Proposal – Equipment Insurance

Broker Name:

Insured Name:

Location of Risk:

Period of Insurance: **From:** **To:**

Claims History: **Any claims in the last 3 years?** ☐ **YES** ☐ **NO**

If Yes, please provide details of each claim including:

- *The date of incident*
- *Accidental Damage or Theft*
- *Excess per claim, and*
- *Claim amount settled*

Equipment Listing

DESCRIPTION	TOTAL SUM INSURED
Specified Items *Please specify items on the attached schedule*	$
Unspecified Items (max $3,000 per item) *Does the sum insured for unspecified equipment represent the full replacement value of all unspecified equipment to be insured?*	$ ☐ YES ☐ NO

Privacy Statement

We and our service providers will comply with the provisions of the Privacy Act 1988. Our Privacy Policy statement can be found on our website at www.protecsure.com.au.

The Privacy Policy contains information on how you may access your personal information held by us and how to seek correction of such information. It also provides information on how you can make a complaint against us for a breach of the Australian Privacy Principles ("APPs"), or registered APP code(s), if any, that bind(s) us. Protecsure does not send your personal information to any recipient overseas. Protecsure may retain your personal information to enable it provide or assess insurance or pay claims. You consent to us providing your personal information to our third party providers who may be external valuers or appraisers, loss adjusters or investigators, professional advisers and other organisations that provide services to us including Chubb for these purposes..

Your Duty of Disclosure

Before you enter into a contract of insurance you have a duty to answer all questions honestly and you have a duty to tell us anything known to you, and which a reasonable person in the circumstances would include in answer to the questions. We will use the answer in deciding whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to us before you, extend, vary or reinstate this contract. If you fail to comply with your Duty of Disclosure, we may be entitled to reduce our liability under the contract in respect to a claim, refuse to pay a claim or may cancel the contract. If your non-disclosure is fraudulent, we also have the option of avoiding the contract from its beginning.

Insured Signature:_____ **Date:**_____

ITEM DESCRIPTION	SERIAL NUMBER	SUM INSURED