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**MACHINERY / ELECTRONIC EQUIPMENT APPLICATION**

POLICY NO	INTERMEDIARY NAME

**IMPORTANT NOTICE: PLEASE READ & RETAIN IN YOUR FILE**

**When completing this application form the following terms have special meanings: -**  
**You / Your / insured / insured's, means - those person(s)/organisations applying for insurance.**  
**We / Us / Our / Insurer means - the Insurance company with whom the insurance will be placed.**

**Important Notice**

**Your Duty of Disclosure**

Before entering into a contract of general insurance you have a duty under the *Insurance Contracts Act*, 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 the insurance and if so, on what terms. You have the same duty to disclose matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

- Your duty however does not require disclosure of matters:
- that diminish the risk to be undertaken by the Insurer;
  - that is common knowledge;
  - that your Insurer knows or in the ordinary course of their business ought to know; or
  - as to which compliance with your duty is waived by the Insurer.

You should note your duty continues after the application has been completed until the policy is entered into, that is until the date the insurer receives instruction to bind cover.

**Non-disclosure**

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability 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 the beginning.

**Surrender or Waiver of any Right of Contribution or Indemnity**

Where another person or company would be liable to compensate the insured or hold the Insured harmless for part or all of any Loss or Damage covered by the policy, but the Insured has agreed with that person or company either before or after the inception of the policy that recovery of any Loss or Damage from that person or company would not be sought, the Insured will not be covered under this policy for any such Loss or Damage.

**Contracts by Insured Affecting Rights To Subrogation**

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because the Insured is a party to an agreement which excludes or limits rights to recover damages from a third party in respect of that Loss, signature of any such agreement may place the indemnity under the proposed contract of insurance at risk.

## PRIVACY POLICY

At Australis CARE we are committed to protecting your privacy in accordance with the Privacy Act, 1998 (Cth). This Privacy Policy describes our current policies and practices in relation to the handling and use of Personal Information.

### What information do we collect and how do we use it?

When we arrange insurance on your behalf, we ask you for the information we need to advise you about your insurance needs. We provide any information that the insurers or intermediaries who we ask to quote for your insurances and premium funding require to enable them to decide whether to insure you and on what terms. Insurers may in turn pass on this information to their reinsurers.

When you make a claim under your policy, we assist you by collecting information about your claim. Sometimes we also need to collect information about you from others. We provide this information to your insurer (or anyone your insurer has appointed to assist it to consider your claim, e.g. loss adjusters, medical advisers etc) to enable it to consider your claim. Again this information may be passed on to reinsurers.

We also use your information to send you requested product information and promotional material and to enable us to manage your ongoing requirements, eg renewals, and our relationship with you, eg invoicing, customer surveys etc.

We may occasionally notify you about new services and special offers, events or articles we think will be of interest to you. We may send you regular updates by email or by post on insurance. If you would rather not receive this information, email or write to us.

We may use your information internally to help us improve our services and help resolve any problems.

### What if you don't provide some information to us?

Insurance law requires you to provide your insurers with all the information they need in order to be able to decide whether to insure you and on what terms.

### How do we hold and protect your information?

We strive to maintain the reliability, accuracy, completeness and currency of the personal information we hold and to protect its privacy and security. We keep personal information only for as long as is reasonably necessary for the purpose for which it was collected or to comply with any applicable legal or ethical reporting or document retention requirements.

We endeavor to protect any personal information that we hold from misuse and loss, and to protect it from unauthorized access, modification and disclosure.

We do not sell, trade, or rent your personal information to others.

We may need to provide your information to contractors who supply services to us, e.g. to handle mailings on our behalf or to other companies in the event of a corporate sale, merger, reorganization, dissolution or similar event. However, we will do our best to ensure that they protect your information in the same way that we do.

We may provide your information to others if we are required to do so by law or under some unusual other circumstances which the Privacy Act permits.

### How can you check, update or change the information we are holding?

Upon receipt of your written request and enough information to allow us to identify the information, we will disclose to you the personal information we hold about you. We will also correct, amend or delete any personal information that we agree is inaccurate.

If you wish to access or correct your personal information please write to the Privacy Officer, PO Box 247, Sydney NSW 2001.

We do not charge for receiving a request for, or providing access to, personal information or for complying with a correction request.

## GENERIC APPLICATION FORM

**This is a generic application form and may be presented to a number of Insurers for their consideration. Some terms may differ from those in the policy issued by the Insurer and you should read the policy issued which takes precedence over this application.**

### Inadequate Space to Answer

If there is inadequate space to answer our questions on this application, please use the Additional Information section provided to answer the questions.

**THE APPLICANT(S)**

1. **Full** legal name of person/s or organisation to be insured including trading name(s) (the Business).  
Where the Applicant is a company, please give the name of the company and the subsidiaries requiring cover.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Postal Address / Phone Number / Facsimile Number

\_\_\_\_\_

\_\_\_\_\_

3. Email address \_\_\_\_\_ Website address \_\_\_\_\_

4. Are you registered for GST purpose? Yes  No  If Yes, what is your ABN \_\_\_\_\_

5. Period of Insurance \_\_\_\_/\_\_\_\_/\_\_\_\_ to 4.00 p m \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Please provide full details for the Business Activities of those Applicants named in Question 1.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Location of properties to be insured:

Building 1: \_\_\_\_\_

Building 2: \_\_\_\_\_

**MACHINERY BREAKDOWN (Blanket Cover for Machinery)**

1. Indicate the total number of items at the situation in "Machine Items to be counted" that relate to your business group. State "Nil" if none present and disregard all other machine types not listed below:

Machine Items to be Counted	A	B
Refrigeration units		
Air-conditioning units		
Microwave ovens		
Roof mounted evaporative air coolers		
Dishwashers		
Clothes washing /drying machines		
Other		
<b>TOTAL</b>		

Do you know of any fault or defect in any of the machine items?

Yes  No

If 'yes', please provide details:

\_\_\_\_\_

\_\_\_\_\_

**Deterioration of Stock in Cold Storage**

***This cover is only available as an extension of Machinery Breakdown Insurance***

1. Do you require Stock Deterioration Cover?

Yes  No

2. What is the sum insured required for insurance purposes \$

2. Have there been any failures of the public or your own electricity supply which affected goods in cold storage in the past five years? Yes  No
- If 'yes', please provide details:**

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<b>ELECTRONIC EQUIPMENT</b>
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**Particulars of Risk**

- (a) Specification of Equipment to be Insured:

Item No.	Description	Make & Model	Date of Initial Commissioning	Application	Sum Insured *
					\$
					\$
					\$
					\$
					\$
<b>Total Sum Insured</b>					\$

If space insufficient – attach list.

\* Must be the present new replacement value including freight, customs duty and installation charges.

You are not required to have your equipment covered under a maintenance agreement. However a premium reduction may apply if you do have a suitable agreement. For this purpose, please indicate if there are any agreements covering the equipment for:

- maintenance (remedial, including breakdown repair)
- maintenance (preventive service only excluding repair of breakdown)
- guarantee
- lease
- other – specify type: \_\_\_\_\_

**A complete copy of the relevant agreement(s) must be submitted with this application if consideration of a premium reduction is required.**

<b>INSURANCE / CLAIMS HISTORY</b>
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1. Have you or your partner(s):
- (a) Had any insurance cancelled, renewal refused or special conditions imposed? Yes  No
- (b) Been charged with any criminal offence during the past 5 years? Yes  No
- (c) Suffered any losses or made a claim on any insurance company in relation to the risk proposed? Yes  No

**If 'yes' to any of the above, please provide details:**

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Year	Details	Cost	Insurer
		\$	
		\$	
		\$	
		\$	



<b>Name of Previous Insurer</b>

2. Is there any other information that you know or could reasonably be expected to know which is relevant to our decision to accept this insurance? Yes  No   
**If 'yes', please provide details:**

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**DECLARATION AND SIGNATURE**

- I/We declare that I/we have not been refused insurance or had special conditions imposed.
- I/We declare that all information supplied is true and correct, and I/we have not withheld any information that would be of value in assessing the risk or assessing the acceptance of this application for insurance which is incorporated in and forms part of the policy of insurance.
- I/We authorise my/our previous insurers to release full details of my/our insurance history.

Signature of Applicant(s)	Date
<b>X</b>	/ /
<b>X</b>	/ /

**Completion of this form does not give insurance until a Cover Note or Certificate of Insurance has been issued**

