

**PROPOSAL FORM FOR STORAGE AND TRANSIT INSURANCE**

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PLEASE ANSWER ALL QUESTIONS FULLY AND TICK RELEVANT BOXES. IF THERE IS INSUFFICIENT SPACE TO ANSWER QUESTIONS FULLY IN THE SPACE PROVIDED PLEASE USE A SEPARATE SHEET OF PAPER WHICH MUST BE SIGNED AND DATED

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Insured Name and Address:

Address of Normal Storage Location of items to be insured:

Please give details of building construction and security at the Normal Storage Location:

Details and sums insured (values) of items to be insured:

***Please indicate the anticipated number of transits in the forthcoming 12 month period. Please include details of transits involving overnight stops and the length of time to be spent away from the Normal Storage Location:***

*Within Australia:*

*Within USA &/or Europe (please specify states / countries):*

*Rest of World (please specify countries):*

***Details of Trailering/Transportation Equipment: (ie make/model, rigid/fabric sided, enclosed, open, security measures):***

*Please give details of security measures when items are stored away from their normal location:*

*Name of current insurer and date of expiry of the policy:*

*Have there been any claims made or incidents likely to give rise to a claim under the expiring policy or in the previous 3-year period, whether insured or not?*

*Have you or any director, partner or person involved in the business:*

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (a) Had any proposal or insurance declined, cancelled, refused or made subject to increased rates or special terms? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Been convicted of arson or any offence involving dishonesty of any kind, eg. Fraud, theft, etc.?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Been declared bankrupt or insolvent?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

*If you have answered 'yes' to any parts of this question, please supply full details:*

#### **DECLARATION**

To the best of my/our knowledge and belief, and having diligently made all necessary inquiries the information provided in connection with this proposal, whether in my/our own hand or not, is true and I/we have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of a \*material fact will entitle Underwriters to void the Insurance.

**NOTE: \*A material fact is one likely to influence acceptance or assessment of this Proposal by the Underwriters: if you are in any doubt as to what constitutes a material fact you should consult your broker.**

It is understood that the signing of this Proposal does not bind the Proposer(s) to complete or Underwriters to accept this Insurance, but the Proposer(s) agree that, should a contract of insurance be concluded, this Proposal and any supporting information shall be incorporated into and form the basis of the contract.

I/We the Proposer(s) accept these conditions as the Proposed Assured or agent of the Proposed Assured and that any subsequent insurance will become null and void if any of the foregoing conditions are breached.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_