

**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>

3. Please specify:	
(a) Types of locks on external doors	(a)
(b) Types of window locks or catches	(b)
(c) Is there a Burglar Alarm? If yes, please complete (i) to (iii) below.	(c) Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Is the Alarm monitored?	(i) Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) Is there a local siren?	(ii) Yes <input type="checkbox"/> No <input type="checkbox"/>
(iii) (a) Does the alarm cover all areas containing the insured items? (b) If not, state extent of coverage	(iii) (a) Yes <input type="checkbox"/> No <input type="checkbox"/> (b)
(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)

<p>5. (a) Has Proposer or any member of Proposer's household ever suffered a loss or losses that 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 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 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 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 this duty until we agree to insure you. 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.



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>
<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: (a) Types of locks on external doors</p>	<p>(a)</p>



(b) Types of window locks or catches	(b)
(c) Is there a Burglar Alarm? If yes, please complete (i) to (iii) below.	(c) Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Is the Alarm monitored?	(i) Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) Is there a local siren?	(ii) Yes <input type="checkbox"/> No <input type="checkbox"/>
(iii) (a) Does the alarm cover all areas containing the insured items? (b) If not, state extent of coverage	(iii) (a) Yes <input type="checkbox"/> No <input type="checkbox"/> (b)
(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)