

CLIENT INFORMATION QUESTIONNAIRE

YOUR DETAILS

Name(s) in full (Joint if applicable)		First name/s		Surname	
1. Mr/Mrs/Miss/Ms/Other					
2. Mr/Mrs/Miss/Ms/Other					
Residential Address					
Postal Address (if different from above)					
Email		Occupation 1		2	
Date(s) of Birth of main proposers		1		2	
□□/□□/□□□□		□□/□□/□□□□			
Telephone-Private		Business		Mobile	
()		()		()	
When do you need cover		Start Date		To	
				At 4pm and renewable annually	

QUESTIONNAIRE AND DECLARATION

1 Has any insurance company in respect of any insurance policy held by you, your partners and / or directors ever:

a In the last five (5) years:

i	Had any insurance declined, cancelled, terminated, refused to renew, imposed any special conditions under any insurance policy ?	Yes	No	
ii	Refused a claim or required an increased premium under any policy ?	Yes	No	
i	Been charged with, or convicted of any criminal offence, declared bankrupt or insolvent ?	Yes	No	
ii	Had any claims or losses in the past 5 years ?	Yes	No	
2 Is there any further information likely to affect this insurance		Yes	No	

If you have answered "Yes" to any of the above questions, please provide full details and dates in the space provided below. If further space is required please complete on a separate sheet. (Details should also include name of Insurance Company(s), where applicable)

Your Duty of disclosure You have a duty to disclose any information which would influence a prudent insurer's decision whether to provide cover and on what terms. All information must be complete and accurate and may include any information not directly asked for above. Remember, you are not only required under the Duty of Disclosure to disclose such information at commencement of cover, you are also bound to disclose the information at each renewal. If you do not provide all of this information the underwriter may avoid your insurance cover from the commencement of your policy. This means you will be treated as though you never had a policy at all so any claim you make would not be paid.

I/We declare that: 1. The particulars and answers given above are in every respect correct and that there is no further information likely to affect the acceptance of this insurance 2. This Proposal shall be the basis of the contract between me/us and Herbert Insurance Group Ltd, and I am/we are willing to accept cover subject to the underwriter's policy conditions and any special terms they may require.

I/we authorise: Herbert Insurance Group Ltd to give and obtain from other Insurance Companies, Insurance Brokers, Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by me/us and any claim(s) made by me/us.

I/we understand that: 1. The information collected is evaluative material for the purpose of deciding whether to issue insurance cover. 2. The underwriter may refuse to provide the insurance cover if I/we fail to provide the information sought. 3. I/we have certain rights of access to and correction of this information, subject to the provisions of the Privacy Act 1988 (Cth).

Applicant Signature/s	Date
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