

PROPOSAL FORM

PRIVATE / PERSONAL PROPERTY IN VAULT

IMPORTANT INFORMATION

COMPLETING THE PROPOSAL FORM

Firstly we ask that you read the Important Notices below, 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 to give a complete answer, please give your answer on a separate sheet of paper

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

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 Duty of Disclosure

Before you enter in to a contract of general insurance with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk, and if so, on what terms. You have the same duty to disclose such matters before you renew, extend, vary or reinstate a contract of insurance.

Your duty, however, does not require you to disclose a matter:

- That diminishes the risk to be undertaken by the insurer;
- That is common knowledge;
- That the insurer knows, or in the ordinary course of business as an insurer, 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 insurers may be entitled to reduce their liability under the contract in respect of any claim, or may cancel the contract. If your non-disclosure is fraudulent, the insurers may also have the option of avoiding the contract from its beginning.

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.



<p>1. (a) Name of Proposer:</p> <p>(b) Exact nature of business or occupation of proposer:</p> <p>(c) Residential Address(es):</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p>
<p>2. (a) Name of Bank or Safety Deposit Vault 1 where the items to be insured are kept:</p> <p>(b) Address:</p> <p>(c) Name of Bank or Safety Deposit Vault 2 where the items to be insured are kept:</p> <p>(d) Address</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p>
<p>3. Please specify:</p> <p>(a) Total Sum Insured Required for items in Bank or Safety Deposit Vault 1</p> <p>(b) Total Sum Insured Required for items in Bank or Safety Deposit Vault 2</p>	<p>(a) \$</p> <p>(b) \$</p>
<p>4. (a) Does Bank or Safety Deposit Vault 1 operate Dual Control*?</p> <p>(b) Does Bank or Safety Deposit Vault 2 operate Dual Control*?</p> <p>*Dual Control means access to the box or vault is under the control of more than one person.</p>	<p>(a)</p> <p>(b)</p>



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|---|--------|--|
| 5. (a) Do you require cover for items (such as jewellery) when outside the Bank or Safety Deposit Vault? | (a) | Yes / No |
| (b) If so, please give full details of: | (b) | |
| (i) Items cover required for: | (i) | <i>(Please indicate* on Schedule at Item 11)</i> |
| (ii) Reason for removal? | (ii) | |
| (iii) Number of days taken out per year? | (iii) | |
| (iv) Where will the items be kept when not being worn or used for the purposes specified in 5b (ii) above? | (iv) | |
| (v) If at the residence(s) shown above, please advise what security exists: | (v) | |
| (vi) What is the maximum sum insured required for all items when removed from the Bank or Safety Deposit Vault? | (vi) | |
| (vii) What Territorial Limits do you require for such items? | (vii) | |
| (viii) Do you require cover for such items when entrusted to third parties, such as jewellers for valuation purposes, repair or cleaning? | (viii) | Yes / No |
| (ix) If yes, please give details and maximum sum insured required: | (ix) | |
| (x) Do you require cover for such items when in transit by post or courier? | (x) | Yes / No |
| (xi) If yes, please advise which method(s) or courier(s) will be used and the maximum sum insured required: | (xi) | |
| (xii) Estimated number of such transits per year? | (xii) | |
| (xiii) Do you require cover for such items whilst on Exhibition? | (xiii) | Yes / No |
| (xiv) If yes, please give details: | (xiv) | |



6. (a) Has the proposer or any member of proposer's household ever suffered loss or losses?	(a) Yes / No
(b) If so, please state:	(b)
(i) approximate date(s) of loss	(i)
(ii) circumstances and amount of each loss (if insufficient space, please attach a separate sheet).	(ii)
(iii) if insured, whether paid in full or otherwise	(iii)
7. With whom is insurance currently in force?	
8. (a) Has Lloyd's or any other insurer refused or cancelled insurance for Proposer or any member of Proposer's household?	(a)
(b) If so, give details	(b) _____
9. From what date do you wish this insurance to commence?	
10. Are there any other factors affecting this insurance of which you are aware?	



QUANTUM
Underwriting Agencies

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11. Please give a schedule of items to be insured. If insufficient space, please attach a separate sheet. All items are to be listed separately stating for each item the amount for which Insurance is sought.

Item	Description (please indicate * items you require cover for when removed from vault and number of days per year)	Value / Sum Insured
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$
16.		\$
17.		\$
18.		\$
19.		\$
20.		\$

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 UNDERSTAND THAT NON-DISCLOSURE OR MISREPRESENTATION OF A MATERIAL FACT MAY ENABLE UNDERWRITERS TO REDUCE OR DECLINE TO PAY A CLAIM.

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