

Millennium

Underwriting Agencies

*Personal Package
Insurance Proposal Form*



Personal Package Insurance Proposal Form

Important Notice to the Proposer for completion of this proposal form

1. Disclosure

- Any 'material fact' must be disclosed to Insurers
- A "material fact" is any information, which may alter the judgment of an Insurer in assessing the risk
- Any 'material change' must be disclosed to Insurers
- A "material change" is any information, which may alter the judgment of an Insurer that has not previously been disclosed as a material fact.

Failure to provide all "material facts" and/or notify all "material changes" may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.

1. Presentation

- An authorised individual, a partner, principal or director of the proposer must complete this Proposal Form in ink
- All questions must be answered
- If there is insufficient space to provide answers, additional information should be provided on the proposers letter-headed paper
- Where available brochures, standard contract conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.

1. Guidance

- If in doubt as to the meaning of any question contained within this proposal form, or the issues raised in 1) Disclosure and/or 2) Presentation, advice should be sought from an Insurance Advisor in the first instance.

The Applicants

Names in Full (please ensure all individual and trading entity names are shown):

Tax Status

Registered Business:

Yes No

ABN:

Taxable (%):

The Applicants *(continued)*

Contact Details

Phone No (inc. area code):

Fax No (inc. area code):

Mobile No:

Email Address:

Property Situation:

Other Interested Persons (e.g. mortgages or lessors) Names & Addresses:

Period of Insurance

From:

To (at 4pm):

General Information

If "Yes" to any questions below, please provide full details in space provided:

a) Have you in the past 5 years:

1. Made any claim(s) on an insurer for loss or damage?:

Yes No

Details:

2. Had any insurance declined or cancelled, proposal/application rejected?:

Yes No

Details:

General Information (continued)

3. Suffered any loss or damage, which would have been covered by the proposed insurance policy?:

Yes No

Details:

b) Have you or any one living with you:

1. Ever been declared bankrupt?:

Yes No

Details:

2. Ever been involved in a company or business, which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)?:

Yes No

Details:

3. Been convicted of any criminal offence within the past 5 years (other than minor traffic infringements)?:

Yes No

Details:

4. Been liable for any civil offence or pecuniary penalty (exceeding \$5,000)?:

Yes No

Details:

Home Buildings/Contents

Building 1

Description:

Location:

Sum Insured Home:

\$

Sum Insured Content:

\$

Building 2

Description:

Location:

Sum Insured Home:

\$

Sum Insured Content:

\$

Building 3

Description:

Location:

Sum Insured Home:

\$

Sum Insured Content:

\$

Notes:

1. Sums Insured should be the replacement value of home(s) and contents of all family residents
2. Contents Sum Insured should include all business computers and equipment up to \$15,000
3. Special contents items that exceed policy limits can be specified below

What type of cover do you require?

Building 1:

Cover 1

Cover 2

Building 2:

Cover 1

Cover 2

Building 3:

Cover 1

Cover 2

Cover 1 – Insured Events Cover – Defined Events (e.g. fire, storm or rainwater, theft, earthquake etc.) at the location

Cover 2 – Accidental Damage Cover – Accidental Loss or Damage to home and to contents anywhere in Australia

Home Buildings/Contents (continued)

Notes:

i) Cover 2 is only available to owner occupied homes

ii) A higher premium is payable for Cover 2

Building 1 Occupied By: _____ Occupier D.O.B.: _____ Occupier Retired:
 Yes No

Building 2 Occupied By: _____ Occupier D.O.B.: _____ Occupier Retired:
 Yes No

Building 3 Occupied By: _____ Occupier D.O.B.: _____ Occupier Retired:
 Yes No

Construction Materials

Building 1

B1 Walls: _____ B1 Roof: _____ B1 Year Constructed: _____

B1 Rewired: Yes No B1 Replumbed: Yes No B1 Has Deadlocks: Yes No B1 Key locked windows: Yes No

Building 2

B2 Walls: _____ B2 Roof: _____ B2 Year Constructed: _____

B2 Rewired: Yes No B2 Replumbed: Yes No B2 Has Deadlocks: Yes No B2 Key locked windows: Yes No

Building 3

B3 Walls: _____ B3 Roof: _____ B3 Year Constructed: _____

B3 Rewired: Yes No B3 Replumbed: Yes No B3 Has Deadlocks: Yes No B3 Key locked windows: Yes No

Alarms

B1 Alarm: Local B2 Alarm: Local B3 Alarm: Local

Monitored Monitored Monitored

No Alarm No Alarm No Alarm

Special Content Items

The amount you can claim on some contents items is limited (see the policy for full details). The items named below are limited but they can be increased. If you have items that exceed these limits, and you want them to be fully insured, please specify them, their replacement (new for old) value, and which building they are contained in.

Home Buildings/Contents (continued)

- Pictures or works of art, tapestries, handwoven rugs or antiques - \$10,000 each
- Collections of any kind – \$5,000 in total
- Gold or gold plated, silver or silver plated items, jewellery, watches, furs – \$1,750 each item or set

Special Content Item:	Value:	Building Contained In:
	\$	
	\$	
	\$	
	\$	
	\$	

Valuables - Covered Out of Home

Specified item description:	Sum Insured:
	\$
	\$
	\$
	\$
	\$

You may be asked to supply valuations for any items of jewellery worth more than \$1,750.

Landlords Accidental Damage

Name of Managing Agent:

Details of Lease Agreement:

Details of any Short Term Rental Agreement:

Building 1

Description (e.g. house, unit):

Location:

Valuables - Covered Out of Home (continued)

Cover Requirements

Section 1 - Building:

Section 2 - Contents:

\$

\$

Section 3 - Damage by Tenants:

Section 4 - Tenants Rent Default:

Yes No

Yes No

Weekly Rent:

\$

Section 5 - Loss of Rent (contents only):

Yes No

Annual Rent:

Occupied:

\$

Yes No

Details if unoccupied over 60 days:

Walls Construction Materials:

Roof Construction Materials:

Year of Building Construction:

If over 50 years old has the building been rewired?:

Yes No

If over 50 years old has the building been replumbed?:

Yes No

Building 2

Description (e.g. house, unit):

Location:

Cover Requirements

Section 1 - Building:

Section 2 - Contents:

\$

\$

Section 3 - Damage by Tenants:

Section 4 - Tenants Rent Default:

Yes No

Yes No

Valuables - Covered Out of Home (continued)

Weekly Rent:

\$ _____

Section 5 - Loss of Rent (contents only):

Yes No

Annual Rent:

\$ _____

Occupied:

Yes No

Details if unoccupied over 60 days:

Walls Construction Materials:

Roof Construction Materials:

Year of Building Construction:

If over 50 years old has the building been rewired?:

Yes No

If over 50 years old has the building been replumbed?:

Yes No

Motor - Driver Details

We need to know of everyone who regularly drive(s) the vehicle(s).

Note: A "regular driver" is anyone who drives the vehicle once a week or more often.

Regular Driver(s) Name(s):

Date of Birth:

No. of Years Licensed:

Vehicles Normally Driven:

Have any of the Regular Drivers in the last 5 years:

a) Had any accidents, vehicle(s) stolen or any other vehicle damage or loss?:

Yes No

If Yes, Driver(s) Name(s):

No. of Accidents/Offences:

Motor - Driver Details (continued)

b) Had their license cancelled or suspended?:

Yes No

If Yes, Driver(s) Name(s):

No. of Accidents/Offences:

c) Committed any other traffic offence(s) or infringement(s) such as speeding, running a red light etc. (but not parking):

Yes No

If Yes, Driver(s) Name(s):

No. of Accidents/Offences:

If "Yes" to a), b) or c) provide full details below:

Type of Cover

- 1. Comprehensive (Market Value)
- 1. Comprehensive (Agreed Value)
- 2. Third Party Property Damage
- 3. Third Party Property Damage and Fire & Theft
- 4. Fire & Theft Only
- 5. Own Damage Only

Details of any vehicles in an unsafe condition, unroadworthy or damaged condition to be provided below:

Vehicle:

Details:

Motor - Modifications/Accessories

Have any modifications been made to the maker's design of the vehicles or engines?

Yes No

If "yes", vehicle:

Details:

Sedans, Station Sedans, Wagons (Agreed value and NCB protection available for these vehicles for extra premium)

Motor - Vehicle Details

Vehicle 1

Year:

Make:

Model:

BodyType:

Transmission:

Manual Automatic

No. of Cyls:

Rego/VIN #:

Sum Insured:

Excess:

\$

\$

Type of Cover:

NCB / %:

Financier:

Driver Age:

Protect NCB:

Agreed Value:

Yes No

Yes No

Premium:

S/D:

GST:

Total:

\$

\$

\$

\$

Vehicle 2

Year:

Make:

Model:

BodyType:

Transmission:

Manual Automatic

No. of Cyls:

Rego/VIN #:

Sum Insured:

Excess:

\$

\$

Type of Cover:

NCB / %:

Financier:

Driver Age:

Protect NCB:

Agreed Value:

Yes No

Yes No

Motor - Vehicle Details (continued)

Premium:	S/D:	GST:	Total:
\$	\$	\$	\$

Vehicle 3

Year:	Make:	Model:	Body Type:
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Transmission:
 Manual Automatic

No. of Cyls:	Rego/VIN #:	Sum Insured:	Excess:
		\$	\$

Type of Cover:	NCB / %:	Financier:	Driver Age:
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Protect NCB:	Agreed Value:
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Premium:	S/D:	GST:	Total:
\$	\$	\$	\$

Vehicle 4

Year:	Make:	Model:	Body Type:
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Transmission:
 Manual Automatic

No. of Cyls:	Rego/VIN #:	Sum Insured:	Excess:
		\$	\$

Type of Cover:	NCB / %:	Financier:	Driver Age:
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Protect NCB:	Agreed Value:
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Premium:	S/D:	GST:	Total:
\$	\$	\$	\$

Additional Details:

Boat 1

Hull

Year Built:	Make:	Type:	Length:
Construction:	Registered Serial Number:	Name (if applicable):	Sails:
Masts/Spars:	Sum Insured:		
	\$		

Motor

Year Built:	Make:	Registered Serial Number:	Inboard or Outboard:
Horse Power:	Sum Insured:		
	\$		

Trailer

Year Built:	Make:	Type:	Construction:
Registered Serial Number:	Sum Insured:		
	\$		

Boat 2

Hull

Year Built:	Make:	Type:	Length:
Construction:	Registered Serial Number:	Name (if applicable):	Sails:
Masts/Spars:	Sum Insured:		
	\$		

Motor

Year Built:	Make:	Registered Serial Number:	Inboard or Outboard:
Horse Power:	Sum Insured:		
	\$		

Pleasurecraft *(continued)*

Trailer

Year Built: _____ Make: _____ Type: _____ Construction: _____

Registered Serial Number: _____ Sum Insured: _____

\$ _____

Equipment and Accessories for the safety and use of the boat including anchors, oars and paddles, detachable canopies, boat and motor covers, bilge pumps, life-saving equipment, auto pilot, depth sounders, electronic navigation equipment, global positioning system and two-way radios.

Boat 1 Equipment & Accessories Sum Insured: _____

\$ _____

Boat 2 Equipment & Accessories Sum Insured: _____

\$ _____

Boat 1 Excess: _____

\$ _____

Boat 2 Excess: _____

\$ _____

1. What legal Liability Limit do you require for Boat 1?:

\$5 Million

\$10 Million

1. What legal Liability Limit do you require for Boat 2?:

\$5 Million

\$10 Million

2. What is the maximum speed boat 1 is capable of?:

20 Knots (37km/h)

21-50 Knots (90km/h)

2. What is the maximum speed boat 2 is capable of?:

20 Knots (37km/h)

21-50 Knots (90km/h)

3. Where are your boat(s) moored or stored?:

4. What geographical cruising limit do you require? (kilometres):

5. Type of Fuel for Boat 1:

Petrol

Diesel

Other Fuel:

5. Type of Fuel for Boat 2:

Petrol

Diesel

Other Fuel:

6. Is the boat for personal use only?

Yes No

6. Is the boat for personal use only?

Yes No

7. Do you require cover for water skiers/aquaplaning liability for Boat 1?:

Yes No

7. Do you require cover for water skiers/aquaplaning liability for Boat 2?:

Yes No

8) Do you require Racing Risk extension for sailing craft for Boat 1?:

Yes No

8) Do you require Racing Risk extension for sailing craft for Boat 2?:

Yes No

Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the insurer anything that you could reasonably be expected to know is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however, does not require disclosure of matter:

- that diminishes the risk to us;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance of your duty is waived by the insurer.

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.

Confirming Transactions

You may contact us or your adviser, in writing (which is always required if you are advising cancellation) or by phone, to confirm any transaction under your policy. Any transaction will be documented by us as quickly as possible.

Privacy

Millennium Underwriting Agencies Pty Ltd respects your privacy and complies with the Privacy Act and the Australian Privacy Principles. A copy of our Privacy Policy is available at www.millennium.com.au

Excess

An excess is the sum of money we will not pay in respect of a claim. The insurance Schedule and Policy Wording detail the excesses which may be applicable.

Exceptional Circumstances

Are there any exceptional circumstances which are special or individual to you?

You only have to tell us about exceptional circumstances that you know (or a reasonable person in the circumstances could be expected to know) are relevant to our decisions about:

- whether to insure you;
- how much to charge; or
- any special rules that may apply to you or the policy.

You do not have to tell us anything that:

- we could reasonably be expected to ask you in a specific question; or
- will reduce the possibility of a claim; or
- is common knowledge; or
- we already know about, or we ought to know about through our business; or
- we have said we do not need to know.

Declaration

I declare that I have:

- received a copy of the Policy Wording;
- read the information concerning the Duty of Disclosure and other important notices;
- answered every question fully and honestly;
- either completed this proposal form personally or, if it has been completed by someone else, the answers have been checked for fullness and accuracy by me.

If during the Period of Insurance circumstances change in the information I have provided, I will promptly inform you.

I understand that if I have not fulfilled my duty of disclosure my claim may be reduced

I authorise you to obtain claims and any other information they require from my previous insurers or the Insurance Reference Services Ltd to confirm the information I have supplied, if required by them at any time.

Submission

- By ticking this box, I acknowledge this declaration and acknowledge that the information I have supplied to be true and accurate to the best of my knowledge.

Please print name:

Signed:

Date:

/ /

Please complete and return this form to:

Millennium Underwriting Agencies Pty Ltd
PO Box 309 Kent Town SA 5071