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## **Important Notice**

### 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 (Cth), 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 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 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 their 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.

# **Inadequate Space To Answer**

If there is inadequate space to answer any of the questions or make any comment or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this questionnaire giving full details of additional information.



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## HOW TO FILL OUT THIS FORM

Please ensure you answer all questions. Any unanswered or illegible questions will delay our decision as to whether we can offer insurance cover.

- 1. Full name of applicant to be insured
- 2. ABN
- 3. Applicant's mailing address
- 4. Applicant's insurance broker email address
- 5. Expected turnover for the next 12 months (in Australian Dollars)
- 6. Do the Applicant's Food Safety Procedures incorporate a written Hazard Analysis and Critical Control Point (HACCP) programme for all products, which has been certified by an independent third party in the last 12 months?

7. Do the Insured's Products include processed meats, unpastuerised juice, cheeses, or sprouts?

Yes No

Has the Applicant been operating for less than twelve months?
 During the last five (5) years, have any of the Applicant's products been subject to any Product Withdrawals, Unsafe Products reports, Product Recalls or Adverse Publicity, for example, contamination, tampering

Yes No

Yes

No

No

## **DECLARATION**

or extortion?

I declare that I have made all necessary enquiries into the accuracy of the responses given in the Proposal Form and confirm that the statements and particulars in this Proposal Form are true and complete and that no material facts have been omitted, misstated or suppressed. I acknowledge receipt of the Important Notices and confirm that I have read and understood them. I confirm that I am authorised by the Applicant to complete, sign and submit this Proposal Form on behalf of the Applicant.

Signature	Date
Name (please print)	Title

#### **Privacy Notice**

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