

SSAA General Insurance Brokers.

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Broadform Liability Insurance Proposal (Firearms Trainer)

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 a



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

Full description of Insured's business activities: _____

What is your Estimated Annual Turnover? _____

Please provide the number of firearm trainers to be insured under this policy. Full time _____ Part time _____

Please list the names of all trainers and provide copies of their CVs. _____

How long have you been conducting this Business? _____

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

What licenses/authorities are required for your organization 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? Yes No

If yes please advise turnover _____

2. Are firearms left in unattended vehicles? Yes No

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: _____

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: \$ _____

Do you engage any contractors? Yes No

If yes, what type of work: _____

Please list the names of all contractors and provide their CVs. _____

Please list any claims against them _____

CLAIMS & INSURANCE HISTORY

In the last 10 years have you been charged with a criminal conviction? Yes No

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

If yes, please provide details: _____

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

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: _____