

PROPOSAL FORM

PRIVATE / PERSONAL PROPERTY IN VAULT / WITH REMOVAL

IMPORTANT INFORMATION

COMPLETING THE PROPOSAL FORM

Firstly we ask that you read the Important Notices at the bottom 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. Residential Address(es):	b.	
c. If the insured is a Superannuation Fund, please give name of the fund as it should appear in the policy?	c.	

<p>2. a. Name of Bank or Safety Deposit Vault where the items to be insured are kept:</p>	a.	
<p>b. Address (please include postcode):</p>	b.	
<p>c. Is this a 'Safety Deposit Box' facility with 'Dual Key'* control:</p>	c.	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>d. If yes, please give the box number(s)</p>	d.	
<p>e. Is the second key kept in your custody and control at all times?</p>	e.	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>f. Are the items sealed in a tamper evident envelope or lockable security box to which you hold the only key and/or is a security seal applied before depositing in the vault:</p>	f.	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p><i>If yes, please give further details in 2g. below</i></p>
<p>g. Tamper prevention security details:</p>		
<p>3. Total Sum Insured Required for items in Bank or Safety Deposit Vault</p>	\$	
<p>4. a. Please confirm that Purchase Receipts and/or Valuations can be produced for all items to be insured:</p>	a.	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p><i>If Yes, please answer Q 4b below.</i></p>
<p>b. Other than for Bullion or Precious Metals, are any Purchase Receipts or Valuations more than 5 years old:</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	
<p>5. Total Sum Insured Required for items in Bank or Safety Deposit Vault</p>	\$	

*Note: Dual Key Control means a safety deposit box that can only be opened with two keys, one of which is held by you and the other of which is held by the Bank or Safety Deposit Vault

<p>6. a. Do you require cover for any items removed from the Bank or Safety Deposit Vault?</p> <p>b. If Yes, please give full details of:</p> <p>i) Item(s) cover required for:</p>	<p>a.</p> <p>b.</p> <p>i)</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p><i>Please specify item numbers from the Schedule at Item 10 below or describe items</i></p>
<p>ii) Reason for removal: <i>e.g. wearing or valuation</i></p>	<p>ii)</p>	
<p>iii) Number of days taken out per year?</p>	<p>iii)</p>	
<p>iv) Where will the items be kept when not being worn or used for the purpose specified in 6b ii above?</p>	<p>iv)</p>	
<p>v) If at the residence(s) shown above, please advise what security exists? (Deadlocks on doors, window locks, safe, monitored alarm etc.)</p>	<p>v)</p>	
<p>vi) What is the maximum sum insured required for all items when removed from the Bank or Safety Deposit Vault?</p>	<p>vi)</p>	
<p>vii) What Territorial Limits do you require for such items?</p>	<p>vii)</p>	
<p>viii) Do you require cover for items in transit by post or courier service?</p>	<p>viii)</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>ix) If yes, please advise which methods or couriers will be used?</p>	<p>ix)</p>	

<p>x) What is the maximum value of any one shipment?</p>	<p>x)</p>	
<p>xi) Estimated number of such transits per year?</p>	<p>xi)</p>	
<p>xii) What Territorial Limits do you require for postal or courier sendings?</p>	<p>xii)</p>	
<p>8. Have you ever suffered any loss or losses that would be covered by this type of insurance: If Yes, please provide details including approximate date(s) of loss and amount:</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	
<p>9. a. Has Lloyd's or any other insurer refused or cancelled insurance for Proposer or any member of Proposer's household? b. If so, please give details</p>	<p>a. b.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>10. From what date do you wish this insurance to commence?</p>		

10. Please give a schedule of all items to be insured. If insufficient space, please attach a separate sheet. All items are to be listed separately stating the amount for which Insurance is sought. NB Items valued at \$5,000 or under may be Unscheduled. Scheduled Items are insured for 'Agreed Value' Unscheduled Items are insured for 'Market Value'

Item	Description	Value / Sum Insured
1.		\$ 0
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$
16.		\$
17.		\$
18.		\$
19.		\$
20.		\$
	Total	\$ 0

12.	Please state total sum insured required for all unscheduled items valued up to \$5,000 any one item:	\$
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13. 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 the 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 National 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.