



ABN: 29 059 310 904      AFS Lic No: 253106  
Suite 302, Level 3, 61 Lavender Street  
Milsons Point 2061  
Telephone: (02) 9409 5200      Fax: (02) 9954 6944  
Email: [info@winsure.com.au](mailto:info@winsure.com.au)

- 
1. NAME: \_\_\_\_\_ Ph: \_\_\_\_\_ Mob: \_\_\_\_\_
  2. POSTAL ADDRESS: \_\_\_\_\_  
SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_
  3. Period of Insurance:      From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
  4. Limit of Indemnity Required: \$10,000,000    or    \$20,000,000    (PLEASE CIRCLE)
  5. Number of Market Stalls you operate \_\_\_\_\_    Number of people involved in the business \_\_\_\_\_
  6. Details of where Market Stalls are held \_\_\_\_\_
  7. Description of Goods being sold \_\_\_\_\_
  8. Do you import any of the goods?    YES    or    NO    (PLEASE CIRCLE)
  9. Estimated turnover \_\_\_\_\_
  10. General Information
    - a. Has any claim been made upon you for personal injury or property damage?    YES     NO   
If YES please specify details:  
\_\_\_\_\_  
\_\_\_\_\_
    - b. Has any insurer declined a proposal, cancelled or refused to renew a policy?    YES     NO   
If YES, give details:  
\_\_\_\_\_  
\_\_\_\_\_
    - c. Have you previously held insurance of this nature for the cover now proposed during the previous year?  
YES     NO     If YES, Please give name(s) of insurer(s)  
\_\_\_\_\_  
\_\_\_\_\_
    - d. Are there any other material facts relating to the risk to be insured or to the proposer which should be disclosed to enable a true assessment of your proposal to be made before its acceptance?

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YES  NO  If YES, give details.

\_\_\_\_\_

**OUR PRIVACY PROMISE:** New privacy legislation took effect from 21st December 2001. The legislation will regulate the way private sector organisations can collect, use, keep secure and disclose personal information. Winsure has developed a privacy policy which explains what sort of information we hold about you and what we do with that information. A copy of the brochure may be obtained from the Winsure Insurance Group office or from our Website at [www.winsure.com.au](http://www.winsure.com.au).

**YOUR 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 insurers 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 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 his business, ought to know
- As to which compliance with your duty is waived by the insurer.

**NON-DISCLOSURE:** If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim, refuse to pay 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.

**DECLARATION:** I/We do hereby warrant that the answers given above are to the best of my/our knowledge true and correct and I/We have not withheld any information likely to affect acceptance of the Proposal: and I/We agree that this Proposal and Declaration shall be the basis of the Contract between the Insurer and the Insured. I have read the notes concerning my duty of disclosure on the reverse of this proposal/member application form, and agree that if I have sought the assistance of any person in the completion of this form wholly or in part, such person does so as my agent and not that of the company.

DATED: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIGNED: \_\_\_\_\_

ADDITIONAL INFORMATION – please use a separate sheet if insufficient space.

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