

Transit Insurance Monthly Declaration Form



General Details

Name of Company (Pty Ltd):

ABN no:

Policy Number:

Month/Year Applicable:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Year:

Monthly Transit Declaration

Please duplicate this page to record additional transits.

Type of Transit

<u>Under 800:</u>	Insured Value excluding Freight Costs:	Insured Value including Freight Costs (If freight is insured):
<u>Over 800:</u>	Insured Value excluding Freight Costs:	Insured Value including Freight Costs (If freight is insured):
<u>Studstock:</u>	Insured Value excluding Freight Costs:	Insured Value including Freight Costs (If freight is insured):
<u>Other:</u>	Insured Value excluding Freight Costs:	Insured Value including Freight Costs (If freight is insured):

Duty Of Disclosure

Your Duty Of Disclosure

Before you enter into an insurance contract, you have a duty, under both the Insurance Contracts Act 1984 (Cth) and the Marine Insurance Act 1909 (Cth), to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you. You have the same duty before you renew, extend vary or reinstate an insurance contract.

You do not need to tell us anything that:

- > reduces the risk we insure you for or
- > is common knowledge; or
- > we know or should know as an insurer; or
- > we waive your duty to tell us about.

If you do not tell us something

Where the Marine Insurance Act 1909 applies:

If you fail to comply with your duty of disclosure, we may avoid the contract of insurance from its beginning.

Where the Insurance Contracts Act 1984 applies:

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Has an insurer at any time:

a. Declined your Proposal?	Yes	No
b. Cancelled or refused to renew your Policy?	Yes	No
c. Imposed other special conditions/restrictions by insurers?	Yes	No
d. Been declared bankrupt, made insolvent or placed in administration?	Yes	No
e. Charged or convicted of a criminal offence?	Yes	No

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

Privacy Statement

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, you can access a copy of our Privacy Policy on our website stockinsure.com.au or alternatively contact our Privacy Officer on **02 9998 8266**.

Returning Your Form

1. Have you signed the Privacy Statement & Declaration?	Yes
2. Has each question in this Form been answered?	Yes
3. Have you given complete, true and accurate answers to all relevant questions in this Form?	Yes
4. Have you attached all necessary supporting documentation with this Form?	Yes
5. Have all claims relating to transits on this declaration been notified to Stockinsure?	Yes

Please check you have correctly filled out all sections and saved the document before submitting the form.

Declaration

This Part of the Transit Insurance Monthly Declaration Form requires the Applicant to declare that the Declaration Form has been completed by answering all of the required questions in full and in accordance with the Applicants Duty of Disclosure. The Applicant must ensure that they have read and understood the Duty of Disclosure and if necessary revise the answers in the Declaration Form; then read, sign and date the declaration below.

I/We hereby declare that:

- > I/We are authorised by each of the Applicants to complete and sign this Declaration Form.
- > I/We have read and understood the Important Information set out on page 1 of this Declaration Form including the Duty of Disclosure.
- > I/We have made detailed enquiries in order to comply with the Duty of Disclosure and the statements and information contained in the Declaration Form are true, correct and complete.
- > No material information or facts have been withheld or misstated in the Declaration Form.
- > I/We understand that the duty to disclose continues after I/We have completed this Declaration Form and signed this declaration until I/We have received written acceptance of the risk from the Insurer. This includes the duty to disclose any alterations to the information and statements provided in the Declaration Form prior to the inception date of the policy.
- > I/We understand that until the Insurer confirms acceptance of the risk, no insurance is in force.
- > I/We have read the privacy statement and I/We agree that information about this insurance may be collected, used and disclosed as described in that statement. Where I/We have provided information about an individual such as an employee on this declaration form, I/ We have advised the individual of the fact and provided a copy of the privacy statement to the individual.

Signature:

Name:

Position held:

Date:

If you wish to return your form to Stockinsure via post, email or fax, please use the details provided below.

Contact Stockinsure

Stock & Stations Agents Co-Operative Limited t/as Stockinsure
ABN 41 591 406 189

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