

INSURANCE APPLICATION FORM

UNDERWRITTEN ON BEHALF OF CHUBB INSURANCE COMPANY OF AUSTRALIA LIMITED,
 License No. 239778 A.C.N. 003 710 647

Please Complete and Fax/Post to Protecsure with Payment

Insured's Details:

Company Name & ABN (if applicable):		Applicant Name:	
Address:		Suburb:	State:
Postcode:	Email:	Fax:	
Tel:	Australian Resident? Yes / No	Is User a School or Uni Student? Yes / No:	
Interested Parties (Financier if applicable):		Name of User:	


Equipment Details: (if you have multiple items, please send a separate schedule containing the information below)

Type of Equipment:	Additional Accessories:		
Model Name & No:	Purchase Date:	New Equipment? Yes / No	
Manufacturer:	Supplier & Country of Purchase:		
Serial No.:	Have you had an insurance claim in the last 5 years? Yes / No		
Excess (please circle): \$100 \$250 \$500 \$1,000	Total Value Insured (GST inc.): \$		

Insurance Cover Details:

Comprehensive Insurance Cover - Theft, Fire and Accidental Damage Premium Quoted: \$ _____

Term of Insurance: (Please tick appropriate box)

1 Year
 2 Years
 3 Years
 For static equipment only, not mobile: 
 4 Years
 5 Years

I have received a copy of the Financial Services Guide and Product Disclosure Statement/Policy Wording

Payment Methods: (Payment must be made at the time of application)

Credit Card
 EFT
 Cheque

Credit Card Details:

Type of Credit Card: _____

Name on Credit Card: _____

Credit Card Number: _____

Expiry Date: _____

Amount Paid: _____

Signature: _____

EFT - (Protecsure Banking Details)

Bank: Macquarie Bank

BSB: 182 - 222

A/C No.: 2593 19754

Payment by Cheque:
 Please forward to Protecsure Pty Ltd

Privacy Statement

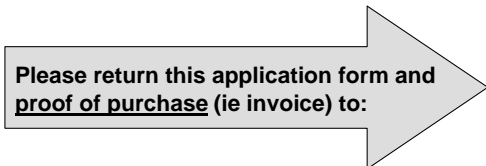
We are committed to protecting your privacy. We use the information you provide to arrange the insurance. We only provide your information to the companies who are involved in providing the insurance or services related to the insurance (for example the insurer and claims assessors). We do not trade, rent or sell your information. You can check the information we hold about you at any time. Your rights to access and our rights to refuse access are set out in the Privacy Act 1988. For more information about our Privacy Policy, please ask us for a copy.

Your Duty Of Disclosure

Before you enter into a contract of insurance you have a duty to answer all questions honestly and you have a duty to tell us anything known to you, and which a reasonable person in the circumstances would include in answer to the questions. We will use the answers in deciding whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to us before you extend, vary or reinstate this contract. 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, refuse to pay a claim or may cancel the contract. If your non-disclosure is fraudulent, we also have the option of avoiding the contract from its beginning. The insurance applies for the period for which you have paid (or agreed to pay us). You may pay your premium by cash, cheque or credit card. If your cheque or credit card is dishonored by your financial institution, you are not insured.

Applicant's Signature: _____

Date: _____



Protecsure Pty Ltd A.B.N. 26 094 997 163
 P.O. Box 1239, Queen Victoria Building, NSW 1230
Fax: 02 9249 3840 **Phone:** 02 8270 6400
Email: info@protecsure.com.au

Please note that our underwriting team will assess your application on receipt. Within two business days we will send an email advising whether your application has been accepted and confirming whether you are insured or not. Payment by you does not mean we have accepted your application and you will only be insured once we advise you. If your application is not accepted we will promptly refund your payment. If your bank or credit card provider charges you any fee when making payment, our refund will not include this fee. We will only refund the amount we receive from you.