

QUESTIONS & DECLARATION

Broker Contact:

CLIENT: _____

OCCUPATION: _____

POSTAL ADDRESS:

PHONE NUMBER: BUS: _____ PVTE: _____ FAX: _____

- | | | |
|---------------------|---|--------|
| 1. Has any insurer: | a) Declined any proposal for Insurance | YES/NO |
| | b) Refused to renew any Insurance | YES/NO |
| | c) Demanded an increased premium | YES/NO |
| | d) Imposed any special terms on renewal | YES/NO |

If "yes", please supply particulars.

2. Claims/Losses

I. Have you or your business suffered any loss or damage to property or been held liable for any loss or damage to property in the last 5 years?

II. Have you or any person who may drive the vehicle:

- | | | |
|----|---|--------|
| a) | had an accident while driving any vehicle in the last 5 years? | YES/NO |
| b) | been convicted of any driving offence in the last 5 years? | YES/NO |
| c) | suffered any loss or damage to property or vehicle in the last 5 years? | YES/NO |
| d) | been declined insurance, or had special conditions imposed? | YES/NO |

If you have answered YES to any of the above questions please provide details, give name of Insurer, dates, and brief details.

DECLARATION, AUTHORITY & ACKNOWLEDGEMENT

I/We have made full and complete disclosure of all my/our circumstances.

All particulars and answers given, are in every respect true and correct.

I/We have agreed to accept any terms, exceptions and conditions contained in the policy as modified or extended by any endorsement thereon.

Name of Client: _____

Signed by: _____

Date: _____

Privacy Act 1993 - Declaration

Pursuant to the Privacy Act 1993, the following is brought to you attention:

1. This authority enables us to collect personal information about you.
2. The information is collected to evaluate the insurance you seek.
3. The intended recipients of the information are:
 - a) ACM Insurance Brokers Limited
 - b) Any Insurance Company
 - c) Any Re-insurers of insurance
 - d) Any agent of the above
4. The information is being collected and held by ACM Insurance Brokers Ltd
5. You have rights to access to, and correction of this information, subject to the provisions of the Privacy Act 1993.

Declaration

I/We authorise the disclosure of personal information held by any party regarding my/our previous insurances.

I/We agree to ACM Insurance Brokers Limited releasing to other parties personal information regarding this insurance.

Name of Client: _____

Signed by: _____

Date: _____