



PLEASE EMAIL FOR PHONE APPOINTMENTS

Email: info@onlinesellersinsurance.com.au

Web: onlinesellersinsurance.com.au

LIABILITY INSURANCE RENEWAL DECLARATION FORM

INFORMATION:

Insured Name

Policy No

Business

OTHER INFORMATION:

1. Actual turnover for 2018/2019?

2. Estimated turnover for 2019/2020?

3. What percentage of your Turnover are you making from the USA?

4. Estimated subcontractor payments (if any) for 2019/2020 and what work are they doing?

5. Estimated payment to Labour Hire Personnel (if any) for 2019/2020?

6. Any claims and/or circumstances (past 5 years) (include date of loss, amount and description)

7. Any changes to claims/incidents that were previously advised?

8. Any other changes to the information as provided last year?

DUTY OF DISCLOSURE

Under the Insurance Contracts Act, you have to disclose every matter that you know, or could reasonably be expected to know, is relevant to the Insurers decision whether to accept the risk of insurance and on what terms. The duty of disclosure applies on each and every occasion you seek new insurance cover or renewal, alter or extend existing cover.

Your duty does not require disclosure on any matter

- that diminishes the risk to be undertaken
- that is common knowledge
- that the Insurance Company knows or in the ordinary course of its business ought to know
- as to which the Insurer waives compliance with your duty

It is essential that you comply with your duty of disclosure as the Insurance Company may be entitled to deny a claim, reduce its liability under the contract of insurance or cancel the contract from its beginning.

Please answer the following questions

Yes / No

Has any Insurer with respect to any insurance policy held by you or any other person included as an Insured

- a) refused to renew, cancelled, or terminated a policy of insurance?
- b) imposed special or restrictive conditions, increased excess or premium?

Have You or any other person included as an Insured

- c) made any claims in the last 5 years on any insurance policy?
- d) had a claim refused or rejected by an Insurer on any insurance policy?
- e) been convicted of a criminal offence?
- f) been placed into administration, receivership, liquidation, bankruptcy?
- g) has any person who will drive your vehicle(s) had any convictions for driving under the influence of alcohol or drugs, or had a licence cancelled or suspended in the last 5 years?
- h) have anything else to declare under your duty of disclosure?

If you have answered "Yes" to any question please provide relevant details below

Completed / Confirmation by the Insured

Name of Insured

Signed by Insured

Date

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