or declined or refused a claim. Yes No

2. Have you sustained any loss or damage to property in the last 5 years? Yes No

3. Have you had any claims made against you for property damage or personal injury in the last 5 years? IF YES, please list below Year, type and description of claim. Yes No

4. Have You, or any person who will receive insurance protection under the proposed Policy, been charged with or convicted of, any criminal offences in the past 10 years? Yes No

5. During the last two years have You or any other person to whom cover extends under this policy received any threats to life or property (private or business)? Yes No

6. Are there any other relevant facts relating to the risk to be insured which You should disclose to Us, to enable a true assessment of Your insurance application? Yes No

7. Is any portion of the property to be insured in a state of disrepair or poor condition? Yes No

If you have answered **Yes** to any of questions 1-7 above please give full details below.

DECLARATION:

I hereby acknowledge, that I have read and understood the "Duty of Disclosure" and the information that I/We have supplied on this questionnaire is true and correct.

Signed: _____

Print Name: _____

Date: _____

THANK YOU

Please email this form back to: admin@imga.com.au upon completion