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## **Broadform Liability Insurance Proposal (Firearms Trainers)**

### **IMPORTANT INFORMATION**

#### **Duty of Disclosure**

Before You enter into a contract of general insurance with an insurer, You have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter which you know or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and if so, on what terms. You have that same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter;

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

#### **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.

#### **Proposal included in "Policy"**

Anything you state in the Proposal will form part of the Policy document unless we tell you otherwise. Before you complete this Proposal, you should read the Policy because it will tell you about the insurance you are proposing we provide and contains definitions of words used in this Proposal.

#### **Confirming Transactions**

You may contact us 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**

We are bound by the National Privacy Principles (NPPs) and comply with the Privacy Act 1988 (Cth). We are committed to ensuring that all our business dealings comply with the NPPs and acknowledge the importance of keeping personal details for individuals confidential and secure.

#### **Goods and Services Tax (GST)**

To ensure you do not incur any unnecessary GST liabilities on claims settlements please ensure your Australian Business Number (A.B.N.) and tax status are entered in the space provided on this Proposal.

#### **Additional Information**

If insufficient space is provided on this Proposal in respect of any questions contained on the Proposal, please attach a sheet of paper containing the additional information, noting the relevant question number and sign and date such attachment.

**PERIOD OF INSURANCE**

From: \_\_\_\_\_ To: \_\_\_\_\_

**ABOUT YOU & YOUR BUSINESS**

Full Name of Insured: \_\_\_\_\_

Trading as: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

ABN: \_\_\_\_\_ ITC %: \_\_\_\_\_

Insured is a:  Individual  Partnership  Corporation  Other (Specify): \_\_\_\_\_

Principal Address (es): \_\_\_\_\_

Limit of Indemnity Required: Public Liability \$ \_\_\_\_\_ any one occurrence

Products Liability NOT INSURED

Errors & Omissions \$2,000,000 any one occurrence

Full description of Insured's business activities: \_\_\_\_\_

What is your Estimated Annual Turnover? \_\_\_\_\_

How long have you been conducting this Business? \_\_\_\_\_

Do you/your organisation comply with all statutory obligations/requirements?  Yes  No

What licences/authorities are required for your organisation to operate? \_\_\_\_\_

Is your organisation currently licensed in conformity with the above requirements?  Yes  No

Do your products comply with all relevant Australian, USA and EU standards?  Yes  No

If no, please provide details: \_\_\_\_\_

**Additional information**

1. Do you sell firearms that are not fitted with trigger guards?  Yes  No

2. Are your business premises fitted with a Back to Base alarm system?  Yes  No

3. Are firearms left in unattended vehicles?  Yes  No

4. If firearms are taken off site to your employees residences, are firearms stored in approved locked cabinets and are premises fitted with Back to Base alarm systems?  Not Applicable  Yes  No

5. What quantity of ammunition is stored on site and how is it stored? \_\_\_\_\_  
 \_\_\_\_\_

If yes, to questions 1-4 above please provide full details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide details of any agreements made under which you have:

(a) Accepted liability which would not normally be your responsibility: \_\_\_\_\_  
 \_\_\_\_\_

(b) Given away your legal rights of recovery from other parties: \_\_\_\_\_

(c) Do you engage any contractors &/or subcontractors?  Yes  No  
 If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

Do you require cover for goods in your physical or legal control?  Yes  No

If yes, please provide the following:

(a) Description of goods: \_\_\_\_\_

(b) Value of goods: \$ \_\_\_\_\_ (c) Sum Insured Required: \$ \_\_\_\_\_

**Product & Sales Data**

	Details of Product or Service	Turnover	No of Units Sold	Wage
Roll				
Estimate next 12 months	_____	\$ _____	_____	\$ _____
	_____			
Actual past 12 months	_____	\$ _____	_____	\$ _____
	_____			
Actual 2 years ago	_____	\$ _____	_____	\$ _____
	_____			
Actual 3 years ago	_____	\$ _____	_____	\$ _____
	_____			

Do you operate a Quality Control Recording System?  Yes  No

If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

Do you supply or distribute products overseas?  Yes  No

If yes, please answer the following:

Turnover	Product	Country Exported To	% of Total
List Exports	_____	_____	%
	_____	_____	%
	_____	_____	%
	_____	_____	%

List of countries in which you have registered offices or assets or legally authorized representatives or agents: \_\_\_\_\_  
 \_\_\_\_\_

## CLAIMS & INSURANCE HISTORY

Are you aware of any claims or incidents which may result in claims against you during the past 5 years?  Yes  No

If yes, please provide details: \_\_\_\_\_

Policy Period Incurred	No of Claims	Total Paid	Amount in Reserve	Total
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

### Previous Insurance History

- (a) Name of Insurer: 1. \_\_\_\_\_ Years on Risk: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. \_\_\_\_\_ Years on Risk: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_
3. \_\_\_\_\_ Years on Risk: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- (b) Has any Insurer cancelled, declined or refused to renew this type of coverage?  Yes  No
- If yes, please provide details: \_\_\_\_\_

## DECLARATION

I/We declare that to the best of my/our knowledge and belief the answers given below, documents or papers submitted, represent the true position and that I have not withheld any information, material to this proposal. I agree that this proposal and accompanying documents or papers shall form or partly form the basis of the Contract Proposed.

Where the answers in this Proposal are not in my/our handwriting, they have been checked by me/us and I/we agree they are correct.

Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_