

Level 3, 100 Wellington Parade, East Melbourne, Victoria, 3002 Phone: 03 9235 5255 Fax: 1800 633 073 Email: enquiries@prorisk.com.au

Web: www.prorisk.com.au

# Market Stallholder Public and Products Liability Application

## **IMPORTANT NOTICE:**

- · Please answer all questions in full. Where appropriate, please tick the yes or no box that best indicates your reply
- If there is insufficient space, please provide further details on your letterhead
- All attached documents form part of this Proposal

Insured	Name:											
Address	s:											
							State	):	P/co	de:		
Contact	Details:	Phone:				Mobil	e:					
		Email:				Webs	ite:					
Busine	ss Detail	s										
Estimate	ed number	of markets p	oer year?									
Estimate	ed turnover	for the next	t 12 months?									
=	mport any ease provid	-	etails and country	ry of origin.								
Details	of the produ	ucis solu.										
General Information												
If you answer "yes" to any of the questions below, please provide full details including the name of the insurer, dates, amounts in dollars and reason for cancellation												
In the pa	ast 5 years	have you;										
1. made any claim(s) for public and products liability Insurance							- □ Yes □ No					
											<u> </u>	
2.	had any conditions	d any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special nditions or excess imposed by an insurer?						□ Yes	□ No			
3.		ncidents or insurance p	accidents occur, olicy?	, or suffered a	any loss or dama	age wh	nich v	vould have be	en covere	d by the	□ Yes	□ No
4.	aware of a	any incidents which you have not made a claim on your insurance policy?						□ Yes	□ No			



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## **Duty of Disclosure**

Section 21 of the *Insurance Contracts Act 1984* provides that before you enter into a contract of general insurance with an insurer, you have a duty 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, upon what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of matter:

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

### If you do not tell us

If you fail to comply with your duty of disclosure, Underwriters may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, Underwriters may also have the option of avoiding the contract from its beginning.

## **Declaration by Insured Person**

#### I declare that:

- I have read and understood the Duty of Disclosure and I am authorised on behalf of the Applicant(s) to make this Application
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.
- I authorise ProRisk to collect from and disclose to other insurers or insurance or credit reference services any personal information relating to this insurance or claims under this insurance.
- I confirm that the statements and information in this Application are true and complete.
- I acknowledge that, if a contract of insurance is entered into, this Application and any accompanying documents will form the basis of the contract.

Sign:	Date: / /	Print Name:						