|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| All questions are to be answered. If insufficient space, please attach additional information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intermediary Name: | | | | | | | | | | | | | | Contact: | | | | | | | | | | | | | | | | |
| **THE APPLICANT(S)** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Name(s) of Insured(s) in full (show names of all owners, if a corporate owner, show names of all principals) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Please list any Subsidiaries | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | State | | | |  | | | Postcode | | | | | |  |
| Contact Number(s) | | | | | | | Phone | |  | | | | | | | | Fax | | | |  | | | | | | | | | |
| Email Address | | | | | | |  | | | | | | | | | | Web | | | |  | | | | | | | | | |
| Tax Status | | | | | | | Registered Business Yes  No | | | | | | | | | | ABN | | | |  | | | | | Taxable | | | % | |
| Period of Insurance | | | | | | | From | |  | | | | | | | | To | | | |  | | | | | At 4pm | | | | |
| Other Interested Parties | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **GENERAL INFORMATION** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you during the last five (5) years:  a. made any claims or had any claims made against you (whether insured or not) Yes  No  b. recalled any of your products Yes  No  c. had any incident or accident occur which would have been covered by the proposed insurance policy? Yes  No  - If ‘Yes’ to any of the above please provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Have you had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected, special conditions or special  Excess imposed by an insurer? Yes  No  - If ‘Yes’ to any of the above please provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Have you had any insured and/or uninsured statutory fines and penalties in the last 5 years: Yes  No  - If ‘Yes’ please provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Do you presently carry Liability Insurance OR Marine Insurance? Yes  No  - If ‘Yes’ please provide Name of Insurer/s, Policy Number/s & Expiry Date/.: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Have you or your partner (s) or directors (s) of the business:  a. ever been declared bankrupt, Yes  No  b. ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (i.e.  liquidation or receivership)? Yes  No  - If ‘Yes’ to any of the above please provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Have you or your partner (s) or directors (s) or employees ever been charged with a criminal offence? Yes  No  - If ‘Yes’ to any of the above please provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INDEMNITY LIMIT/INSURED VALUE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Limit of Indemnity Required :  $10M  $20M  $25M Other **$** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sub limits of Liability: Statutory Liability automatically included - Limit $1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Optional Extensions (A supplementary questionnaire & additional premium may apply)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motor Trade Inspection Reports & Certificates (Personal Injury or Property Damage) | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| Motor Trade Inspection Reports & Certificates (Financial Losses Only) $100,000 limit | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| Consumer Protection Cover for QLD Electricians $50,000 limit | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| **If “Yes” please provide Name & License Number of any Electricians** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Electrical Contractors Occupational Licensing for Tasmania | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| **If “Yes” please provide Name & License Number of any Electricians** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Victorian Plumbers Liability – Refer to Endorsement Wording for limits | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| **If “Yes” please provide Name & License Number of any Plumbers** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Financial Loss (Products Only) Extension sub limit **(supplementary application form required)** | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| Financial Loss (Products & Services) Extension sub limit applies **(supplementary application form required)** | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| Products Exported to North America **(supplementary application form required)** | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| Customer Vehicles $250,000 limit | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| Faulty Workmanship $25,000 limit | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| **Turnover** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. What is your estimated turnover for the forthcoming year? $  2. What was your turnover last year? $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Payroll (excluding payments to sub-contractors & labour hire employees)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. What is your estimated annual payroll for the forthcoming year: $  2. How many partners or principals?  3. How many employees? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Subcontractors** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Do you use the services of any subcontractors? Yes  No  2. Please provide estimated annual payments: $  3. Please advise number of subcontractors utilised in the business?  4. Are payments for: Labour Only Labour & Materials  5. Do you insist on subcontractors carrying their own liability insurance? Yes  No  - If “Yes” please advise the minimum limit of liability insisted upon?  6. Please provide full details of activities undertaken:    **The cover provided under this policy does not include cover for subcontractors, if this is required please contact our office.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Labour Hire or Agency Labour** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Do you use the services of labour hire or agency personnel? Yes  No  - If ‘Yes’ please provide estimated annual payments: $  2. Please provide full details of activities undertaken: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DETAILS OF THE BUSINESS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Please provide full description of your business operations and activities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Please advise the % split between the insureds marine and non-marine work (totalling 100%) Marine:       Non-Marine: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please provide % split of activities totalling 100%: -** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anti-Fouling on Land | | | | | % | | Hydraulic Work | | | | | | | | | | | | **%** | | Mechanics | | | | | | | | **%** | |
| Anti-Fouling Underwater | | | | | % | | Rigging/Installation of Masts, Spars & Sails | | | | | | | | | | | | **%** | | Mooring & Pontoon Maintenance | | | | | | | | **%** | |
| Boat Brokers **(completion of Boat Broker Supplementary Questionnaire is required)** | | | | | % | | Manufacturing Glass Products | | | | | | | | | | | | **%** | | Plumbing | | | | | | | | **%** | |
| Boat Detailer | | | | | % | | Manufacturing Canvas/Fabric Products | | | | | | | | | | | | **%** | | Re-conversion of Boats | | | | | | | | **%** | |
| Boat Yards | | | | | % | | Manufacturing Electrical/Electronic Products | | | | | | | | | | | | **%** | | Repair/Installation of Air Conditioning | | | | | | | | **%** | |
| Boilermakers | | | | | % | | Manufacturing Engine Parts | | | | | | | | | | | | **%** | | Retail of Imported Products | | | | | | | | **%** | |
| Carpenter/Joiner | | | | | % | | Manufacturing Fibreglass Products | | | | | | | | | | | | **%** | | Sand Blasting | | | | | | | | **%** | |
| Construction Activities | | | | | % | | Manufacturing Hydraulic Parts | | | | | | | | | | | | **%** | | Shipwright | | | | | | | | **%** | |
| Cradle/Rail Operations | | | | | % | | Manufacturing Masts | | | | | | | | | | | | **%** | | Slipway Operations | | | | | | | | **%** | |
| Diesel Fitters | | | | | % | | Manufacturing Mechanical Products | | | | | | | | | | | | **%** | | Spray Painting | | | | | | | | **%** | |
| Diving Activities other than Anti-Fouling | | | | | % | | Manufacturing Metal Products | | | | | | | | | | | | **%** | | Upholsters | | | | | | | | **%** | |
| Dredging | | | | | % | | Manufacturing Vessels valued up to $100,000 | | | | | | | | | | | | **%** | | Vessel Fit Outs | | | | | | | | **%** | |
| Electricians | | | | | **%** | | Manufacturing Vessels valued over $1 million | | | | | | | | | | | | **%** | | Vessel Lifting Services | | | | | | | | **%** | |
| Fuel Storage | | | | | **%** | | Manufacturing Vessels valued over $100,000 but less than $1 million | | | | | | | | | | | | **%** | | Vessel Management | | | | | | | | **%** | |
| Glazier | | | | | **%** | | Manufacturing Wooden Products (excluding masts) | | | | | | | | | | | | **%** | | Other… Please provide full details of what other entails below | | | | | | | | **%** | |
| **Other**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Please provide details of vessels you manufacture, type, size, length, Value: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*\*\* **IMPORTANT** – Boat Builders/Shipwright/Manufacture of Vessels \*\*\*  \*\*\*You must advise us prior to commencing construction of vessels over 20 metres \*\*\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Do you provide any reports, advice, and/or professional service, and/or inspections for a fee? Yes  No  - If “Yes”, Please provide full details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hotworks** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Do you perform hotwork? Yes  No  2. Is work performed daily, weekly, monthly, Other, please clarify:  3. Scope of hotwork undertaken:  4. Is all work performed to Australian Standard 1674 ‘Safety in Welding & Allied Processes”? Yes  No  5. Describe the items being welded:  6. Maximum value of items being welded: $  7. Is there a fire watch on each side of the bulkhead being welded? Yes  No  8. Do you perform hotwork on vessels previously engaged in carrying hazardous cargos? Yes  No  - If “Yes”, Please provide full details of vessels and hazardous cargo:    9. Any hotwork undertaken away from your premises? Yes  No  - If “Yes”, Please provide full details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Details of The Business** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Have you had any claims, incidents or circumstances of rectifying, performing, re-performing, completing or improving any work undertaken by you in the past five years?    Yes  No  - If yes, please provide further details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Do you have representation outside Australia? Yes  No  – If “Yes”, where and what nature of your representation in such country? (e.g. domicile employee power of attorney, branch subsidiary, agency, etc) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Number of years’ experience in this business? | | | | | | | | |  | | | | 4. Date on which business was established? | | | | | | | | | | | |  | | | | | |
| 5. Full address details of the premises occupied for the purpose of conducting this business: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | State: |  | | Postcode: | | | | | |  | | |
| 6. Do you or does anyone on your behalf operate, manage or own any of the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If yes, please provide full details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) Slipway | | | | | | Yes  No | | | | | |  | | | | | | | | | | | | | | | | | | |
| b) Dry Dock | | | | | | Yes  No | | | | | |  | | | | | | | | | | | | | | | | | | |
| c) Floating Docks | | | | | | Yes  No | | | | | |  | | | | | | | | | | | | | | | | | | |
| d) Vessels including Work Barges | | | | | | Yes  No | | | | | |  | | | | | | | | | | | | | | | | | | |
| **The policy that is the subject of this application does not provide Hull P&I. Please note a separate Hull P&I cover will be required to cover the Hull Protection & Indemnity (P&I)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) Cranes/Cradles | | | | | | Yes  No | | | | | |  | | | | | | | | | | | | | | | | | | |
| f) Moorings | | | | | | Yes  No | | | | | |  | | | | | | | | | | | | | | | | | | |
| g) Fuel Storage – On or Over water | | | | | | Yes  No | | | | | |  | | | | | | | | | | | | | | | | | | |
| **h)** Fuel Storage – Land based U/G or above | | | | | | Yes  No | | | | | |  | | | | | | | | | | | | | | | | | | |
| 7.What type of vessels are worked on and approximate %? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Private | Commercial | | | Fishing | | | | Navy | | | Cruise line | | | | | Offshore Rigs | | | | | Other: | | | | | | | | | |
| **%** | **%** | | | **%** | | | | **%** | | | **%** | | | | | **%** | | | | | **%** | | | | | | | | | |
| 8. What is the maximum value of any vessels worked on? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. What is the maximum number of vessels worked on at any one time? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10.Do you have any product which is incorporated into the structure, machinery or control of any aircraft or aerial device? Yes  No  - If “Yes”, Please provide full details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Pollution** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Are you required to hold EPA or other relevant State or local council licences in relation to discharges from your processes or  operations? Yes  No  - If “Yes”, Please provide full details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Does your use, storage and disposal of all toxic, dangerous and hazardous substances or waste comply with all statutory regulations and by-laws? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Please give full details of all toxic, dangerous or hazardous substances or waste: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Towing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Do you engage in the towing of vessels? Yes  No  - If “Yes”, Please provide full details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Do you hold a current towing licence? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Approximately how many times per year would you engage in towing activities? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRODUCT INFORMATION/TERRITORIAL LIMITS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Description of Product** | | | **(M) Manufacture**  **(I) Import**  **(D) Distribute** | | | | | | | **Total Turnover ($)** | | | | | | | | **Exports / Imports (S)** | | | | | **Destination** | | | | | | | |
|  | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | | | | | |
|  | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | | | | | |
|  | | |  | | | | | | |  | | | | | | | |  | | | | |  | | | | | | | |
| **(If applicable attach product brochures, annual reports or other material)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coverage for PRODUCTS EXPORTED TO USA OR CANADA are excluded from this insurance. Coverage will be provided only if specifically agreed by the insurer and then subject to additional terms and conditions and payment of an extra premium. A USA/Canada export questionnaire will have to be completed. Any additional information supplied in respect of such exports shall be deemed to form part of this application. PLEASE REFER TO THE POLICY WORDING FOR DETAILS REGARDING TERRITORIAL LIMITS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.Can you with certainty, identify the source of every item used in the manufacture of the products? Yes  No  - If “No”, Please provide reason: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.Do you have quality control procedures in place? Yes  No  - If “Yes”, Please provide full details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.Are your products subject to any Australian or International Standard? Yes  No  - If “Yes”, Please provide full details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.Do you have re-call procedures in place? Yes  No  - If “Yes”, Please provide full details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.Have you discontinued manufacturing, processing or handling any products? Yes  No  - If “Yes”, Please provide full details of reason, type of product, year etc: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONTRACTUAL LIABILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality in regard to your products, or specifically agreed contracts. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.Do you assume liability under a contract or hold others harmless or waive your rights of subrogation? Yes  No  – If “Yes”, please provide details and attach copies of all agreements:        Coverage will be provided only if specifically agreed by the Insurer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.Do you or will you enter into a Joint Venture or partnership? Yes  No  – If “Yes”, please provide details including % of your share of the Joint Venture: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Do you operate under the terms of standard conditions of contract which contain a disclaimer of liability? Yes  No  – If “Yes”, please attach a copy of a contract.  – If “No”, would you consider incorporating such conditions in the near future? Yes  No   * If “No”, please provide details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STATUTORY LIABILITY EXTENSION IS CLAIMS MADE INSURANCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Statutory Liability coverage is an extension to the policy you are applying for and the Statutory Liability coverage is ‘Claims Made’ insurance. This means that the Statutory Liability extension of the policy applies to claims made against you and notified to the insurer during the policy period. The policy does not provide cover in relation to:  – acts, errors or omissions that occurred prior to the retroactive date (if one is specified) in the policy;  – any claim made, threatened or intimated against you prior to the commencement of the policy period;  – any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the policy period;  – any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;  – any claim arising out of any fact you are aware of before the commencement of the policy period;  – any claim made against you after the expiry of the policy period.  However, the effect of Section 40(3) of the Insurance Contracts Act 1984 (Cth) is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the policy period, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the policy period, notwithstanding that the claim was made against you after the expiry of the policy period. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRIVACY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We are committed to protecting your privacy. We use the information you provide to us to arrange for and quote on the financial services we provide to you. We only provide personal information to the financial service providers (and their representatives) and those appointed to assist you with claims under policies of insurance. We will not trade, rent or sell the information.  If you don’t provide us with full information, we cannot properly quote / arrange your financial products and provide the service you expect. You can check the personal information we hold about you at any time. For more information about our Privacy Policy Statement, ask us for a copy. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DUTY OF DISCLOSURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your proposal and each time before you alter or renew the Policy. Each person named as the Insured has the same duty. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PENALTY FOR NON-DISCLOSURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you do not tell us everything necessary, we may: reduce or refuse to pay a claim; or cancel your Policy. If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.  You don’t need to tell us anything which: reduces the risk; is common knowledge; we already know or ought to know in the ordinary course of our business; or we indicate we do not want to know. If you are not sure that something is relevant, it is best to disclose it anyway. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INADEQUATE SPACE TO ANSWER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DECLARATION AND SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. The Duty of Disclosure, Non-Disclosure and Inadequate Space to Answer notices set out above have been read by me/us.  2. All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.  3. I acknowledge you reserve the right to decline any application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant’s Signature: | |  | | | | | | | | | | | | | | | | | | | Date: |  | | | | | | | | |
| Applicant’s Title | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |