

ARCURI & ASSOCIATES PTY LTD

ABN 22 006 299 298
38 Smith Street, Collingwood, VIC 3066
Tel: 03 8415 4000 Fax: 03 9415 8280
Australian Financial Services Licence No. 235409



Taxi Care Club Ltd t/as
ABN 90 006 637 789
39 Dawson Street, Coburg VIC 3058 Tel: 03 9350 7099
Australian Financial Services Licence No. 292888

Member’s Application Form for Public Liability Insurance

Underwritten by QBE Insurance Australia Ltd. ABN.78 003 191 035

Name:	Address:
ABN:	Telephone:
Occupation: Taxi Operator/Owner	Limit of Indemnity: \$10,000,000

Duty of Disclosure – What you must tell the insurer

Under the *Insurance Contracts Act* 1984, you have a Duty of Disclosure. This law requires that before a policy is entered into, you must give the insurer certain information that they need to decide whether to insure you and anyone else to be insured under the policy, and on what terms.

New Business – Where you are entering into this Policy for the first time you must tell the insurer everything you know and that a reasonable person in the circumstances could be expected to tell them, in answer to specific questions they ask.

No.	Questions - When answering these questions you must be honest.	Answers	
1.	Have you (that is yourself and anyone else whom you want to be covered under by the Policy) had any claims made against you in the past 7 Years? “If Yes “ Please provide details	Yes	No
2.	Have you (that is yourself and anyone else whom you want to be covered under by the Policy) had any incident or accident occur which would have been covered by the proposed Insurance Policy? ‘If Yes’ Please give Details.	Yes	No
3.	Have you (that is yourself and anyone else whom you want to be covered under by the Policy) had any Insurance declined or cancelled, Proposal rejected, renewal refused Claim rejected, or special conditions imposed by an insurer? “If Yes” Please give details.	Yes	No

If you do not answer our questions honestly, the insurer may reduce or refuse to pay a claim, or cancel the Policy. If you answer their questions fraudulently, they may refuse to pay a claim and treat the Policy as never having existed.

Applicant’s Name:

Signed: **Dated:**