

## Application Form – Art Valuers

### Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a duty of disclosure. You are required before you enter into, renew, vary extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

#### You don't need to tell us about any matter:

- that reduces the risk,
- is of common knowledge,
- that we already know, or ought to know in the ordinary course of our business as an insurer, or
- we indicate we do not want to know.

#### If you do not tell us

If you do not comply with your Duty of Disclosure we may:

- reduce or refuse to pay a claim, or
- cancel your Policy.

If your non-disclosure is fraudulent, we may also have the option of avoiding the Policy from its beginning.

### 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

### Financial Services Guide

I confirm that I have read the Financial Services Guide and understand that McDougall Kelly & Martinis has not taken into account your individual objectives, financial situations or needs.

### Privacy

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. You can obtain a copy of our Privacy policy from our website at [www.consultis.com.au](http://www.consultis.com.au).

### Declaration

I, the undersigned, after enquiry, declare and confirm as follows:

1. I am authorised by each of the persons or entities included in this insurance application (including all partners/principals/directors, if applicable), on their behalf, to make this application; make these declarations; and accept the terms for this contract of insurance;
2. I have made all necessary enquiries into the accuracy of the responses given in this insurance application and confirm that the statements and particulars given are true and complete and that no material facts have been omitted, misstated or suppressed.
3. I understand that I have a continuing obligation to immediately advise of any material changes to the particulars or statements contained in this insurance application.
4. I acknowledge that the particulars and statements contained in this insurance application shall be the basis of, and will be incorporated into, the contract of insurance.

By signing this declaration below you agree to the above

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## 1. Applicant

Name of Company

Contact Person

Address

Number of years in business

Website

Telephone – Work

Telephone – Mobile

Email Address

How many Directors / Officers / Partners are there in the company?

Name of Directors / Officers / Partners	Years in position	Years experience	Qualifications

How many Employees?

Professional

Clerical

Other

Revenue:

Revenue Type	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Australia			
USA			
Other overseas			
<b>Total</b>			

Percentage breakdown of estimated revenue by State or Territory:

NSW		VIC		QLD	
WA		SA		TAS	
NT		ACT		Overseas	

## 2. Activities

Please describe the nature of your business activities (attach any brochures if available)

Breakdown of your revenue by activity (total should add to 100%)

Activity	% of Revenue

List any Association you belong to?

## 3. Client Information

Provide details of 5 largest contracts you have carried out in last 3 years?

Name of client	Business of Client	Nature of work undertaken	Income earned	Start and Finish date of contract

Approximately how many clients do you have in any given year?

Do you carry out work only under a written contract signed by every client?

Yes  No

*If no, explain in what circumstances, and why in separate attachment*

Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract?

Yes  No

*If yes, provide more details in separate attachment*

Do you use sub-contractors?

Yes  No

What percentage of your revenue will be paid to sub-contractors?

Do you ensure they carry their own Professional Indemnity and Public Liability Insurance? Yes  No

Do you any of your contracts contain a service credit or liquidated damages regime? Yes  No

#### 4. Other Insurance Section

Are you interested in a General Liability quote as well? Yes  No

Are you interested in a Property and/or Contents Insurance quote as well? Yes  No

#### 5. Additional Questions

Have You, Your partners, any other office-holders; or if a corporation any of its directors proposed to be insured under this Policy, either alone or jointly:

1. had any insurance declined, cancelled or refused renewal, had any special conditions/warranty imposed, or declined or refused a claim in the last 5 years?

Yes  No  (✓please tick) If yes, please provide full details in separate attachment.

2. suffered any loss, destruction or damage and/or made a claim on any insurer for any event whether insured or otherwise or had any claims made against You in the last 5 years?

Yes  No  (✓please tick) If yes, please provide full details in separate attachment.

3. been charged with or convicted of any criminal offences in the past 10 years (other than minor traffic convictions)?

Yes  No  (✓please tick) If yes, please provide full details in separate attachment.

4. been declared bankrupt or ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation, receivership or voluntary administration) in the last 5 years?

Yes  No  (✓please tick) If yes, please provide full details in separate attachment.

5. Do you currently have insurance in place? If so what is the current cost (inclusive of all charges)

#### 6. Declaration

"I/We have read the duty of disclosure included in this Application Form. I/we confirm that the answers and statements in this application are correct and that no information has been withheld which may affect the decision to accept this application or the terms and conditions.

I/We acknowledge that the personal information collected from me/us is collected in accordance with the Privacy Policy available on the Consult Insurance Solutions website.

Signature

Date

This declaration MUST be signed by or on behalf of all parties who are making this application for insurance.

Please return completed form to [John@mkmpartners.com.au](mailto:John@mkmpartners.com.au) or mail to **PO Box 385, Ivanhoe, Vic 3079**