



Liability Proposal Form

Phone: 1800 BURMAC
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BurMac Financial Services Pty Ltd is a Corporate Authorised Representative of Insurance Advisernet Australia Pty Ltd. AFSL No: 240549. Corporate Authorised Representative No: 410980.

Client Information

Contact Name/s: _____

Related Entities: _____

Business Ph No: _____ Home Ph No: _____
Mobile Ph No: _____ Fax No: _____

Email Address: _____
Website: _____

Postal Address: _____
Street Address: _____

ABN: _____

Business Description
& Activities: _____

Turnover: _____
Employees: _____

Current Insurer: _____

Duty of Disclosure

1 . In the past 10 years have you or any Insured person/business/corporation/director had any insurer decline any proposal from inception or decline any claim, cancelled or refused to renew a policy or imposed any special conditions? Yes No If Yes, please provide details:

2 . In the past 10 years have you or any insured person/business/corporation/director ever been declared bankrupt or involved in any form of insolvency administration and not been discharged for at least one year? Yes No If Yes, please provide details:

3 . In the past 10 years have you or any insured person/business/corporation/director been convicted or have charges pending, for any criminal offence, including arson, or involving dishonesty of any kind? Yes No If Yes, please provide details:

4. Have you ever had any non motor loss, whether insured or not, in excess of \$20,000? Yes No If Yes, please provide details:

5. Please provide details of any non motor loss in excess of \$20,000:

6. Do you authorise us to give to, or obtain from, other insurer or any reference service, any information relating to insurance held by you or any claim in relation thereto? Yes No

7. Are you aware of any matter, not covered above, that may be relevant to the insurers decision whether to insure you, & if so, on what terms? Yes No If Yes, please provide details:

8. Please provide details of any matters not covered above that may be relevant to the Insurer decision whether to insure you.

Please provide details of all claims made in the last 5 years:

Insurer	Date Of Loss	Amount	Description

