



Arthur J. Gallagher
BUSINESS WITHOUT BARRIERS™

**PROFESSIONAL INDEMNITY AND PUBLIC LIABILITY INSURANCE OFFER FOR
MEMBERS OF THE QUEENSLAND INTERIOR DECORATORS ASSOCIATION
(QIDA)**

APPLICATION FORM
-Please read carefully-

Insured Details

Name:		QIDA Membership No:	
Position:	ABN:	Business Company Name:	
Mailing Address:		Business Address:	
Website Address:		Email:	
Telephone:	Mobile:	Fax:	

Business Operation

The Insurance you are applying for automatically covers the activities of **Interior Decorators and all like activities, but excluding structural designs, engineering and any non-interior decorator activities**, subject to terms and conditions:

Please specify other activities where cover is required: (Subject to insurer acceptance)

Please advise your Gross Turnover for the last 12 months AUD\$ _____

(NB. Gross Turnover is the total of all your income excluding costs of products that are on-sold (such as furniture, fabric))

History

- * Do you have any knowledge of any event, circumstance or occurrence (other than listed previously in this form), prior to the effective date of the proposed policy, which could result in a claim being brought against you? If yes, please describe details of the event on a separate attachment. YES NO
- * Has any proposal for similar insurance, every been declined, cancelled or voided, renewal refused or special terms imposed at any time? If yes, please provide full details on separate attachment. YES NO
- * Have any complaints or investigations ever been made or undertaken against you or against any director, partner, employee or students under supervision? If so, please provide full details on a separate page YES NO
- * Do you plan any material changes to the activities in the forthcoming 12 months? If yes, please provide full details on separate attachment. YES NO

Number of Staff**Qualifications and Experience**

Principals/Partners/Directors

Full-time Qualified Staff

Part-time Qualified Staff

Other

Total Number of Staff

Qualifications/Accreditations	Issued by	Years Qualified

Limit of Liability: Professional Indemnity \$1,000,000 & Public Liability \$5,000,000 Combined
Excess: PI \$500 any one claim; PL \$250 any one claim

Turnover	Annual Premium
Up to and including \$80,000 pa	\$682.00
In Excess of \$80,000	Refer to Arthur J. Gallagher

IMPORTANT - THIS APPLICATION MUST BE SIGNED BY THE APPLICANT

We understand and agree this Application and any and all supplements attached hereto will be made part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I/We further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in a voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

I/We authorise and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release the Company any documents, records, or other information bearing upon the foregoing. I/We understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Furthermore, We understand that the policy applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown of the Certificate of Insurance issued with the Policy or Certificate on the date the Policy is cancelled or terminated, whichever comes first or as otherwise provided by the Policy.

☐ 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 information from Arthur J. Gallagher via email, I can contact them via return email or call Sharon Pyne or the Arthur J. Gallagher client enquiry line: 1800 727 642

Signature of Applicant Date / /

Signature of Applicant Date / /

SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE

This benefit is proudly offered in association with Arthur J. Gallagher & Co (AUS) Limited (AFSL 238312) ABN 34 005 543 920 t/as Arthur J. Gallagher

Please note that in effecting this insurance, Arthur J. Gallagher is acting under an authority given to us by the Underwriters to effect the insurance, and as such we will be acting as an agent of the Underwriter and not as your agent.



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PLEASE RETURN THIS FORM DIRECT TO ARTHUR J. GALLAGHER

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