

EQUIPMENT BREAKDOWN QUOTE REQUEST

YOUR DUTY OF DISCLOSURE

This Policy is subject to the Insurance Contracts Act 1984 (Act). Under that Act You have a Duty of Disclosure.

Before You take out insurance with Us, You have a duty to tell Us of everything that You know, or could reasonably be expected to know, that may affect Our decision to insure You and on what terms. If You are not sure whether something is relevant You should inform Us anyway.

You have the same duty to inform Us of those matters before You renew, extend, vary, or reinstate Your contract of insurance. The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between the answers are provided to Us or disclosures are made and the Relevant Time, You need to tell Us.

Your duty however does not require disclosure of matters that:

- reduce the risk;
- are common knowledge;
- We know or, in the ordinary course of Our business, ought to know, or
- We have indicated We do not want to know.

If You do not comply with Your duty of disclosure, We may be entitled to:

- reduce Our liability for any claim;
- cancel the contract;
- refuse to pay the claim, or
- avoid the contract from its beginning, if Your nondisclosure was fraudulent.

PRIVACY

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at www.sura.com.au/privacy. Please access and read this policy.

If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask us. If you wish to access your file please ask us.

BROKER DETAILS

Company _____ Location _____
Contact _____ Email _____

INSURANCE DETAILS

Insured Name _____
Period of Insurance _____ / _____ / _____ to _____ / _____ / _____
Business Activities (principally) _____ ANZSIC Rating _____

LOCATION STREET	POSTCODE	BUILDING	ANNUAL BUSINESS INTERRUPTION	BI TYPE	REFRIGERATED STOCK	OTHER STOCK	ALL OTHER CONTENTS
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

PREVIOUS EQUIPMENT BREAKDOWN (even if not claimed, or if no insurance in place)

DESCRIPTION	DATE	AMOUNT
_____	_____ / _____ / _____	\$ _____
_____	_____ / _____ / _____	\$ _____
_____	_____ / _____ / _____	\$ _____
_____	_____ / _____ / _____	\$ _____
_____	_____ / _____ / _____	\$ _____

Existing Equipment Breakdown Insurer _____
Expiring Equipment Breakdown Premium _____
Existing Property Insurer _____
