



AMUSEMENT DEVICE OPERATORS PROPOSAL FORM

Instructions to the Proposer

This proposal is to be completed by a director, partner, principal or an authorized officer of the Insured, as the answers to the following questions will determine the acceptance or declination of coverage proposed. There is a duty on you as the proposing Insured to answer all questions accurately and fully as all statements shall form the basis of, and be incorporated into any contract of insurance which may be issued by the Company.

Please answer all the questions fully; if there is insufficient spaces please provide further details on your letterhead. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".

Please attach the following to assist your proposal for insurance: brochures, pamphlets, advertisements or other descriptive literature of your operations and/or services; copies of standard contract(s) with clients, if applicable.

This insurance cover is based upon representations given to us by you. Should any particulars have changed or be incorrect you must notify us immediately. We reserve the right to revise or withdraw this quotation at any time subject to any changes in the underwriting or claims information provided. Some of the key factors that may influence your premium are nature of risk, limit of cover required, claims history and occupation.

Period of Insurance

TO at 4.00pm
 Day Month Year Day Month Year

Name of Insured <i>(inc. all subsidiary companies)</i>	<input style="width: 100%;" type="text"/>		
Postal Address	<input style="width: 100%;" type="text"/>		
Description of Business	<input style="width: 60%;" type="text"/>	ABN <input style="width: 30%;" type="text"/>	
Insured Phone & Fax No's	BUSINESS PH <input style="width: 200px;" type="text"/>	FACSIMILE <input style="width: 150px;" type="text"/>	
	EMAIL <input style="width: 150px;" type="text"/>	MOBILE <input style="width: 150px;" type="text"/>	
Location of Premises	SITUATION 1 ADDRESS <input style="width: 300px;" type="text"/>	STATE <input style="width: 80px;" type="text"/>	POSTCODE <input style="width: 80px;" type="text"/>
	SITUATION 2 ADDRESS <input style="width: 300px;" type="text"/>	STATE <input style="width: 80px;" type="text"/>	POSTCODE <input style="width: 80px;" type="text"/>

Background/Experience/Qualifications of Operators including where and when qualifications obtained: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>

Do You or Your employees supervise all devices on site?	YES / NO If NO, please provide details of who is responsible for supervision?

Cover Requested

Liability Insurance

Limit of Liability \$

Errors and Omissions

Limit of Liability \$

Your Previous History

Have you in the past, either alone or in partnership or jointly with any party, or if a corporation any of its directors:

- Suffered any loss, destruction or damage for risks to be insured under the proposed policy? Yes No
- Had any Insurer decline any claims submitted? Yes No
- Had any Insurer decline any Proposals submitted? Yes No
- Had any Insurer cancel or refuse to renew a Policy? Yes No
- Had any Insurer require any increased premium or imposed special conditions? Yes No
- Ever been bankrupt? Yes No
- Been convicted of or charged with any civil or criminal offence? Yes No

If you answered "Yes" to any of the above, please give details (or attach if insufficient space):

Insurance and Claims History

Have you been previously insured for general liability and/or errors and omissions insurance?	Yes / No
If you require Retroactive Cover under Errors and Omissions (for acts committed prior to this insurance), please provide details of prior period of continuous errors and omissions cover:	Insurer: Period of insurance: Limit if Liability:

Detail all insurance claims made in the last five years together with any uninsured losses. Please include dates and amounts. (If insufficient room continue on a separate sheet)			
Date of Loss	Type of Loss	Amount	Details

Important Notices

Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, 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 the insurer before you renew, extend, vary or reinstate a contract of general insurance,

Your duty however does not require disclosure of any 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 is waived by the insurer.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

Non-Disclosure

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

Change of Risk or Circumstances

You should advise the Company as soon as practicable of any material change to your normal business as disclosed in the proposal, such as changes in location, acquisitions and new overseas activities.

Subrogation

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the policy that you will not seek to recover such loss or damage from that person, the Company will not cover you, to the extent permitted by law, for such loss or damage.

Privacy Statement

The Company is committed to protecting your privacy. The Company only use the personal information you provide to the Company to quote on and insure your risks. The Company only provide personal information to their underwriters and reinsurers (and their representatives) and those we appoint to assist the Company with claims under your policy. The Company will not trade, rent or sell your information.

If you don't provide the Company with complete information, the Company cannot properly quote for your insurance and the Company cannot insure you. You can check the personal information the Company hold about you at any time.

If you provide the Company with personal information about anyone else, the Company relies on you to have told them that you will provide their information to the Company, to whom the Company may provide it, the purposes for which the Company will use it and that they can access it. If the information is sensitive, the Company relies on you to have obtained their consent on these matters.

For more information about our Privacy policy, ask us for a copy.

Role of Winsure Insurance Group

In arranging this insurance, Winsure Insurance Group is acting under an authority given to it by the Company, and is acting as the Companies agent and not as your agent.

Your Insurer

Certain Underwriters at Lloyds

Acknowledgement

We acknowledge that we have read and understand the **Important Notices** contained in this application.

We agree that this proposal, together with any other information or documents supplied, shall form the basis of any contract of insurance.

We acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the Company.

We declare after enquiry that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

We undertake to inform the Company of any material alteration to those facts before completion of the contract of insurance.

Dated.....

Signature.....