



STALL HOLDER LIABILITY INSURANCE PROPOSAL FORM

1. NAME OF INSURED					
2. POSTAL ADDRESS		STATE		SUBURB	
		POSTCODE			
3. CONTACT DETAILS		NAME		PHONE	
4. LOCATION OF SET UP (PLEASE PROVIDE THE FULL ADDRESS OF ALL LOCATIONS)					
5. POLICY PERIOD		START DATE		TIME	
		EXPIRY DATE		TIME	
				12:01 AM	
				12:01 AM	
6. SIZE OF AREA OCCUPIED (SQM)					
7. HOURS STALL WILL BE OPEN FOR AND DAYS OF OPERATION					
8. ESTIMATED ANNUAL GROSS RECEIPTS (\$)					
9. TYPE OF GOODS TO BE SOLD (NOTE: PRODUCTS LIABILITY IS NOT INSURED)					
10. IS FOOD & BEVERAGE COVERED REQUIRED?		YES / NO		If YES, Details:	
11. NUMBER OF YEARS EXPERIENCE OWNING / OPERATING STALLS					
12. GENERAL COMMENTS		ANY OTHER INFORMATION YOU WISH TO ADVISE JUA UNDERWRITING AGENCY PTY LTD			
13. PREVIOUS INSURANCE & CLAIMS HISTORY		A) HAS ANY INSURANCE COMPANY DECLINED, CANCELLED OR REFUSED TO ISSUE COVERAGE?			YES / NO
		IF YES, DETAILS:			
		B) PREVIOUS INSURANCE COMPANY			
		C) EXPIRING PREMIUM			
		D) ANY PREVIOUS CLAIMS?			YES / NO
		IF YES, DETAILS:			
15. COVERAGE REQUIRED		PLEASE SELECT LIMIT OF LIABILITY			
		<input type="checkbox"/> \$5,000,000		<input type="checkbox"/> \$10,000,000	
		<input type="checkbox"/> \$20,000,000		<input type="checkbox"/> Other \$	
		PLEASE SELECT COVERAGE REQUIRED FOR			
		<input type="checkbox"/> Market Stall		<input type="checkbox"/> Trade Show Booth	
				<input type="checkbox"/> Table	



IMPORTANT NOTICES

DUTY OF DISCLOSURE

Before you enter into a contract of general insurance, you have a duty under the Insurance Contracts Act 1984 to disclose everything you know, or could reasonably be expected to know, that is relevant to the decision to insure you and the terms of the insurance. It applies to each person and/or party insured. You have to fulfil your duty by checking that all questions are answered honestly and tell us about everything else you think may affect our decision to accept your proposal.

If you are not sure if something is relevant to this insurance, you should tell us anyway. But you don't have to tell us about things that reduce the risk; are common knowledge; we already know in the course of our business or we indicate we don't want to know.

If you fail to tell the insurer everything you know is relevant to this insurance then the Insurer may refuse or reduce a claim, cancel your policy or in the event of fraud, treat your policy as never having operated.

If you are registered for GST purposes, you must tell us your Australian Business Number (ABN). You should have provided this information in Section 1 of the proposal form. If you do not tell us your entitlement to input tax credits on your insurance premium, or you tell us the incorrect entitlement, you may be liable to pay GST on any claims settlements.

SUBROGATION RIGHTS

When another party would be liable to compensate you for any loss or damage otherwise covered by the policy but you have agreed with that party either before or after the loss or damage occurred, that you would not seek to recover any monies from that party, we will NOT cover you under the policy for any such circumstances.

CONTRACTUAL OBLIGATIONS

Take care to avoid entering into contractors in which you assure obligations above and beyond what the law would otherwise impose on you. We will NOT cover your for any claims in such circumstances.

PRIVACY STATEMENT

Lloyd's and its agents are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Private Sector) Act 2000 (the Act) and will be covered by the General Insurance Information Privacy Code (the Code). These set basic standards relating to the collection, use, disclosure and handling of personal information.

"Personal information" is essentially information or an opinion about a living individual whose identity is apparent or can reasonably be ascertained from the information or opinion.

Information will be obtained from individuals directly where possible. Sometimes it may be collected indirectly (e.g. from your representatives).

Only information necessary for the arrangement and administration of Lloyd's business by Lloyd's, its agents and their representatives will be collected. This includes information necessary to accept the risk, to assess a claim, to determine competitive and appropriate premiums, etc.

Lloyd's and its agents disclose personal information to third parties, who they believe are necessary to assist them in doing the above. These parties will only use the personal information for the purposes we provided it to them for (or if required by law).

When you give Lloyd's and its agents personal information about other individuals, we rely on you to have made or make them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information, we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information if you wish and request correction if required. You may also opt out of receiving materials sent by Lloyd's by contacting JUA Underwriting Agency Pty Ltd telephone on: (02) 8272 4800.

DECLARATION

I/we acknowledge and declare that:

- I/we have read and understand the above Important Notices in this Application Form.
- If the Application is accepted, the insurance will be subject to the terms and conditions set out in the policy wording and most current schedule or as otherwise varied by JUA in writing and agreed to me/us.
- The information contained in this Application (including any attachments) is true and correct in every particular and JUA will rely on this information in deciding whether to provide cover and on what terms.
- Any of the answers not in my own handwriting have been checked by me/us and are correct.
- I/we hereby authorise JUA to obtain provide information or documents in relation to insurance, related matters, claims history from or to another insurance company or an insurance reference bureau or similar organisation.

Signature of Applicant		Date:	
Printed Name		Position:	