

# **LIABILITY INSURANCE AMUSEMENT OPERATOR PROPOSAL FORM**

## **IMPORTANT NOTICES**

The information provided in the proposals together with other information you provide to the insurer will form the basis of any contract of insurance entered into.

### **Your Duty of Disclosure**

Before you enter into a contract of insurance, you have a duty under the *Insurance Contracts Act 1984 (Cth)* to disclose to your insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept this risk and, if so, on what terms.

This includes but is not limited to every fact and matter that you know, or could reasonably be expected to know that might give rise to a claim against you. This may also include disclosure of information which is additional to the questions asked in this proposal form.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary, or reinstate a contract of general insurance. This means that as well as advising new information you also need to advise the insurer of any changes to the facts previously notified.

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;
- as to which compliance with your duty is waived by the insurer.

Your duty continues after the proposal form has been completed until the policy inception.

### **Non-Disclosure**

If you fail to comply with your duty of disclosure or make a material misrepresentation, the insurer may be entitled to reduce their 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 and therefore decline to pay any claim.

If you have any questions or concerns about whether information needs to be disclosed, please discuss these with your general insurance broker or advisor.

### **Claims Made Policies**

Some of the insurance that may be provided in conjunction with this Proposal will be issued on a "claims made" basis.

Policies, or Policy Sections, issued on a "claims made" basis means that the policy provides indemnity in relation to:

- Claims first made against you during the policy period and notified to the insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and
- Written notification pursuant to section 40(3) of the *Insurance Contracts Act 1984 (Cth)* of facts which might give rise to a claim against you. If you give written notification of facts as soon as reasonably practicable after you become aware of the facts prior to the expiry of the policy period, the policy will respond even though a claim arising from those facts is made against you after the policy has expired.

After your "claims made" policy has expired no new claims can be made on the expired policy even though the act or omission giving rise to the claim may have occurred during the expired policy period.

If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to insurers during the policy period, the insurers may not cover you under a subsequent policy for any claim which arises from these unreported circumstances.

When completing the proposal you are obliged to include full details of all circumstances of which you are aware or which a reasonable person in your position would consider may give rise to a claim.

#### **Retroactive Date**

You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission first occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.

#### **Average Provisions**

One of the insuring provisions of the proposed policy provides that where the amount required to dispose of a claim exceeds the limit of indemnity, the insurer shall be liable only for a part of the total costs and expenses which shall be the same proportion of the total expenses as the limit of indemnity bears to the total amount required to dispose of the claim.

#### **Liability Assumed Under Contract**

Indemnity provided by your policy may not include additional liability which you have agreed to accept unless you would have been so liable in the absence of such agreement.

#### **Privacy Notice**

Coversure is committed to compliance with the provisions of the Australian Privacy Principles and the Privacy Act 1988 (Commonwealth) and protecting your privacy.

In order for Coversure to assess your insurance proposal, provide you with insurance and manage any claims under those policies, it is necessary to obtain personal information from you.

If you do not provide us with this information it may prevent Coversure from providing you with the insurance or services requested.

If you provide us with information about someone else, you must obtain their agreement to do so.

Coversure may disclose your information to insurers, their reinsurers, and insurance reference service or other advisers used by Coversure and insurers such as loss adjusters, lawyers or others who may be engaged to assist in claims handling, underwriting or for the purpose of fulfilling compliance and/or regulatory requirements. These third parties will all be required to adhere to privacy obligations.

Our privacy policy contains information about how you can access the information we hold about you, ask us to correct and how you may make a privacy related complaint. You can obtain a copy of our privacy policy at [www.coversure.com.au](http://www.coversure.com.au).

#### **When completing this Proposal Form:**

- Please answer **all** questions giving full and complete answers
- If the space required on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer.
- It will be necessary to provide additional supporting documents with the proposal.
- **Please ensure that this Proposal Form declaration is properly signed and dated.**
- **Signing the proposal does not form a contract of insurance.**

## SUBMISSION CHECKLIST

	New Submissions	Renewals
A signed and dated proposal	Required	Required
<b>Risk Assessment documentation</b> A risk matrix including issues arising from WH&S, weather, regulatory compliance, Australian Standards compliance, staff training, emergency and evacuation protocols, access to first responders, crowd control, drugs, and alcohol.	Required	If updated
<b>Business Management or Operation Plan</b> Description on how the Business activity will be conducted and include: <ul style="list-style-type: none"> <li>▪ the operational plan and processes</li> <li>▪ the staffing plan</li> <li>▪ a list of leisure/entertainment equipment used (photos of equipment will assist in the underwriting process)</li> <li>▪ clear description and detail of all business activities</li> <li>▪ a location map or diagram</li> <li>▪ assessment of risk from contractual obligations</li> <li>▪ details of any waivers or terms of service used by the Proposer</li> </ul>	Required	If updated
<b>Schedule/List of Leisure or Amusement equipment used in the Business (if applicable)</b>	Required	Required
<b>Staff Training Register, including evidence of:</b> <ul style="list-style-type: none"> <li>▪ specific WH&amp;S, business policy and procedures training</li> <li>▪ toolbox meetings</li> <li>▪ induction training and</li> <li>▪ ongoing staff training</li> <li>▪ evacuation drills &amp; training</li> </ul>	Required	If updated with refresher or new training
<b>Adverse weather policy noting operational weather parameters</b>	Required	If updated
<b>Minimum 5 years documented claims history on an underwriter or TPA's letterhead including paid and reserve amounts</b> For any risk with a claim or notification, it is important to provide clear details of the steps that have been taken to avoid similar losses in the future. This review process is usually evident in the Risk Assessment and Operational Plan updates and training or maintenance schedules submitted for consideration.	Required	Required if any open claims in last disclosure



**INSURED DETAILS**

1. Proposed Insured: (Please provide full legal name of <b>all entities</b> to be insured, subsidiaries are not included automatically)		
2. Trading name: (Please provide all trading names of the Insured)		
3. ABN of each proposed Insured:		
4. Address of Proposer(s):		
5. Contact Details	Business Phone:	
	Email Address:	
6. Interested Party(s) The Policy provides for a defined entities to be included automatically. Please use an addendum to list the full legal name additional required entities.	Entity 1	
	Relationship	
	Entity 2	
	Relationship	

7. Period of Insurance		to		at 4:00 pm
8. Current Insurer				
9. Limit		Annual Premium		Excess

**GENERAL INFORMATION**

10. Full description of the business activities to be insured:									
11. Number of years the business has been in continuous operation:									
12. If (11.) is less than 3 years outline the Proposers previous business experience relevant to the business activities to be insured:									
13. Name & qualifications of person responsible for risk management and work health & safety.									
14. Please provide the following details for all directors/partners:									
Name of all directors/partners	Qualifications	Date qualified	Years practicing as director/partner						
15. Please advise the number of people engaged in the business:									
	Full time	Part time	Casual						
Directors or Partners									
Operational staff									
Administration / other staff									
16. Are you a member of any industry association and do You comply with its code of conduct/ethics? If yes, please provide details:									
17. Proposers Total Turnover	Last 12 months	\$	Next 12 months estimate	\$					
18. If turnover has changed by more than 20%, please provide explanation to support the change?									
19. Please provide a percentage breakdown of turnover by location as follows:									
NSW	VIC	QLD	SA	WA	TAS	ACT	NT	O/S	TOTAL
									100%


**SUBCONTRACTORS**

20. Do You engage subcontractors or labour hire workers? If not please proceed to Section 1				Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. Do You provide subcontractors or labour hire workers to others?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
a) Which of Your business activities are completed by subcontractors or labour hire workers?					
b) How do You ensure that subcontractors or labour hire workers operate in the business to the same required procedures and systems as the proposer?					
c) Do You ensure all sub-contractors and labour hire workers are indemnified by insurance similar to this proposed policy for all the activities they do for you, or on your behalf?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please provide subcontractor or labour hire turnover:					
Subcontractor Payments	Last 12 months	\$	Next 12 months estimate:	\$	
Labour Hire Payments	Last 12 months	\$	Next 12 months estimate:	\$	
Sub-contracting by You to others	Last 12 months	\$	Next 12 months estimate:	\$	

**SECTION 1 – LIMITS OF LIABILITY**

22. Limit of indemnity required			
a) Policy Section 1: Limit required	\$10M <input type="checkbox"/>	\$20M <input type="checkbox"/>	
b) Property Owners Liability Extension (Owner Occupied Only)	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Number of Premises	
c) Third party goods in Your care, custody, and control:	\$50,000 <input type="checkbox"/>	\$100,000 <input type="checkbox"/>	Other <input type="checkbox"/> \$

**SECTION 2 – ERRORS AND OMISSIONS (Complete only if required)**

23. Do you require Errors & Omissions insurance? Please note indemnity may not be available for all requests for insurance in Section 2 If not please proceed to Section 3			Yes <input type="checkbox"/>	No <input type="checkbox"/>
a) Limit required:	\$1M <input type="checkbox"/>	Other:		
b) Please provide details of technical services and/or professional design or advice provided				
c) Do you have a current Errors & Omissions policy?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Current insurer:				
e) Retroactive date: (attach copy of your current policy CoC)				

**SECTION 3 – WORKCOVER & CRIMINAL DEFENSE (Complete only if required)**

24. Do You require WorkCover & Criminal Defense insurance? Please note indemnity may not be available for all requests for insurance in Section 3 If not please proceed to Specific Details of Equipment/Rides Q25				Yes <input type="checkbox"/>	No <input type="checkbox"/>
a) Limit required:	\$10,000 <input type="checkbox"/>	\$20,000 <input type="checkbox"/>	\$25,000 <input type="checkbox"/>	\$50,000 <input type="checkbox"/>	
b) Do You have a workplace health a safety program that includes documented safe work method statements, operating polices and a safety training and compliance program?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Have You had any personal injury, compliance breaches, notices, investigations, or proceedings that may result in a criminal charge or conviction in the last 5 years?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of Fine	Amount	Offence			

**DETAILS OF EQUIPMENT / RIDES**

25. Please complete the Coversure Schedule of Amusements and Equipment Addendum including all the amusements or equipment owned, leased, or operated by the Proposer. Please provide details of any other insurance that is maintained to provide indemnity for any of the listed amusements or equipment.



**INFLATABLE APPARATUS**

26. Do You operate inflatable apparatus? If not please proceed to Q36 Yes  No

27. Do You hire inflatable devices at events open to the public such as markets and carnivals? Yes  No

28. Do You "dry hire" inflatable devices? Yes  No

29. Do You require a hire agreement to be completed? If so, please provide a copy. Yes  No



30. Do You ensure that a competent person: Yes  No


a) Operates / supervises the inflatable in operation?

b) Sets up and dismantle the inflatable to Australian Standards? Yes  No

31. Do You ensure that all inflatables are designed, set up, constructed, and maintained to comply with Australian Standards? Yes  No

32. If yes, do You have a certificate for each inflatable issued in the last 24 months by an Australian based competent person, who is not You, confirming Your inflatables comply to Australian Standards? Yes  No

33. If yes, please attach the certificate/s. 

34. Please attach for each inflatable the statutory registration certificates issued within the past year if the item is operated in a location that requires registration. 

35. Do You have a check list for set up & maintenance, and keep a record of the set-up checks completed? Please attach a copy. Yes  No





**MECHANICAL / NON-INFLATABLE AMUSEMENTS**

36. Do operate mechanical or non-inflatable rides or amusements? Yes  No   
 If not please proceed to Q45  
 If yes, please provide full details in the Coversure Schedule of Amusements (see above)

37. Do You ensure that a trained person checks the erection and operation of each amusement to Australian Standards prior to use by members of the public? Yes  No

38. Do You ensure that all mechanical or non-inflatable rides or amusements are designed, constructed, and maintained to comply with Australian Standards? Yes  No

39. If yes please attached for each mechanical, non-inflatable, ride or amusement the most recent Australian Standards certification issued by an Australian based competent person, who is not You. 

40. Please attach for each mechanical or non-inflatable ride or amusement the statutory registration certificate issued within the past year if the item is operated in a location that requires registration. 


41. Do You have a check list for set up and to keep a record of the operational checks and maintenance completed? Yes  No

42. Do You ensure that a trained competent person operates the amusements when in use? Yes  No


43. Do You rebuild and scan each amusement as required by regulation or statute and to Australian Standards? Yes  No

44. In the last 24 months have You had a work or corrective action order issued by any work health and safety or other regulatory body relating to the maintenance, operation, or condition of any mechanical or non-inflatable ride or amusement. If Yes, please provide details below. Yes  No

SLIDES	
45. Do You operate slides, including any slide forming part of another (inflatable or non-inflatable) apparatus? If No please proceed to Q46	Yes <input type="checkbox"/> No <input type="checkbox"/>
a) Do any of the slides have a platform height of over 2m?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) If Yes, do You have two operators with these slides with one controlling the access to the top and the other the landing area and exit of the slides?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Do You have CCTV, or operator body cameras, that provide video monitoring footage of the slides when in operation?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SIDE SHOW GAMES AND NON-MECHANICAL AMUSEMENTS		
46. Does Your Business activities involve: If No please proceed to Q43	Slide Show Games / Amusements	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Food Stands	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other entertainment devices or apparatus	Yes <input type="checkbox"/> No <input type="checkbox"/>
a) If yes, please provide full details in the Coversure Schedule of Amusements (see above)		
b) Do You ensure these items are well maintained are operated in a safe manner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

PRODUCTS		
47. Do You sell or distribute any products imported from overseas? If No, please proceed to Q48		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, do You import the following:	For Your own use:	To be supplied to others:
Amusement rides	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Inflatable apparatus	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safety equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Soft toys / Game Prizes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Food & beverage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do You ensure that all imported items comply with Australian Standards and Australian Product safety regulations?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do You:	a) Supply or sell food and/or beverages (non-alcoholic)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) Supply, sell, serve or distribute alcoholic beverages?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) Arrange fireworks or pyrotechnics displays by others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, do You have the appropriate licenses/qualification for the above activities?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide full details:		






VENUES	
48. Other than annual shows and events organised by others, do You arrange, organise, promote or attend any carnivals or fairs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
a) If Yes please provide detail of the carnivals You organise, promote or attend.	

**RISK MANAGEMENT**

**Our underwriting criteria places a significant focus on risk analysis, management and planning together with documented business operations and compliance to WH&S.**


**Staff induction checklists & training is considered integral to WH&S compliance.**

**CCTV is considered to have a significant influence on claim outcomes. Incidents can become first known to operators many months or years after they occurred CCTV data can form critical evidence in managing these reports.**

49. Do You:		
a) have CCTV / recording devices installed on all amusement rides, slides, and inflatables.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b) If Yes, how many months does the Proposer maintain the data recordings from CCTV?		
c) If Yes, are the data recordings secured to ensure compliance to the Privacy Act?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
50. Prior to daily operation do You:		
a) run a full operational test cycle of the amusements/rides/inflatables?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b) review barriers and safety fencing surrounding amusements/rides/inflatables to confirm required standards	Yes <input type="checkbox"/> No <input type="checkbox"/>	
c) review, update, and complete operational logs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
d) ensure identified and required maintenance has been completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
e) ensure height/weight signage is installed to manufacturers specification?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
f) ensure standard amusements/rides/inflatables rules and disclaimers are displayed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
g) Ensure the amusements/rides/inflatables are installed and secured according to the manufacturer's instructions and the Australian Standards?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
51. Do You conduct:		
a) Statutory operator training in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b) WH&S training in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
c) a risk management assessment in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
52. Do You utilise an online or computer-based system for:		
a) training for WH&S awareness and business policy	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b) statutory operator training	Yes <input type="checkbox"/> No <input type="checkbox"/>	
c) compliance management systems	Yes <input type="checkbox"/> No <input type="checkbox"/>	
d) maintenance reporting and recording	Yes <input type="checkbox"/> No <input type="checkbox"/>	
e) setting up Records and amusement activation with time and date stamps	Yes <input type="checkbox"/> No <input type="checkbox"/>	
f) If so, please provide details and example screens.		
53. Do You conduct regular toolbox meeting or discussions at each new work site? If Yes, please provide a copy of two recently completed meeting minutes.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
54. Do You conduct actual emergency evacuation drills at least every 6 months? Please provide documentation of the last drill.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
55. Do You execute written contracts of engagement with hirers and venues where they operate? If so, please provide details below or a copy of the contract.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

56. Do You provide or enter into any "hold harmless" agreements with any person, businesses or organisations? If Yes, please provide details below or a copy of the contract.	Yes <input type="checkbox"/> No <input type="checkbox"/>
57. Do You use legal disclaimers or waivers? If No, please proceed to Q58.	Yes <input type="checkbox"/> No <input type="checkbox"/>
a) if so have they been reviewed by an Australian Legal Practitioner to ensure reference to, and compliance with, Australian Consumer Law?	Yes <input type="checkbox"/> No <input type="checkbox"/>
58. Do You keep and maintain incident reports and logs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
59. Do You utilise pict-o-grams in addition to written warning and conditions of entry signs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
60. What updates or changes have You made to risk management or risk mitigation in the last 12 months?	

**ADVERSE WEATHER & NATURAL CONDITIONS**

61. Do You maintain an Adverse Weather Policy that outlines the weather and other variable conditions that may impact the operation of Your Business? If Yes, please attached a copy of Your Adverse Weather Policy. If No, Coversure can assist by providing a template example of an Adverse Weather Policy.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
a) Do You periodically measure and record details of weather and other observations when operating amusements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	



**INSURANCE HISTORY**

62. Have You in the past 5 years, in this business or any other or any previous business, either alone or in partnership or jointly with any party, or if a corporation, any of its directors:

a) Had an insurance proposal declined, renewal refused, or insurance terminated, for any reason including for non-payment of premium?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Had any special conditions imposed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Ever been bankrupt or involved with a business that has become liquidated, bankrupt, insolvent or had administrators appointed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Been charged with or convicted of any civil or criminal offence?	Yes <input type="checkbox"/> No <input 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**

**(These questions apply to all sections of the policy)**

63. Has any claim occurred or been reported in the last 5 years against any Insured or any principal, partner or director (either as a principal, partner or director of the Insured or any other business or any previous business), consultant or employee in respect of the risks to which this proposal relates?	Yes <input type="checkbox"/> No <input type="checkbox"/>
64. Is the Insured or any principal, partner, director, consultant or employee aware of any other incident(s) that have occurred or been reported in the last 5 years that may give rise to a claim against You, whether the subject of insurance or not?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Date of Claim or Loss	Nature of each Claim or Loss	Estimated Outstanding Loss	Name of Insurer

What action has been taken to prevent a recurrence of the situation which gave rise to each incident, claim or loss?

**INSURANCE DECLARATION & AGREEMENT**

I/We declare in relation to the facts, statements and particulars contained in this proposal as follows:

- I/We have made all reasonable and necessary enquiries;
- I/We confirm that to the best of our knowledge and belief, they are true and complete;
- No material facts have been omitted, misstated, misrepresented or suppressed; and
- Should any of the information given by us alter between the date of this proposal and inception date of the insurance to which this proposal relates, we will give immediate notice thereof to the insurer.

I/We acknowledge receipt of the Important Notices on Page 1 and 2 contained on this Proposal Form and that we have read and understood the content of those Notices.

I/We confirm that we are authorised by the Company and its Directors to complete, sign and submit this proposal on behalf of the Company and its Directors.

Name of Business:	
Signature/s:	
<i>(This Proposal should be signed by a Partner or Director of Proposed Insured)</i>	
Title of Signatory:	
Full Name:	
Date of Signing:	

**INSURANCE DECLARATION & AGREEMENT – BROKER SIGNED PROPOSAL**

At Coversure we understand and recognize that brokers are required to have completed a “know Your client assessment” and have a close relationship with their clients.

We have noted that in preparing the submission for this insurance, You have completed the documentation on behalf of Your client. Coversure understands that this would have been done with the express agreement and instruction from Your client.

Coversure, and its underwriters, rely on the accuracy of all information and declaration provided to us. In doing so, we are also relying that there are no omissions made in the information provided. Your attention is drawn to Your Duty of Disclosure outlined in the Important Notices provided in the Coversure proposals and policy documents.

Coversure strongly suggests that all information provided to us as part of the insurance submission is verified by Your client to avoid any of the consequences of non-disclosure. Coversure has a commitment to provide contact certainty to all of its customers and we ask Your assistance in helping us achieve this outcome. Coversure does accept digitally time stamped electronic signatures executed through PDF in addition to handwritten signatures to expedite the declaration process.

I/We declare in relation to the facts, statements and particulars contained in this proposal as follows:

- I/We have made all reasonable and necessary enquiries;
- I/We confirm that to the best of our knowledge and belief, they are true and complete;
- No material facts have been omitted, misstated, misrepresented or suppressed; and
- Should any of the information given by us alter between the date of this proposal and inception date of the insurance to which this proposal relates, we will give immediate notice thereof to the insurer.

I/We acknowledge receipt of the Important Notices on Page 1 and 2 contained on this Proposal Form and that we have read and understood the content of those Notices.

I/We confirm that we are authorized by the Company and its Directors to complete, sign and submit this proposal on behalf of the Company and its Directors.

Name of Authorised Representative Group:	
Full Name of Broker signing on behalf of their client:	
Broker's Signature/s:	
Title of Signatory:	
Date of Signing:	