

Material Damage/Business Interruption

Declaration

Proposer(s) general information

The Insured:		

Website address:		

Postal address:		

Describe Your Business in full:		

List all subsidiary companies and other parties to be insured:		

Interested Parties (mortgage etc) name and branch:		

Period of Insurance: From	To	at 4pm

General questions

Have You alone, in partnership, jointly with any other party or, if a corporation, any of its directors:		
1 for the insurance being applied for:		
a) suffered any loss(es) (insured or otherwise) in the last 3 years (whether or not a claim was made)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) ever experienced a claim over \$10,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) ever withdrawn a claim	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 in the last 10 years, has an insurer declined any claim or proposal for insurance, cancelled or refused to renew a policy, imposed an additional excess or imposed special terms, conditions or restrictions on a policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 in the last 10 years, been placed in receivership or liquidation or declared bankrupt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4 subject to the Criminal Records (Clean Slate) Act 2004, been convicted of any criminal offence or charged with any criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If You have answered 'Yes' to any of the questions 1 - 4, please provide details:		

Your Duty of Disclosure

Before You enter into this insurance with Us for the first time, You have a duty, at law, to disclose to Us all material facts. This duty also applies when You renew, vary, extend or reinstate Your Policy.

A material fact is one that may influence a prudent insurer in deciding whether or not to accept the insurance and, if so, on what terms and conditions and for what premium.

Examples of information You may need to disclose include but are not limited to:

- (a) anything that increases the risk of an insurance claim;
- (b) subject to the Criminal Records (Clean Slate) Act 2004, any criminal conviction or offence;
- (c) if another insurer has cancelled or refused to insure or renew insurance, has imposed special terms, or refused any claim;
- (d) any insurance claim made or loss suffered in the past.

These examples are a guide only. If there is any doubt as to whether a particular piece of information needs to be disclosed, this should be referred to Us through Your broker.

What happens if You breach the duty?

If You fail to comply with the Duty of Disclosure, it may result in Your claim being declined, the Policy being cancelled or the amount We pay if You make a claim being reduced.

Who does the duty apply to?

Everyone who is insured under the Policy must comply with the duty.

Pursuant to the Privacy Act 1993

- (a) The declaration and proposal form collects personal information about you;
- (b) The collection of this information is required pursuant to the terms of your insurance policy;
- (c) The information is collected to evaluate the insurance being sought and any claim you may make;
- (d) The failure to provide this information may result in your claim being declined;
- (e) The intended recipient of the information is Lumley;
- (f) Lumley may pass your personal information on to Insurance Claims Register Limited ('ICR') for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- (g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- (h) You have the right of access to and correction of this information in accordance with the Privacy Act 1993.

Declaration

I/We hereby declare that the information and answers given in this declaration form and other information I/We supplied are in every respect true and correct and that Lumley is aware of all information that may be material in considering this application.

I/We agree that this proposal and declaration shall be the basis of and incorporated in the insurance contract.

I/We undertake to inform Lumley of any material alteration to the facts provided whether occurring before or after the completion of this insurance contract.

I/We authorise Lumley to give or to obtain from other insurers or any insurance brokers or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that Lumley is collecting the information to evaluate my/our insurance requirements. I/We am/are obliged to advise Lumley of any information which may be material to its consideration of this application.

If my broker / agent has completed the proposal on my behalf I agree all the information provided is correct.

Insured's signature: _____	Date: / / _____
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Office use only

Broker / agent: _____	Broker / agent account number: _____
Customer number: _____	Replacing policy number: _____ ANZSIC Code: _____