



Camper Trailer & Camping Equipment Insurance Application

<p>Your Duty of Disclosure To be able to provide you with a quote, I have to ask you a few questions. Your answers must be accurate as they determine the basis of cover. The accuracy of your information is important as the insurer may refuse to pay or reduce the payment of any future claim.</p>	<p>Accepted by client :</p>
<p>Privacy Your privacy is important to us and Arthur J Gallagher will handle all your information in accordance with the Privacy Act 1988. Your information may be passed on to others such as insurers and claims assessors to complete your cover. If you want to access or change the information, just call us. Subject to what I have told you, do you agree to answering our questions and to the collection and disclosure of this information?</p>	<p>Accepted by client :</p>

DID YOU ACCESS THIS FORM VIA THE 4x4 AUSTRALIA WEBSITE? Y N

QUOTE ONLY (Complete all pages – cover may be placed by fax – 08 8172 8100)

COVER REQUEST/PROPOSAL (Originals to be posted to PO Box 10016 Adelaide BC SA 5000)

Client Details			
Registered owner/s			
Postal address			
Residential address			
Contact phone	2 nd Contact number		
Email address			
ABN	% GST claimed		
Date of birth of registered owners	Driving experience (Years)		
4WD Club			

Section 1 – CAMPER TRAILER			
Registration number		Chassis number	
Year of manufacture		Make / model	
Under finance	Y N	Basic vehicle value	\$
		Detachable Annex Value	\$
		Total Sum Insured	\$

Section 1 – CAMPING EQUIPMENT				
Value	\$2,500	\$5,000	\$7,500	\$10,000
Please list any camping equipment items valued over \$500.00				
List Items	Approx Age	Approx Value		
1.		\$		
2.		\$		
3.		\$		
4.		\$		
5.		\$		
6.		\$		
7.		\$		
8.		\$		
9.		\$		
10.		\$		
11.		\$		
Period of Insurance	Commencing	Expiring		
Has/Is any regular tower/s:				
a) Under 21 years of age?		Y	N	
b) Lost their licence in the last 5 years?		Y	N	
c) Had motor insurance declined, cancelled or renewal refused?		Y	N	
d) Had any motor claims or other losses in the last 5 years?		Y	N	
e) Had any insurer require special terms?		Y	N	
f) Been charged, convicted or penalised for any motoring offences?		Y	N	
g) Been charged or convicted of any criminal offences in last 10 years?		Y	N	
If yes to any of the above, please detail:				

IMPORTANT MATTERS REFERRED TO IN THE INSURANCE CONTRACTS ACT 1984

Your Duty of Disclosure

Before you enter into a Contract of General Insurance with us, you have a duty under the Insurance Contracts Act 1984, to disclose to us every matter you know, or could reasonably be expected to know, that is relevant to our 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 us before you renew, extend, vary or reinstate your insurance.

Your duty does not however, require disclosure of matters:

- that diminish the risk to be undertaken by us;
- that are of common knowledge;
- that we know or, in the ordinary course of our business, ought to know;
- as to which compliance with your duty is waived by us.

Non-Disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the Contract in respect of a claim or may cancel the Contract. If your non-disclosure is fraudulent, we may also have the option of avoiding the Contract from its beginning.

I/We in effecting Insurance in accordance with the information furnished in this Application declare and warrant:

1. The statements in this Application Form are true.
2. I/We have disclosed all matters of which, to my/our knowledge, you should be aware.
3. No Insurance Company has ever cancelled, declined or refused to renew, or imposed special terms or conditions, on any policy held by me/us.
4. That I/we agree to accept the terms, exclusions, conditions and limitations of the Insurance Contract.

Date:

Signature:

If you have completed this form digitally, save the PDF to your computer and email it to: **adelaide@ajg.com.au**

This form may be faxed to us on 08 8172 8100 if cover is required urgently.

Original must be posted accompanied by payment to: PO Box 10016 Adelaide BC SA 5000.

<i>Office Use Only</i>			
4WD Agreed Value	\$	Insurer	
Total Premium	\$	Quoted By	
Camper Trailer Value	\$		
Total Premium	\$		
Camping Equip Value	\$		
Total Premium	\$		