

PUBLIC LIABILITY / VOLUNTARY WORKERS APPLICATION



GROUP DETAILS

Name of Group: _____

Address: _____

Contact Name: _____

Phone No.: _____ Fax No.: _____

Mobile No.: _____

Email Address: _____

Years in Operation: _____

Does the Group receive a government subsidy?

Yes No

PREVIOUS INSURANCE

If insufficient space, attach information on additional sheets.

Previous Insurer: _____

Has the Group had insurance refused, cancelled or declined, or has any insurance company ever imposed special terms, conditions or restrictions on your policies?

Yes No

If yes, provide details.

PAST CLAIMS

Detail all insurance claims made in the last three years together with any uninsured losses. Please include all dates and amounts.

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DECLARATION

I/we declare and agree to the following:

- The information and answers given in this application are true and correct;
- That no information likely to affect the acceptance of this insurance has been withheld;
- That I/we have read the Important Notices referred to in this proposal;
- To make the premises available for inspection by if so requested;
- Upon acceptance of this insurance shall be subject to policy wording.

Signature: _____ Date: _____

IMPORTANT NOTICES REFERRED TO IN THE INSURANCE CONTRACTS ACT 1984

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with us, you have a duty under the Insurance Contracts Act 1984 to disclose to the insurer every matter that 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 the same duty to disclose those matters to us before you renew, extend, vary or reinstate your contract of general insurance.

Your duty does not however, require disclosure of matters:

- that diminish the risk to be undertaken by us;
- that are of common knowledge;
- that we know or, in the ordinary course of our business ought to know;
- as to which compliance with your duty is waived by us

CREDIT CARD PAYMENT DETAILS

Card Type:: VISA MASTERCARD BANKCARD

Card Holder Name: _____

Card No.: _____ Expiry Date: _____

Signature: _____ Date: _____