

**PROPOSAL FORM FOR  
PRIVATE WINE COLLECTIONS**

**IMPORTANT INFORMATION**

**COMPLETING THE PROPOSAL FORM**

Firstly we ask that you read the Important Notices at the end of this proposal, as this is required under the "Insurance Contracts Act 1984". It will also assist you in the completion of this proposal form.

- Please answer all questions fully
- If insufficient space is provided, please give your answer on a separate sheet of paper.

**If you have any difficulties completing this form, please contact your broker or insurance adviser for assistance.**

1. (a) Name of Proposer(s):	(a)
(b) If the insured is a Superannuation Fund, please give name of the fund as it should appear in the policy?	(b)
(c) Residential Address(es):	(c)
(d) Age(s) of Proposer(s)	(d)
(e) Business or occupation of Proposer:	(e)

**LOCATION 1 – SECURITY DETAILS**

<p>2. (a) Please State the Value or Sum Insured required for the Wine Collection at this Location. <i>(if more than one location, please use the additional location(s) sheet)</i></p>	<p>(a) (i) Scheduled Items      \$ _____          Unscheduled Items      \$ _____  <i>(Maximum value any one unscheduled item is \$100.00)</i></p>
<p>(b) Please state the address of this Location.</p>	<p>(b)</p>
<p>(c) Is this Location a Professional Wine Storage facility?          If Yes, Please state the Name of the Facility and go to Question 2 (d) below.          If No, Please go to Question 2 (e) below.</p>	<p>(c)      Yes    <input type="checkbox"/>      No    <input type="checkbox"/></p>
<p>(d) Is the wine stored in a climate controlled part of this facility?          Please go to Question 5.</p>	<p>(d)      Yes    <input type="checkbox"/>      No    <input type="checkbox"/></p>
<p>(e) Is the address stated in 2 (b) above a Private Dwelling owned or occupied by You?          If No, Please give details of the occupancy of this Location and relationship to you:</p>	<p>(e)      Yes    <input type="checkbox"/>      No    <input type="checkbox"/></p>
<p>(f) (i) Are the buildings for this Location constructed of brick, stone or concrete with slate, tile, concrete or metal roof?           (ii) If not, state construction</p>	<p>(f) (i)    Yes    <input type="checkbox"/>      No    <input type="checkbox"/>           (ii)</p>
<p>(g) (i) Are the premises an apartment?          (ii) If so, is it self-contained?           (iii) On which floor of the building is it situated?</p>	<p>(g) (i)    Yes    <input type="checkbox"/>      No    <input type="checkbox"/>          (ii)           (iii)</p>

<p>3. Please specify:</p> <p>(a) Types of locks on external doors</p>	(a)
<p>(b) Types of window locks or catches</p>	(b)
<p>(c) Is there a Burglar Alarm? If yes, please complete (i) to (iii) below.</p> <p>(i) Is the Alarm monitored?</p> <p>(ii) Is there a local siren?</p> <p>(iii) (a) Does the alarm cover all areas containing the insured items? (b) If not, state extent of coverage</p>	<p>(c) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(i) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(ii) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(iii) (a) Yes <input type="checkbox"/> No <input type="checkbox"/> (b)</p>
<p>(d) Where is the wine stored within this Location? (e.g. purpose built cellar, wine fridge etc)</p>	(d)
<p>(e) Any additional security protecting this storage area?</p>	(e)
<p>(g) Any other protections at the premises?</p>	(g)
<p>4. (a) Will the premises be regularly left unattended by day or night?</p>	(a) Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>(b) If so, please give details</p>	(b)
<p>(c) Will the premises be left unattended for any periods exceeding 30 consecutive days at a time?</p>	(c) Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>(b) If so, please give details</p>	(b)
<p>5. (a) Has Proposer or any member of Proposer's household ever suffered a loss or losses that</p>	

<p>would have been covered by this type of insurance?</p> <p>(b) If so, please state:</p> <p>(i) approximate date(s) of loss</p> <p>(ii) circumstances and amount of each loss</p> <p>(iii) if insured, whether paid in full or otherwise</p>	<p>(a) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(b)</p> <p>(i)</p> <p>(ii)</p> <p>(iii)</p>
<p>6. With whom is insurance currently in force?</p>	
<p>7. (a) Has Lloyd's or any other insurer refused or cancelled insurance for Proposer or any member of Proposer's household?</p> <p>(b) If so, please give details</p>	<p>(a)</p> <p>(b)</p>
<p>8. Please attach a schedule of items and values to be insured. It is a policy requirement that all items valued at over \$ 100.00 any one item must be scheduled.</p>	
<p>9. From what date do you wish this insurance to commence?</p>	

10. Are there any other factors affecting this insurance of which you are aware?

**I HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS, WHETHER IN MY OWN HAND OR NOT, ARE TRUE, AND THAT NO FACTS HAVE BEEN SUPPRESSED OR MIS-STATED. I ALSO DECLARE THAT I HAVE READ AND UNDERSTOOD THE IMPORTANT NOTICES BELOW.**

**I UNDERSTAND THAT I HAVE A DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION AND THAT IF IT IS DETERMINED THAT A MISREPRESENTATION HAS BEEN MADE, THE INSURER MAY CANCEL THE CONTRACT OR THE INSURER MAY REDUCE THE AMOUNT THEY PAY IF I MAKE A CLAIM, OR BOTH.**

**I UNDERSTAND THAT THE SIGNING OF THIS PROPOSAL DOES NOT BIND ME (OR UNDERWRITERS) TO COMPLETE THE INSURANCE BUT AGREE THAT SHOULD A CONTRACT OF INSURANCE BE CONCLUDED, THIS PROPOSAL AND THE STATEMENTS MADE HEREIN SHALL FORM THE BASIS OF THE CONTRACT.**

\_\_\_\_\_  
Signature of Proposer

\_\_\_\_\_  
Date

## IMPORTANT NOTICES

### Your Rights and Obligations

The Duty of Utmost Good Faith: The Insurance Contracts Act 1984 states the following: "A contract of insurance is a contract based on utmost good faith and there is implied in such a contract a provision requiring each party to it to act towards the other party, in respect of any matter arising under or in relation to it, with the utmost good faith.

### Your Policy is a Consumer Insurance Contract

Under the Financial Sector Reform (Hayne Royal Commission Response) Act 2020, Your policy is categorised as a Consumer Insurance Contract (CIC).

Before You enter into a consumer insurance contract, You have a duty to take reasonable care not to make a misrepresentation. You have this duty until We agree to insure You.

You have the same duty before You renew, extend, vary or reinstate an insurance contract.

Whether or not You have taken reasonable care not to make a misrepresentation will be determined with regard to all the relevant circumstances with the following matters likely to be taken into account:

- The type of consumer insurance contract and its target market;
- Explanatory material or publicity produced or authorised by Us;
- How clear, and how specific were any questions asked by Us;
- How clearly the importance of answering those questions and the possible consequences of failing to do so were communicated to You;
- Whether or not an agent was acting for You;
- Whether the contract was a new contract or was being renewed, extended, varied or reinstated.

If it is determined that a misrepresentation has been made, We may cancel Your contract or the Insurer may reduce the amount they pay You if You make a claim, or both.

Please note that a misrepresentation made fraudulently is made in breach of this duty, and the Insurer may refuse to pay a claim and treat the contract as if it never existed.

### Who needs to tell Us:

It is important that You understand You are answering Our questions for yourself and anyone else who You want to be covered by the Policy.

### Cancellation

You may cancel the policy at any time by notifying us in writing

Subject to the provisions of the Insurance Contracts Act 1984, the underwriters may cancel the policy by giving you notice in writing of the date on which cancellation is to take effect. Such notice is to be delivered personally, emailed or posted by certified mail or to your address last notified to us. Proof of mailing is sufficient proof of notice.

### Privacy

Quantum Underwriting Agencies respects your privacy and complies with the Privacy Act and the Australian Privacy Principles.

Any personal information you provide may be held by us, our representatives or your insurer(s). It may be used by relevant staff in making a decision concerning your insurance application. It may also be used for the purposes of arranging and servicing any cover that may be issued and administering any claims. Information may be passed to overseas insurers, loss adjusters and surveyors for these purposes. In signing this proposal form or otherwise seeking insurance through us, you are agreeing to these terms. Under privacy legislation, you can request access to your personal information by contacting us at any of our offices during normal business hours.

**ADDITIONAL LOCATION – SECURITY DETAILS – LOCATION NO**

<p>2. (a) Please State the Value or Sum Insured required for the Wine Collection at this Location.</p>	<p>(a) (i) Scheduled Items     \$ _____          Unscheduled Items     \$ _____  <i>(Maximum value any one unscheduled item is \$100.00)</i></p>
<p>(b) Please state the address of this Location.</p>	<p>(b)</p>
<p>(c) Is this Location a Professional Wine Storage facility?          If Yes, Please state the Name of the Facility and go to Question 2 (d) below.          If No, Please go to Question 2 (e) below.</p>	<p>(c)     Yes    <input type="checkbox"/>     No    <input type="checkbox"/></p>
<p>(d) Is the wine stored in a climate controlled part of this facility?          Please go to Question 5</p>	<p>(d)     Yes    <input type="checkbox"/>     No    <input type="checkbox"/></p>
<p>(e) Is the address stated in 2 (b) above a Private Dwelling owned or occupied by You?          If No, Please give details of the occupancy of this Location and relationship to you:</p>	<p>(e)     Yes    <input type="checkbox"/>     No    <input type="checkbox"/></p>
<p>(f) (i) Are the buildings for this Location constructed of brick, stone or concrete with slate, tile, concrete or metal roof?           (ii) If not, state construction</p>	<p>(f) (i)    Yes    <input type="checkbox"/>     No    <input type="checkbox"/>           (ii)</p>
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<p>3. Please specify:          (a) Types of locks on external doors</p>	<p>(a)</p>

(b) Types of window locks or catches	(b)
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(d) Where is the wine stored within this Location? (e.g. purpose built cellar, wine fridge etc)	(d)
(e) Any additional security protecting this storage area?	(e)
(g) Any other protections at the premises?	(g)
4. (a) Will the premises be regularly left unattended by day or night?	(a) Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) If so, please give details	(b)
(c) Will the premises be left unattended for any periods exceeding 30 consecutive days at a time?	(c) Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) If so, please give details	(b)