



SECURITY INDUSTRY INSURANCE PROPOSAL

Period of Insurance		to		at 4.00 pm
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QUOTE NO.	POLICY NO.

Insured name / ABN (Full details required, inc. Trading Name if Applicable)				
	ABN:			
Postal Address				
Location of Premises	Situation 1			
	Suburb	State	Postcode	
Description of Business				
Contact Details	Private Phone:		Business Phone:	
	Fax:		Mobile:	
	Email Address:			
	Website:			
Other Parties to be noted on Schedule & their interest	Party 1			
	Party 2			
Holding Insurer:				
Holding broker:				

NAME OF PARTNERS/DIRECTORS	QUALIFICATIONS & EXPERIENCE

No. of Years Business has been Operating:			
Previous industry experience if less than five years in business:			
Number of Staff: Full Time		Part-time	
Actual Wages Last Year	\$	Actual Turnover Last Year	\$
Estimated Wages This Year	\$	Estimated Turnover This Year	\$

Are you a member of a professional / industry association? If so please provide details:

What percentage of turnover is derived from the following?			
Design or alteration of security systems	%	Traffic Controllers	%
Installation of security systems	%	Security Training	%
Service & maintenance of security systems	%	Education programs i.e. self-defence etc	%
Security System Consultants	%	Use of Firearms	%
Manufacture of security systems	%	Firearms Training	%
Monitoring of Alarms	%	Use of Dogs	%
Responding to Alarms	%	Guard Dog training and/or breeding and/or sale of dogs	%
Investigation / Inquiry Agency	%	Crowd Control - Hotels	%
Static guarding e.g. Business premises, shopping centre, banks etc.	%	Crowd Control - Clubs	%
Mobile patrols	%	Crowd Control - Nightclubs	%
Body Guarding	%	Crowd Control - Entertainment Venues	%
Debt Collecting	%	Crowd Control - Other (please specify below)	%
Cash Carry	%	Other (please specify below):	%
Additional information:			

INSURANCE COVER (PLEASE TICK OR COMPLETE)				
Public Liability - Limit of Indemnity	<input type="checkbox"/> \$10,000,000	<input checked="" type="checkbox"/> \$20,000,000	<input type="checkbox"/> Other:	\$
Goods in Care, Custody & Control	<input type="checkbox"/> \$50,000	<input checked="" type="checkbox"/> \$100,000	<input type="checkbox"/> Other:	\$
NB: Whereas Goods in Care, Custody and Control includes indemnity for lost client monies, you will only be indemnified for losses arising from your proven negligence. However there are situations e.g. armed hold-up, where your client may hold you responsible for lost money although you have not been negligent. Therefore, we strongly advise that if as part of your business you carry monies for clients, you complete the below Cash in Transit section of this proposal which provides you <i>indemnity</i> even when not <u>negligent</u> .				
Loss of Keys cover required?	<input checked="" type="checkbox"/> Yes (automatic limit)	<input type="checkbox"/> No	<input type="checkbox"/> Other Limit:	\$
Errors & Omissions cover required?	<input checked="" type="checkbox"/> Yes (automatic limit)	<input type="checkbox"/> No	<input type="checkbox"/> Other Limit:	\$
For what activities do you require Errors & Omissions?	<input checked="" type="checkbox"/> Yes - for all activities <input type="checkbox"/> No (If <u>No</u> , please specify below)			

SUBCONTRACTORS

Do you use subcontractors?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do subcontractors have their own insurance?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, do you sight their policy?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Actual Payments to subcontractors last year:	\$	
Estimated Payments to subcontractors this year:	\$	
For what activities do you use subcontractors?	<input checked="" type="checkbox"/> Yes - for all activities <input type="checkbox"/> No (If No, please specify below)	

GUARD DOGS

Do you require insurance cover for guard dog security?		Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/>
Are all dogs properly kennelled when not being used for guard duty?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all dogs professionally trained prior to being used for guard duty?		Yes <input type="checkbox"/> No <input type="checkbox"/>

FIREARMS

Do you require insurance cover for use of firearms?		Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/>
Number of guards licensed to use guns?		
Are firearms serviced each year?		Yes <input type="checkbox"/> No <input type="checkbox"/>

OTHER

Do you provide any indemnities, hold harmless conditions to any customers, suppliers or other parties? If yes, please supply copy of contract.		Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/>
Do you contract to any State, Federal Authorities or Airports? If yes, please provide full details below		Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/>
Details of Government or Airport Contracts:		

SECTION 2 - CASH IN TRANSIT

Do you require Cash in Transit insurance?		Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/>
On average how many carries per week?		
What will be the maximum carry?	\$	
What is the average carry limit?	\$	
What is your estimated total annual carry for the next twelve months?	\$	
Should the carry limit exceed \$200,000, please advise how often this amount will be carried:		

SECTION 3 - CASH IN SAFE	
Address where safe is located?	
Maximum amount to be insured at each location	\$
Construction of premises in which safe is located	
Walls	Roof
Specification of safe	
Make & model of safe	
Thickness of safe walls	
Thickness of safe door	
Is the safe drill resistant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the safe torch resistant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the safe fixed to the floor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the Manufacturer's cash rating on the safe or the Australian resistance grade?	\$
How many staff are entrusted with the safe combination?	
Should the cash holding exceed \$200,000, please advise how often and for what extent of time this amount will be held in the safe:	
Details of the Security and Alarm System of the premises	
Manufacturer?	
Back to base / local?	
How many staff are entrusted with the alarm code?	
Details of maintenance contract including company and frequency	
Areas of premises monitored	
Details of physical security e.g. barred windows, caged doors etc	

SECTION 4 - CRIMINAL DEFENCE COST	
Do you require insurance cover Criminal Defence Cost?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<i>Note: Sum insured shall not exceed \$50,000 in the aggregate any one period of insurance.</i>	

SECTION 5 - STATUTORY LIABILITY	
Do you require insurance cover Statutory Liability?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Limit required (minimum \$1,000,000)	<input checked="" type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other: \$
Have you had any fines or penalties in the last 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If <u>Yes</u> , please complete below)
DATE OF FINE	AMOUNT
	\$
	\$
OFFENCE	

SECTION 6 - PROFESSIONAL INDEMNITY

Do you require insurance cover Professional Indemnity?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Limit required	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> Other: \$
Please provide details of professional services and/or advice provided for a fee.			
Estimated annual fees in respect to professional services/advices provided		\$	
Do you have a current Professional Indemnity policy in place?		Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, please complete the below)	
CURRENT INSURER	RETROACTIVE DATE (inception date of policy)		
Are you aware of any incident(s) that have occurred in the last 5 years that have given or may give rise to a claim against you in respect to Professional Indemnity.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If Yes, please disclose the below)	

INSURANCE HISTORY

In respect of any of the risks against which you wish to insure, have you in the past 5 years, in this business or any previous business, either alone or in partnership or jointly with any party, or if a corporation, any of its directors:

Had any Insurer decline any claims submitted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Had any Insurer decline any Proposals submitted?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Had any Insurer cancel or refuse to renew a Policy?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Had any Insurer require any increased premium or imposed special conditions?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Ever been bankrupt?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Been convicted of or charged with any civil or criminal offence?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

If you answered "Yes" to any of the above, please give details (or attach a separate sheet if there is insufficient space):

CLAIMS HISTORY

In the previous 5 years have You made any claim on any insurance for loss or damage or suffered any loss or damage which would be covered by this proposed insurance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Are you aware of any other incident(s) that have occurred in the last 5 years that have given or may give rise to a claim against you, whether the subject of insurance or not?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

If you have answered yes to either of the above questions, please complete the table below:

DATE OF INCIDENT	DESCRIPTION OF INCIDENT	AMOUNT	NAME OF INSURER
		\$	
		\$	
		\$	

SECURITY CROWD CONTROL QUESTIONNAIRE

Do you require cover for Crowd Control activities?

Yes No

If Yes, please provide the following details regarding your 3 main Crowd Control venues:

VENUE 1: What percentage (%) of your total Crowd Control turnover is derived from this venue?						%
Venue Name			Average number of attendance			
Address			Suburb		State	
Type of Venue:	Nightclubs	Hotels / Taverns	Clubs / RSL	Entertainment / Sports Venue	Other	
Percentage (%):	%	%	%	%	%	
Approximate nights/days/hours of operation:			Start Time		Finish time	
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Do you have a signed contract?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Average number of Guards		
Number of restrained evictions per week			0	Do you record evictions?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Crowd control activities / duties conducted at the venue and additional information:						
<input type="checkbox"/> Door duties	<input type="checkbox"/> Mobile/Monitoring	<input type="checkbox"/> Glass Collection	<input type="checkbox"/> Patron Evictions	<input checked="" type="checkbox"/> All Crowd Control Activities		
<input type="checkbox"/> Other/notes:						
VENUE 2: What percentage (%) of your total Crowd Control turnover is derived from this venue?						%
Venue Name			Average number of attendance			
Address			Suburb		State	
Type of Venue:	Nightclubs	Hotels / Taverns	Clubs / RSL	Entertainment / Sports Venue	Other	
Percentage (%):	%	%	%	%	%	
Approximate nights/days/hours of operation:			Start Time		Finish time	
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Do you have a signed contract?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Average number of Guards		
Number of restrained evictions per week			0	Do you record evictions?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Crowd control activities / duties conducted at the venue and additional information:						
<input type="checkbox"/> Door duties	<input type="checkbox"/> Mobile/Monitoring	<input type="checkbox"/> Glass Collection	<input type="checkbox"/> Patron Evictions	<input checked="" type="checkbox"/> All Crowd Control Activities		
<input type="checkbox"/> Other/notes:						
VENUE 3: What percentage (%) of your total Crowd Control turnover is derived from this venue?						%
Venue Name			Average number of attendance			
Address			Suburb		State	
Type of Venue:	Nightclubs	Hotels / Taverns	Clubs / RSL	Entertainment / Sports Venue	Other	
Percentage (%):	%	%	%	%	%	
Approximate nights/days/hours of operation:			Start Time		Finish time	
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Do you have a signed contract?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Average number of Guards		
Number of restrained evictions per week			0	Do you record evictions?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Crowd control activities / duties conducted at the venue and additional information:						
<input type="checkbox"/> Door duties	<input type="checkbox"/> Mobile/Monitoring	<input type="checkbox"/> Glass Collection	<input type="checkbox"/> Patron Evictions	<input checked="" type="checkbox"/> All Crowd Control Activities		
<input type="checkbox"/> Other/notes:						

PRIVACY AND CONSENT

This statement tells you how Steadfast IRS Pty Limited (Steadfast IRS) (ABN 95 159 898 398) collects, uses and discloses personal information and what we expect of you.

"Personal information" is information about and which identifies individuals, including, for example an individual who is an insured and an individual who may simply be referred to in the application for cover or claim form (such as an employee, director, claimant, witness etc)

It is important you read, understand and agree to the following, which applies from 12 March 2014.

At Steadfast IRS Pty Limited we are committed to protecting your privacy in accordance with the Privacy Act 1998 (Cth) and the Australian Privacy Principles. This Privacy Policy describes our current policies and practices in relation to the collection, handling, use and disclosure of personal information. It also deals with how you can complain about a breach of the privacy laws and how you can access the personal information we hold and how to have that information corrected.

What information do we collect and how do we use it?

When we arrange insurance on your behalf, we ask you for the information we need to advise you about your insurance needs and management of your risks. This can include a broad range of information ranging from your name, address, contact details, age to other information about your personal affairs including your assets, personal belongings, financial situation, health and wellbeing. We provide any information that the insurers or intermediaries who we ask to quote for your insurances and premium funding require to enable them to decide whether to insure you and on what terms, or to fund your premium and on what terms.

Insurers may in turn pass on this information to their reinsurers. Some of these companies are located outside Australia. For example, if we seek insurance terms from an overseas insurer (eg Lloyd's of London), your personal information may be disclosed to the insurer. If this is likely to happen, we inform you of where the insurer is located, if it is possible to do so.

When you make a claim under your policy, we assist you by collecting information about your claim. Sometimes we also need to collect information about you from others. We provide this information to your insurer (or anyone your insurer has appointed to assist it to consider your claim, eg loss adjusters, medical brokers etc) to enable it to consider your claim. Again this information may be passed on to reinsurers.

From time to time, we will use your contact details to send you direct marketing communications including offers, updates and newsletters that are relevant to the services we provide. We always give you the option of electing not to receive these communications in the future. You can unsubscribe by notifying us and we will no longer send this information to you.

What if you don't provide some information to us?

We can only fully advise you and assist in arranging your insurance or with a claim, if we have all relevant information. The insurance laws also require you to provide your insurers with the information they need in order to be able to decide whether to insure you and on what terms. You have a duty to disclose the information which relevant to the insurer's decision to insure you.

When do we disclose your information overseas?

If you ask us to seek insurance terms and we recommend an overseas insurer, we may be required to disclose the information to the insurer located outside Australia. For example, if we recommend a policy provided by Lloyd's of London, your information may be given to the Lloyd's broker and underwriters at Lloyd's of London to make a decision about whether to insure you.

We will tell you at time of advising on your insurance if they are overseas and in which country the insurer is located. If the insurer is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will seek your consent before disclosing your information to that insurer.

Australian and overseas insurers acquire reinsurance from reinsurance companies that are located throughout the world, so in some cases your information may be disclosed to them for assessment of risks and in order to provide reinsurance to your insurer. We do not make this disclosure, this made by the insurer (if necessary) for the placement for their reinsurance program.

How do we hold and protect your information?

We strive to maintain the reliability, accuracy, completeness and currency of the personal information we hold and to protect its privacy and security. We keep personal information only for as long as is reasonably necessary for the purpose for which it was collected or to comply with any applicable legal or ethical reporting or document retention requirements.

We hold the information we collect from you initially in a working file, which when completed is electronically imaged and stored, after which your file is archived and sent to an external data storage provider for a period of time. We only use storage providers located in Australia who are also regulated by the Privacy Act.

We ensure that your information is safe by protecting it from unauthorised access, modification and disclosure. We maintain physical security over our paper and electronic data and premises, by using locks and security systems. We also maintain computer and network security; for example, we use firewalls (security measures for the Internet) and other security systems such as user identifiers and passwords to control access to computer systems where your information is stored.

Will we disclose the information we collect to anyone?

We do not sell, trade, or rent your personal information to others.

We may need to provide your information to contractors who supply services to us, eg to handle mailings on our behalf, external data storage providers or to other companies in the event of a corporate sale, merger, re-organisation, dissolution or similar event. However, we will take reasonable measures to ensure that they protect your information as required under the Privacy Act.

We may provide your information to others if we are required to do so by law, you consent to the disclosure or under some unusual other circumstances which the Privacy Act permits.

How can you check, update or change the information we are holding?

Upon receipt of your written request and enough information to allow us to identify the information, we will disclose to you the personal information we hold about you. We will also correct, amend or delete any personal information that we agree is inaccurate, irrelevant, out of date or incomplete.

If you wish to access or correct your personal information, please write to Privacy Officer at Steadfast IRS Pty Limited, PO Box 125, North Ryde BC, 1670.

We do not charge for receiving a request for access to personal information or for complying with a correction request. Where the information requested is not a straightforward issue and will involve a considerable amount of time then a charge will need to be confirmed for responding to the request for the information.

In some limited cases, we may need to refuse access to your information, or refuse a request for correction. We will advise you as soon as possible after your request if this is the case and the reasons for our refusal.

What happens if you want to complain?

If you have concerns about whether we have complied with the Privacy Act or this privacy Policy when collecting or handling your personal information, please write to our Privacy Officer at Steadfast IRS Pty Limited, PO Box 125, North Ryde BC, 1670.

Your complaint will be considered by us through our internal complaints resolution process and we will try to respond with a decision within 45 days of you making the complaint.

Your consent

By asking us to assist with your insurance needs, you consent to the collection and use of the information you have provided to us for the purposes described above.

Please contact us if you would like more information on the above matters.

IMPORTANT INFORMATION

ALTERATIONS

No alterations to the risk whatsoever will be admitted until you have notified us in writing and will not take effect until acceptance is confirmed by the insurer.

PAYMENT

You will not be insured if you fail to pay the premium in full within 14 days from commencement of the risk for new policies and prior to the due date for renewals, unless alternative credit arrangements have been agreed with us in writing.

NEW POLICIES

Notwithstanding the above, you will not be insured if you do not submit the relevant Proposal within 30 days from commencement of the risk unless an extension of time has been agreed with us in writing.

CLAIMS OCCURRING PRIOR TO COMMENCEMENT

Your attention is drawn to the fact that your policies do not provide indemnity in respect of events that occurred PRIOR to commencement of the contract.

TERMS OF TRADE

Payment of this account constitutes your acknowledgement and acceptance of these conditions and authorises us to act as your insurance brokers for the risks outlined on the face hereof and no others unless specifically agreed by us in writing.

OTHER REMUNERATION INFORMATION

Where we provide personal advice to you as a retail client, we will tell you in the Statement of Advice the remuneration that we and our associates are to be paid, for providing the advice. Should premiums paid via the Licensee earn interest, that interest will be retained by the Licensee. If you cancel this insurance prior to the expiry date, we will be entitled to retain our broker fee and such proportion of any commission that relates to the unexpired period of insurance. A broker service fee may be charged to process the cancellation. If there is a refund of premium as a result of the cancellation or adjustment of the policy we will return to you any unexpired portion of the premium and charges, less any penalty charges or short-term rates imposed by the Insurer. We will retain our total remuneration component of the policy or our fees charged to you for the insurance programme placed on your behalf by our office

SUBROGATION

You are warned that should you become a party to any agreement that has the effect of excluding or limiting your insurer's ability to recover from a third party, your insurers may have the right to refuse to indemnify you for such loss where it is shown that your insurer's rights of recovery have been prejudiced by your action.

RIGHTS OF RECOVERY AGAINST OTHERS

It is a condition of a Contract of Insurance that you may not forego any right of recovery that may exist against another party without prior approval in writing being given by your insurer.

NOT A RENEWABLE CONTRACT

(Liability and PI insurance) Cover under your policies terminates as indicated in the tax invoice or adjustment note. Some policies are not renewable contract. If you wish to effect similar insurance for any subsequent period, it will be necessary for you to complete a new proposal prior to the termination of the current policy so that terms of insurance and quotations can then be developed for your consideration.

CLAIMS MADE DURING THE PERIOD OF INSURANCE

Your attention is drawn to the fact that some policies provide cover on a "claims made" basis which means that claims first advised to you (or made against you) and reported to your insurer during the Period of Insurance are recoverable irrespective of when the incident causing the claim occurred, subject to the provisions of any clause relating to a "retroactive date".

You should also note that, in terms of the provisions of Section 40 (3) of the Insurance Contracts Act 1984, where you give notice in writing to the Insurer of facts that might give rise to a claim against you as soon as is reasonably practicable after you become aware of those facts (but before the insurance cover provided by the contract expires) then the Insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the Period of Insurance cover provided by the contract.

In order to ensure that any entitlement under the policy is protected, you must therefore report all incidents that may give rise to a claim against you to the Insurers without delay after such incidents come to your attention and prior to the expiration of the policy period.

YOUR 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, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose that 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 business, ought to know
- 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 his 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 voiding the contract from its beginning. Please note that your duty applies also when you seek to renew, alter or reinstate a policy.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions or if you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application, giving full details of the additional information.

CONDITIONS OF QUOTATION

Any quotation provided by Insurers as a result of this proposal will be subject to:

final acceptance by the Proposer(s) and then Insurers prior to the acceptance date shown in the quotation, after which the resulting insurance cannot be cancelled.

the Proposer(s) undertaking to advise Insurers of any change in the information supplied occurring prior to the inception date of any insurance. Insurers having no obligation to accept the risks if there has been any happening or circumstance, whether advised by the Proposer(s) or otherwise, arising prior to acceptance by Insurers which increases or could increase the possibility of a loss or in any way materially alters the risks as quoted. However, Insurers at their sole discretion may decide to provide an alternative quotation.

The Proposer(s) having declared all material facts likely to influence a reasonable Insurer in determining:

- o whether or not to accept the risk
- o the premium
- o the terms, conditions, exclusions and limitations

any Proposer(s) who acts on behalf of others being deemed to have obtained and declared all the information provided after making inquiry of each of them; this condition only applies to any intermediary

the Proposer(s) accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium

the Proposer(s) undertaking that no other insurance has been purchased has been purchased on this specific risk and none shall be without Insurer's written approval, in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any quotation may be amended by Insurers

the Proposer(s) paying the premium with acceptance of the quotation, if Insurers do not accept the risk the premium will be returned.

PREVENTING OUR RIGHT OF RECOVERY

Where another person is liable to compensate you for any loss, damage or liability which is covered by this Policy but you have agreed not to seek recovery of any monies from that person, we will not cover you under this policy for that loss, damage or liability.

INSURANCE DECLARATION

I acknowledge that:

1. I have read and understood the Important Information set out in the Proposal and I/We are authorised to make this proposal.
2. All information given on this Proposal and any attachment is true and correct.
3. No insurance is in force until this Proposal has been accepted by the Insurer and the premium paid or unless an interim contract has been issued.
4. Up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform the insurer of any change in the particulars or statements contained in this proposal or in any attachments.
5. Although the signing of this proposal does not bind the applicants to effect insurance, the applicants acknowledge that the particulars and statements contained in this proposal and in the attachments shall be the basis of the contract should a policy be issued and the Applicants acknowledge that the Proposal and attachments will be incorporated in the Policy.

I AGREE	<input type="checkbox"/>	I AGREE	<input type="checkbox"/>
FULL NAME		FULL NAME	
POSITION		POSITION	
SIGNATURE		SIGNATURE	
DATE		DATE	

Please return completed proposal form via:

- Mail: PO Box 7893
BAULKHAM HILLS BC NSW 2153
- Fax: 02 9680 9244
- Email: hdunstan@steadfast-irs.com.au

Steadfast IRS Pty Limited

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