

TOURISM OPERATORS INSURANCE RENEWAL

Declaration Form

AIB AUSTRALIA

PARTICIPATING BROKER	
Participating Broker:	
A/C Exec:	
Phone:	Fax:
Email:	AFS Licence No.:

Insured's Name	
Policy No:	Due Date:

IMPORTANT FACTS: <i>Please read these notes before completing the renewal declaration</i>	
Your duty of Disclosure:	<p>Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms.</p> <p>You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.</p> <p>You do not need to tell us anything that:</p> <ul style="list-style-type: none">• reduces the risk we insure you for; or• is common knowledge; or• we know, or should know as an insurer; or• we waive your duty to tell us about. <p>If you do not tell us something</p> <p>If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.</p> <p>If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.</p>
Privacy	<p><u>QBE Privacy Policy</u> We'll collect personal information when you deal with us, our agents, other companies in the QBE group or suppliers acting on our behalf. We use your personal information so we can do business with you, which includes issuing and administering our products and services and processing claims. Sometimes we might send your personal information overseas. The locations we send it to can vary but include the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.</p> <p>Our Privacy Policy describes in detail where and from whom we collect personal information, as well as where we store it and the full list of ways, we could use it. To get a free copy of it please visit qbe.com.au/privacy or contact QBE Customer Care.</p> <p>If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.</p> <p><u>AIB Privacy Policy</u> AIB Insurance Brokers complies with the Federal Privacy Act and its National Privacy Principles (NPPs), which set out standards for the collection, use, disclosure and handling of personal information. For further information relating to our NPPs please refer to https://www.aibinsurance.com.au/AboutUs/DocumentsResources-461/PrivacyPolicy-464/</p>

The applicants for insurance	<p>In this declaration the applicants for insurance are:</p> <ul style="list-style-type: none"> the corporation (that being the company of organisation named in this declaration and includes any subsidiary thereof); the insured person(s) as defined within the applicable Policy Wording; <p>Before completing this declaration, enquiries should be made with each proposed insured person in relation to the questions and declarations to be completed on their behalf.</p> <p>All capitalised terms are defined within the applicable policy wording. You should familiarise yourself with our standard form of policy for this type of cover before submitting this declaration.</p>
Details of the applicant	<p>To enable us to consider providing insurance terms and conditions please provide us with the following information 21 days prior to the expiry date of your existing policy.</p> <p>Upon receipt of the required information our offer of insurance will be prepared and provided to your financial service provider. If this is a renewal declaration for the renewal of your existing Policy, cover will cease at 4:00pm on the expiry date shown on your current Policy Schedule unless you have provided us with the renewal information requested and we have agreed to renew your Policy.</p>

The following information is required for Us to prepare renewal terms for Your policy.

<p>Please supply a full, detailed business description of your current activities:</p>
<p>What activities (if any) are carried out away from your premises?</p>
<p>Estimated Annual Turnover for coming year:</p>
<p>During the past year of insurance, have you incurred liability or are there any circumstances of which you are aware which could give rise to a claim?</p>
<p>Estimated payments for all persons working for you who are NOT direct employees such as contractors, subcontractors, labour hire personnel, or apprentices indentured to others.</p> <p>If above workers are used, please supply a list of same detailing :-</p> <p>(a) type of work they perform;</p> <p>(b) payments to same (labour component only);</p> <p>(c) whether or not they carry their own liability cover.</p>

Are any volunteers utilized by you - if so, please provide details of numbers and work performed.

Details of any contractual agreements entered into by you where:

(a) you have assumed the liabilities of others regardless of fault,

(b) you have waived their rights of subrogation against others or

(c) you have agreed to insure any other party under this proposed liability policy.

Have you ever been:

(a) fined or

(b) issued with notices for any breaches of any Occupational Health & Safety legislation in the last (5) years

– if so, please supply full details

Do you own the premises you operate this business from?

Are any hazardous/toxic wastes produced by you and if so, how are they disposed of?

Are you required to have an EPA license and have you been issued with any non-compliance notices or fines in the last (5) years in respect of same.

Are you aware of any uninsured incidents or unreported claims relating to either public or products exposures under this policy which have not been notified to the underwriter? - If so please supply full details

Please advise your (and all entities thereof) ABN.

DECLARATION & AUTHORISATION

I/We the undersigned duly authorised person(s) declare that:

- I/We, after enquiry, are authorised by all persons or entities seeking insurance to sign this Renewal Declaration;
- I/We understand that any statement made in this Renewal Declaration will be treated by QBE Insurance (Australia) Limited ABN 78 003 191 035 (QBE) and AIB Pty Ltd (AIB) as a statement made by all persons to be insured;
- I/We have read and understood the Notice on the front of this Renewal Declaration;
- I/We have carefully reviewed all answers and statements made in the Renewal Declaration and declare that all answers and statements are true, correct and complete in every respect;
- I/We understand that no insurance is in force until such time as AIB has confirmed acceptance of the proposed insurance;
- I/We agree that should any of the information given in this Renewal Declaration alter between the date of this Renewal Declaration and the inception date of the Policy that this Renewal Declaration relates to, I will give immediate notice to AIB; and
- I/We authorise QBE to give or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance held by the business including this completed Renewal Declaration and the business's claims history and credit history;

Signature of Applicant(s):

Title/position e.g. Director

Date:

N.B All Applicants must sign the Declaration.