

ALPA Members Professional Indemnity Insurance Proposal Form



Insurance Cover May Include:

- ▶ Fidelity sub limit of up to \$100,000
- ▶ Cost exclusive excess
- ▶ Franchisor Liability Extension
- ▶ Bodily injury/property damage cover to the full policy limit
- ▶ Continuous Cover provision
- ▶ 7 year Run off cover for eligible Insureds
- ▶ Two reinstatements

Important Information

Answering the questions

You must answer ALL questions in this proposal form. Failure to answer all questions in this proposal form could delay consideration of this application for insurance. You must ensure you provide complete and correct answers to all questions in this proposal form. If you are unsure whether any information is material to the Insurer's consideration of this application, this information should be disclosed.

Supplementary Information

If there is insufficient space in this proposal form for you to provide a complete answer to a question you may also submit additional information in spreadsheet or report format.

Supporting Documentation

All Applicants are required to submit the following documentation with this proposal form:

1. the CV's of all directors, principals and partners of the Applicant; and
2. any pamphlets, flyers or similar documentation the Applicant provides to the public.

Meaning of terms

Please note in this proposal form:

"Applicant" means:

- any entity for which cover under the policy is required including any service, administrative or nominee companies and subsidiaries that you wish to be covered by this policy
- any individual for which cover under the policy is required including any director, principal, partner or employee of any entity to be insured by the policy; and
- any former director, principal, partner or employee of any entity to be insured by the policy

"Proposal Form" means this document and any supporting documentation submitted with this proposal form.

Returning Your Form

1. Have you read the Duty of Disclosure above?
2. Has each question in this Proposal Form been answered?
3. Have you given complete, true and accurate answers to all relevant questions in this Proposal Form?
4. Have you attached all necessary supporting documentation with this Proposal Form including the CV's of all directors principals and partners?
5. Return the complete Proposal Form and documents to your broker:

Duty Of Disclosure

Your Duty Of Disclosure

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

Your duty however does not require disclosure of a matter:

- > that diminishes the risk to be undertaken by the Insurer;
- > that is of common knowledge;
- > that your Insurer knows or, in the ordinary course of its business, 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 Insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

Claims Made Policy

This declaration is for a 'claims made and notified' policy of insurance. This means that the Insuring Clause responds to:

- > claims first made against you during the policy period and notified to the Insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and
- > written notification of facts pursuant to Section 40(3) of the Insurance Contracts Act 1984. The facts that you may decide to notify, are those which might give rise to a claim against you. Such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to the policy's period of cover has expired. If you give written notification of such facts the policy will respond even though a claim arising from those facts is made against you after the policy has expired. For your information, Section 40(3) of the Insurance Contracts Act 1984 is set out below: "S40(3) Where the Insured gave notice in writing to the Insurer of facts that might give rise to a claim against the Insured as soon as was reasonably practicable after the Insured became aware of those facts but before the insurance cover provided by the contract expired, the Insurer is not relieved of liability under the contract in respect of the claim when made by reason only that it was made after the expiration of the period of insurance cover provided by the contract."

When the policy period expires, no new notification of facts can be made on the expired policy even though the event giving rise to the claim against you may have occurred during the policy period.

You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.

Subrogation

The policy contains a provision that has the effect of excluding or limiting the Insurer's liability in respect of a claim where the Insured had foregone, excluded or limited a right of recovery or contribution.

Non-Renewable Policy

For the purposes of Section 58 of the Insurance Contracts Act 1984, if a policy is issued, this policy is non-renewable and will expire at the conclusion of the policy period. Should the Insured require coverage beyond the expiry of the policy period, the Insured must complete a new proposal form and the Insurer may provide a new contract, the terms and conditions of which will be negotiated at the time.

Contact Coverforce

Coverforce Insurance Broking Pty Ltd

ABN 11 118 883 542 ACN 118 883 542 AFSL 302522

info@coverforce.com.au www.coverforce.com.au

Level 12, 9 Castlereagh Street Sydney NSW 2000

Locked Bag 5273 Sydney NSW 2001

P 02 9376 7800 F 02 9223 1422

Part A: General Information

This Part of the Professional Indemnity Proposal Form asks for general information in relation to the Applicant's business. All sections of Part A are compulsory and must be completed in full.

Section 1: Insurance Requirements

1.1 Indemnity Limit

\$1,000,000
 \$2,000,000
 \$3,000,000
 \$4,000,000
 \$5,000,000
 Other

1.2 Reinstatement

Is a reinstatement of the limit of indemnity required?
 Yes
 No

1.3 Stamp Duty

For the purposes of calculating the stamp duty to be paid for the policy, please provide the approximate percentage of the Applicant's activities (based on Gross Income/Fees) applicable to each State, Territory and Overseas [TOTAL must equal 100%];

NSW	VIC	WA	TAS	QLD	SA	ACT	NT	Overseas	Total

Section 2: Applicant Details

2.1 Entities to be Insured

Please complete the table below for each entity to be Insured. (It is essential that the Applicant specifies the names of all entities including service, administrative or nominee companies and subsidiaries that the Applicant wishes to be covered by the policy).

Entity (Include Registered Name and ALL Trading Names)	ABN	Business Commencement Date

2.2 Contact Details

Name	Phone	Mobile	Fax
Email	Website		
Postal Address			
Suburb	State	Postcode	

2.3 Gross Income/Fees (Australian Dollars)

Country	Previous Financial Year End	Current Financial Year End (estimate)	Next Financial Year End (projected)
Australia			
Total Gross Income/Fees:			

Part A: General Information (continued)

Section 3: Resources

3.1 Staff

Please complete the table by indicating the number of employees, sub-contractors and consultants employed/engaged by the Applicant for each category:

Partners, Principals & Directors	Professionally Qualified Employees	Other Employees	Sub-Contractors & Consultants	Total Number of Staff
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3.2 Principals, Directors and Partners

Please complete the table below for all principals, directors and partners.

Name	Age	Qualifications	Date Qualified	Total Years Experience
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3.3 Engaged Sub-Contractors and Consultants

3.3 a) Does the Applicant engage consultants, sub-contractors or agents who provide professional services on their behalf? Yes No

3.3 b) If yes to 3.3a; Does the Applicant insist that their consultants, sub-contractors or agents carry their own Professional Indemnity Insurance? Yes No

Important Notice; Please note; unless expressly agreed by the Insurer, sub-contractors, consultants and agents engaged by you are not personally indemnified under this policy.

Section 4: Insurance History

4.1 Latest Professional Indemnity Policy

Broker	Insurer	Indemnity Limit	Excess	Expiry Date	Base Premium
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4.2 Prior Claims or Circumstances

4.2 a) Has any partner, principal, director, employee, sub-contractor or consultant, ever been subject to disciplinary proceedings for professional misconduct? If yes, please provide details: Yes No

Part A: General Information (continued)

Important Notice; When completing the table below, the amount indicated in Amount Paid should reflect any payments already made by the Insurer to third parties, plus any legal costs and expenses incurred to date by the Insurer. The amount indicated in Estimated should include amounts set aside by the Insurer for possible future payments. This information should be available directly from your Insurer's claims department. Attach a separate sheet if necessary.

4.2 b) Have any claims ever been made against any firm or entity to be Insured by this policy or any of their predecessors in business or any prior firm or entity of any of their present or former partners, principals, directors, employees, sub-contractors or consultants, or have circumstances been notified to Insurers that may give rise to a claim, in respect of the risks to which this proposal relates? If yes, please provide details below: Yes No

Date Notified to Insurer	Name of Claimant or Potential Claimant	Name of Insurer	Amount Paid To Date In Respect of Claim/Loss	Estimated Insurer Outstanding Reserve/Loss
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Provide a brief description of the claim/loss/notification

Date Notified to Insurer	Name of Claimant or Potential Claimant	Name of Insurer	Amount Paid To Date In Respect of Claim/Loss	Estimated Insurer Outstanding Reserve/Loss
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Provide a brief description of the claim/loss/notification

Date Notified to Insurer	Name of Claimant or Potential Claimant	Name of Insurer	Amount Paid To Date In Respect of Claim/Loss	Estimated Insurer Outstanding Reserve/Loss
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Provide a brief description of the claim/loss/notification

4.2 c) Is any partner, principal, director, employee, sub-contractor or consultant, after enquiry, aware of any circumstances which might give rise to a claim against any firm or entity to be insured by this policy or any prior firm or entity of any of their present or former partners, principals, directors, employees, consultants, or sub-contractors in respect of the risks to which this proposal relates (which is not referred to in Question 4.2b above)? If yes, please provide details below: Yes No

Date Notified to Insurer	Name of Claimant or Potential Claimant	Name of Insurer	Estimate of Potential Liability
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide a brief description of the circumstances

Part A: General Information (continued)

4.3 Previous Insurance Applications

4.3 a) Has any Insurer ever declined a proposal, refused renewal or terminated the Applicant's professional indemnity insurance cover? If yes; please provide details including the reason(s) given by the Insurer:

Yes

No

4.3 b) Has any Insurer every imposed special terms or conditions on the Applicant's professional indemnity insurance policies? If yes; please provide details including the reason(s) given by the Insurer:

Yes

No

4.3 c) Has any Insurer denied liability for a claim made or notified against the Applicant's previous professional indemnity insurance policies? If yes; please provide details including the reason(s) given by the Insurer:

Yes

No

Part B: Professional Activities

This Part of the Professional Indemnity Proposal Form asks for specific information in relation to the Professional Activities undertaken by the Applicant.

Section 1: Professional Activities

1.1 Activities Undertaken

Complete the table by indicating the percentage of gross income/fees the Applicant would receive for each category listed below.

Stock & Station / Real Estate Agent Activities		Valuation Activities	
Livestock Sales	<input type="text"/>	Residential	<input type="text"/>
Rural Property Sales	<input type="text"/>	Commercial	<input type="text"/>
Residential Sales (not including "off the plan" sales)	<input type="text"/>	Industrial	<input type="text"/>
Residential Sales ("off the plan" sales only)	<input type="text"/>	Tourism	<input type="text"/>
Commercial Sales (not including "off the plan" sales)	<input type="text"/>	Rural	<input type="text"/>
Commercial Sales ("off the plan" sales only)	<input type="text"/>	Asset/GST/SD	<input type="text"/>
Auctioneering - Property	<input type="text"/>	Insurance Valuations	<input type="text"/>
Auctioneering - Livestock	<input type="text"/>	Strata Title	<input type="text"/>
Auctioneering - Clearing Sales	<input type="text"/>	Municipal (rating purposes)	<input type="text"/>
Merchandising	<input type="text"/>	Plant & Equipment	<input type="text"/>
Rural Property Management	<input type="text"/>	Issuance of Prospectus	<input type="text"/>
Residential Property & Strata Management	<input type="text"/>	Business Valuations	<input type="text"/>
Commercial Property & Strata Management (Excluding retail shopping centres)	<input type="text"/>	Other	<input type="text"/>
Commercial Property & Strata Management (Retail shopping centres with 10 shops or less)	<input type="text"/>		
Commercial Property & Strata Management (Retail shopping centres with more than 10 shops)	<input type="text"/>		
Business Broking	<input type="text"/>		
Project Management	<input type="text"/>		
Other	<input type="text"/>	Total [The combined value of BOTH columns must equal 100%]	<input type="text"/>

1.2 Detailed Description of Activities

If the Applicant undertakes "project management" or "other" activities (as referred to in table above), please provide a FULL description of these activities in the space provided below:

Part B: Professional Activities (continued)

1.3 Training and Education

Do the directors, partners and qualified employees of the Applicant regularly attend continuing education programmes conducted by a franchise operator, the Real Estate Institute, an industry body or similar organisation? Yes No

1.4 Professional Accreditation

1.4 a) REI Membership; Is the Applicant a member of any state or territory Real Estate Institute? Yes No

1.4 b) ALPA Member

(i) Is the Applicant a member of ALPA? Yes No

(ii) Does the Applicant intend on selling, merging, retiring or ceasing to trade in the next 12 months? Yes No

1.5 Risk Management - Fidelity

Other than directors, does the Applicant authorise other employees to:

1.5 a) issue a cheque or any other bank instruments as a sole signatory? Yes No

1.5 b) authorise any payment in excess of \$5,000 without authorisation by a supervisor or manager? Yes No

1.5 c) process a refund to customers in excess of \$5,000 without authorisation by a supervisor or manager? Yes No

1.5 d) reconcile any bank account through which that employee is authorised to deposit funds into or withdraw from? Yes No

Important Notice; Only complete Sections 1.6 and 1.7 below if; the Applicant undertakes Property Management.

1.6 Property Management

1.6 a) Please state the number of residential properties the Applicant manages.

1.6 b) Please state the number of commercial properties the Applicant manages.

1.6 c) If the Applicant manages any retail shopping centres, are there more than 10 shops managed in a centre? Yes No

If yes, please provide details below

Shopping Centre Name	Location	Type of Shops (E.g. Newsagent, jeweller, supermarket etc)	Number of Shops
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part B: Professional Activities (continued)

1.7 Risk Management - Property Management

- 1.7 a)** Does the Applicant request from each landlord whose property the Applicant manages evidence that the landlord holds public liability insurance with a sum insured of at least \$5,000,000? Yes No
- 1.7 b)** If Yes to a above, for those landlords who provide evidence, does the Applicant ensure that evidence of this insurance is provided on the renewal date of the landlord's policy each year? Yes No
- 1.7 c)** Does the Applicant use the standard Property Management and/or Strata Title Management agreements as recommended by the REI based in their State or Territory? Yes No
- 1.7 d)** Does the Applicant use the standard Condition Report as recommended by the Real Estate Institute or Office of Fair Trading (or equivalent) in their State or Territory? Yes No
- 1.7 e)** Does the applicant ensure that they hold adequate authority from landlords to effect necessary repairs to properties managed? Yes No
- 1.7 f)** Does the Applicant conduct property inspections prior to the commencement of, during and at the cessation of each tenancy? Yes No
- 1.7 g)** Does the Applicant maintain a Complaints/Repairs Register to record all reports received about problems with properties managed? Yes No
- 1.7 h)** Does the Applicant have in place formal policies/procedures to attend to complaints and requests for repairs/maintenance recorded in the Complaints/Repairs Register? Yes No
- 1.7 i)** Does the Applicant have in place a system to check with tenants of properties managed that repairs/maintenance has been undertaken to a satisfactory standard? Yes No
- 1.7 j)** Does the Applicant only engage licensed and insured tradespersons to undertake repairs/maintenance on properties managed? Yes No
- 1.7 k)** If Yes to j above, does the Applicant hold copies of tradespersons licences and certificates of currency and have in place a system to monitor the renewals of these licenses and certificates of currency? Yes No
- 1.7 l)** Does the Applicant recommend PropertySafe Inspections to all their landlords and process all their maintenance work through PropertySafe Maintenance Manager? Yes No
If Yes, please provide the Applicants 5 digit PropertySafe Agency ID

Part B: Professional Activities (continued)

Important Notice; Only complete Sections 1.8 to 1.11 below if; the Applicant undertakes Valuations

1.8 Risk Management - Valuations

- 1.8 a)** Does the Applicant have a delegated person(s) responsible for the development and implementation of risk management / quality control systems? Yes No
- 1.8 b)** Does the Applicant have in place formal documented risk management / quality control systems? Yes No
- 1.8 c)** Does the Applicant carry out regular training in the risk management / quality control systems to all staff? Yes No
- 1.8 d)** Does the Applicant have in place formal procedures to evaluate new clients and sub-contractors? Yes No
- 1.8 e)** Does the Applicant have in place formal procedures for reviewing contractual agreements and other legal binding instruments? Yes No
- 1.8 f)** Does the Applicant have in place formal procedures to evaluate new valuers? Yes No
- 1.8 g)** Does the Applicant have in place formal procedures to ensure valuations are performed by valuers who have the necessary skills and capabilities? Yes No
- 1.8 h)** Does the Applicant have in place a formal peer review process? Yes No
- 1.8 i)** Does the Applicant have in place formal procedures to prevent internal fraud from occurring? Yes No
- 1.8 j)** Have all the Applicant's valuation staff completed the Risk Management Module conducted by the Australian Property Institute? Yes No

1.9 Mortgage Valuation Work

1.9 a) Please state the percentage of valuations (by gross income/fees) conducted for mortgage purposes

1.9 b) Please provide a percentage breakdown of the following lender types for whom the Applicant conducts mortgage valuations:

Banks/Building Societies/
Credit Unions

Solicitor Lenders

Private Lenders

Other

Total (must equal 100%)

1.9 c) Please provide names of the non-bank lenders for whom the Applicant's firm undertakes valuations;

1.10 Development Valuation Work

1.10 a) Please state the percentage of gross income/fees which relates to mortgage valuations conducted for Development Valuation purposes (as defined below)

1.10 b) Are any Development Valuations carried out by any valuer with less than 10 years experience in conducting Development Valuations? Yes No

Development Valuation means a valuation:

- (i) of a vacant land site which assesses value on the basis of its use as a development site;
- (ii) of a parcel of englobo land which assesses value on the basis of its use as a development site;
- (iii) of an improved property which assesses value on the basis that:
 - (a) the improvements are to be demolished, and
 - (b) after the improvements have been demolished, the land is to be redeveloped.
- (iv) of an improved property which:
 - (a) assesses value on the basis that additional improvements are to be carried out; and
 - (b) assesses the 'as if complete' market value at a figure which is greater than 150% of the 'as is' market value

1.11 Valuation Values of the Insured, of the valuations conducted, please confirm;

1.11 a) The average value of all properties valued over the last 12 months

1.11 b) The maximum value of any property valued in the last 12 months

Value

Type
(e.g. Residential, Commercial etc)

Purpose
(e.g. Mortgage, Asset, SD etc)

1.11 c) The maximum value of any property valued in the last 36 months

Value

Type
(e.g. Residential, Commercial etc)

Purpose
(e.g. Mortgage, Asset, SD etc)

Important Notice; If any valuations conducted in the last 36 months exceeded \$10,000,000 the Applicant must also complete Section 2

Part B: Professional Activities (continued)

Section 2: Valuations Addendum

Only complete Section 2 if, in the last 36 months the Applicant has valued a property in excess of \$10,000,000.

Please provide FULL details of ALL valuations in excess of \$10,000,000

[If you have completed more than two (2) valuations in excess of \$10,000,000 then please attach a spreadsheet detailing the valuations as per the questions below.]

Location of Property

Purpose - Please provide FULL details of the purpose of the valuation (mortgage, Asset, SD etc)

Details of the Property

Date of Valuation	Valuation Amount	Actual Selling Price (If the property was sold subsequent to the Applicants valuation)	Valuation Variance (Where the property was sold subsequent to the Applicant carrying out the valuation; if the variation between the valuation and the selling price exceeded 15%, does the Applicant expect any difficulties to arise? If so, please provide details in comments below)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Valuer	Valuer's experience
<input type="text"/>	<input type="text"/>

Comments

Location of Property

Purpose - Please provide FULL details of the purpose of the valuation (mortgage, Asset, SD etc)

Details of the Property

Date of Valuation	Valuation Amount	Actual Selling Price (If the property was sold subsequent to the Applicants valuation)	Valuation Variance (Where the property was sold subsequent to the Applicant carrying out the valuation; if the variation between the valuation and the selling price exceeded 15%, does the Applicant expect any difficulties to arise? If so, please provide details in comments below)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Valuer	Valuer's experience
<input type="text"/>	<input type="text"/>

Comments

Part B: Professional Activities (continued)

Section 3: Business Broking Addendum

Only complete Section 3 if the Applicant requires their policy to include cover for any business broking activity

3.1 a) Businesses broked in the last 12 months

	Goodwill Component	Freehold Component	SAV Component	Other	Total
Average Sale Price	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Largest Sale Price	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3.1 b) Please provide FULL details of the largest business broked during the last 12 months.

3.2 Does the Applicant specialise in broking a particular type of business? If yes; Please furnish details of types of businesses broked in which you specialise Yes No

3.3 When acting on behalf of the Vendor of a business does and has the Applicant always recommend in writing to the prospective purchaser(s) of such business that they carry out their own due diligence or secure their own, independent valuation(s)? If no; Please provide a copy of any warranties and/or disclaimers used by the Applicant to protect their interests in relation to the sale of the business Yes No

Part C: Declaration

This Part of the Professional Indemnity Proposal Form requires the Applicant to declare that the Proposal Form has been completed by answering all of the required questions in full and in accordance with the Applicants Duty of Disclosure. The Applicant must ensure that they have read and understood the Duty of Disclosure and if necessary revise the answers in the Proposal Form; then read, sign and date the declaration below.

Declaration

I/We hereby declare that:

- > I/We are authorised by each of the Applicants to complete and sign this Proposal Form.
- > I/We have read and understood the Important Information set out on page 1 of this Proposal Form including the Duty of Disclosure.
- > I/We have made detailed enquiries in order to comply with the Duty of Disclosure and the statements and information contained in the Proposal Form are true, correct and complete.
- > No material information or facts have been withheld or misstated in the Proposal Form.

- > I/We understand that the duty to disclose continues after I/We have completed this Proposal Form and signed this declaration until I/We have received written acceptance of the risk from the Insurer. This includes the duty to disclose any alterations to the information and statements provided in the Proposal Form prior to the inception date of the policy.
- > I/We understand that until the Insurer confirms acceptance of the risk, no insurance is in force.
- > I/We have read the privacy statement set out below and I/We agree that information about this insurance may be collected, used and disclosed as described in that statement. Where I/We have provided information about an individual such as an employee on this proposal form, I/ We have advised the individual of the fact and provided a copy of the privacy statement to the individual.

Signature

Date

Signature

Date

Name

Position Held

Name

Position Held

Privacy Statement

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, you can access a copy of our Privacy Policy on our website www.coverforce.com.au or alternatively contact our Privacy Officer on 02 9376 7888.