



Arthur J. Gallagher
BUSINESS WITHOUT BARRIERS™

COMMERCIAL PROPERTY OWNERS - PUBLIC LIABILITY INSURANCE

Important Information - Please do not proceed applying for this insurance without noting the importance of correctly disclosing all relevant information accurately, as the information collected via this application form and additional underwriting information requested is being utilised by the Insurers to correctly assess and effect cover on behalf of its clients. Section 28(2) of the Insurance Contracts Act 1984 entitles an insurer to avoid a policy from inception where a non-disclosure or misrepresentation is fraudulent. In other cases, the Insurer has the rights to minimise the payment of any claim where information was incorrectly provided and/or omitted.

Period of Insurance

From:

To:

The Insured Details:

Insured Name:

Interested Parties:

ABN Number:

Physical Address to be Insured:

Location Type:

Main Street Frontage
Industrial Estate
Suburban Street

☐
☐
☐

Shopping Strip Mall
Shopping Centre

☐
☐

Number of Units:

Number of Passenger or Goods Lifts or Escalators

List of Tenants

Tenant Occupation:	Tenants Name:	Percenta	Length of Tenancy
<i>e.g.. Insurance Broker</i>	<i>e.g.. Arthur J. Gallagher</i>	<i>e.g.. 100%</i>	<i>eg.2 Years</i>

Liability Cover Requirements

Limit of Liability Required: A\$5,000,000 ☐ A\$10,000,000 ☐ A\$20,000,000 ☐

Building sum insured:

General

Have you, or your business partner(s) ever been convicted of a criminal offence?

☐ Yes ☐ No If yes, please provide details:

Have you, or any partner or director been declared bankrupt or had legal proceeding lodged against you?

☐ Yes ☐ No If yes, please provide details:

Have you, or any partner or director had an insurer that has declined to insure you?

☐ Yes ☐ No If yes, please provide details:

Have you, or any partner or director had an insurer that has declined to renew your insurance?

☐ Yes ☐ No If yes, please provide details:

Have you, or any partner or director had an insurer that has imposed special conditions on your insurance?

☐ Yes ☐ No If yes, please provide details:

Have you within the last 10 years, suffered a claim that would have been covered by this insurance and or claimed for any loss or damage or received any demand or writ for personal injury or damage to property?

☐ Yes ☐ No If yes, please provide details:

After injury, are you or any director or employee aware of or have any grounds for suspecting any circumstances which might give rise to a claim, against you or against any of the present or former directors during the last 10 years?

☐ Yes ☐ No If yes, please provide details:

Have you currently or previously insured this property?

☐ Yes ☐ No If yes, please provide details:

Insurer	Policy No.	Premium	Expiry Date

Declaration of Your Duty of Disclosure

I confirm that:

I am authorised on behalf of the insured(s) to sign this proposal.

I understand that the duty of disclosure applies to all insured(s). The answers are provided on behalf of all persons/entities comprising the insured(s).

I understand the questions in the proposal.

Whilst some or all of the answers to the questions may not checked by me I certify they are correct to the best of my knowledge and belief.

☐ I agree to receive documents and information from Arthur J. Gallagher & Co (AUS) Limited via email, including their Financial Services Guide (FSG). I know that if I no longer want to receive documents and nformation from Arthur J. Gallagher via email, I can contact them via return email or call Natasha Burr or the Arthur J. Gallagher client enquiry line: 1800 727 642.

Signature of applicant

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Date

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Signing this form DOES NOT bind the Company to complete the insurance



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