

Deductible Buy-Down Proposal Form

IMPORTANT NOTES

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 which 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 that same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of 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 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.

INSURER

This policy is underwritten one hundred (100%) per cent by certain underwriters at Lloyds of London. Lloyds's is an authorized insurer in Australia within the meaning of that term under the Insurance Act 1973.

In arranging and effecting this Policy, Mirimar Underwriting Agency Pty Ltd will be acting under authority given to it by the Insurer. It will be acting as agent of the insurer not as your agent.

PRIVACY

Lloyd's and its agent are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Private Sector) Act 2000 (the Act). This sets out the 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.

Only information necessary for the arrangement and administration of Lloyd's business by Lloyds, 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.

Lloyd's and its agents disclose personal information to third parties who they believe are necessary to assist them in doing.

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 Mirimar Underwriting Agency Pty Ltd on +61 2 9307 6600.

Contact details for Mirimar Underwriting Agency are:

Mirimar Underwriting Agency Pty Ltd

Level 5, 97-99 Bathurst Street, Sydney NSW 2000

Phone +61 2 9307 6600

Fax +61 2 9307 6699

IMPORTANT NOTES AND PRIVACY

Full Name

<input type="text"/>	<input type="text"/>
First	Last

Trading Name (if applicable)

Business Description

Period of Insurance

<input type="text"/>	<input type="text"/>
From	To

RISK DETAILS

Construction (brick/concrete/iron/timber. If other, please specify)

	Walls	Roof	Floors	Building Age	Distance to coast
Situation 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Situation 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Situation 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Situation 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Overlying Insurance

Name of Insurer

<input type="text"/>	Policy Number	<input type="text"/>
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Overlying Insurance Cyclone Deductible

Cover Required

Indicate the amount you would like to buy down your Cyclone Deductible to:

<input type="text"/>
\$ amount

YOUR WIND CLAIMS HISTORY

In the last 5 years have you incurred insured or uninsured cyclone or ex-tropical storm losses?

Yes

No

If Yes, please provide further details:

Date	Insurer (if applicable)	Details	Amount
<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"/>

IMPORTANT INFORMATION

DECLARATION

I/We have read and understood the Important Facts on Page 1 of this Proposal Form and confirm that this advice was provided to me/us prior to entering into the Contract of Insurance. The information I/ We have provided is true and correct.

I/We understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance.

<input type="text"/>
Name

<input type="text"/>
Title/Position

<input type="text"/>
Signature

<input type="text"/>
Date (dd/mm/yy)