

Business Coaches Liability Questionnaire

CGU Insurance Limited ABN 27 004 478 371 An IAG Company

Period of Insurance

Insurance from	To 4:00pm on	Account no:	Policy Number
/ /	/ /		

Agent Name

Insurance Made Easy

Applicant(s) Names (include 'Trading As' if applicable)

ABN

Telephone

()

Fax.

()

Postal Address

Situation of Business

What is the nature of your business?

Business Coach

Note: If more than one person is applying for insurance, these questions must be answered in respect of each individual person.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has any insurer declined an application from You, or cancelled or refused to renew a policy of Yours, required special terms to insurer You, or declined or refused a claim? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you sustained any loss or damage to property in the last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had any claims made against you for property damage or personal injury in the last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have You, or any person who will receive insurance protection under the proposed Policy, been charged with or convicted of, any criminal offences in the past 10 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. During the last two years have You or any other person to whom cover extends under this policy received any threats to life or property (private or business)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there any other relevant facts relating to the risk to be insured which You should disclose to Us, to enable a true assessment of Your insurance Application? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered YES to any of questions 1-6 above please **give full details**

Questions No. Reasons

To be signed by each person applying for insurance.

IMPORTANT

The following statements form part of the declaration underneath and you should read both carefully before signing this application.

I/We authorise CGU Insurance to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

If you do not wish to receive any marketing material directly from us (such as special offers and discounts) tick this box

I/We declare that:

- a) The particulars and statements are true, correct and complete, and contain all information known to me/us.
- b) I/we agree to accept the insurance subject to the terms, exclusions, conditions and limitations of the Policy.
- c) I/we have received the Important Notice under the Insurance Contracts Act 1984.

I/We authorise CGU Insurance to obtain or supply details of insurance claims and other relevant information.

Signature of Applicant

Date

Signature of Applicant

Date