One UnderwritingCommercial Legal Expenses Policy Proposal Form

Broker details				
Company				
Name				
Phone				
Email				

Commercial Legal Expenses Policy Proposal Form

The Applican	nt							
Insured Name								
Trading Name								
Principal Addre	ess							
Street]	
Suburb					State		Postcode	
Period of Insura	ance							
From	1 1	т	-o/		at 4:00pm			
The Business	S							
Estimated Turn	over for the requ	ested policy perio	od:					
Industry Type:								
Please provide	a description of y	our business activ	vities and product	s (including subsid	iary companies):			
Please provide	the approximate	percentage of you	ır activities (base	d on estimated turr	over) applicable to	each state and o	verseas	T
NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Overseas
%	%	%	%	%	%	%	%	%
							70	70
Claims/ Circu					,		,,,	70
Have you had any insured and/or uninsured claims in the last five years?								
Have you had a		r uninsured claim	s in the last five y	ears?				
	ny insured and/o	r uninsured claim		ears?			Yes	
If yes, please pr	ny insured and/o	ow and on Insure	r Letterhead:				Yes Yes	No 🗆
	ny insured and/o	ow and on Insure	Letterhead:	ears? scription of loss/clain	n		Yes	No 🗆
If yes, please pr	ny insured and/o ovide details belo Amount paid	ow and on Insure	Letterhead:		n		Yes Yes	No 🗆
If yes, please pr	ny insured and/o ovide details belo Amount paid	ow and on Insure	Letterhead:		n		Yes Yes	No 🗆
If yes, please pr	ny insured and/o ovide details belo Amount paid	ow and on Insure	Letterhead:		n		Yes Yes	NO NO
Date After investigat	Amount paid outstanding	Applicate deductitions of any circumst	r Letterhead: Determined by the second seco	scription of loss/clair		sed policy?	Yes Yes Insurer Yes	No No No No No No No No
Date After investigat Has any Insurer	Amount paid outstanding ion, are you awar	Applicate deductitions or	r Letterhead: Description Des	scription of loss/clair d give rise to a clains ns to you,		sed policy?	Yes Yes Insurer Yes	NO NO
Date After investigat Has any Insurer or has any insure	Amount paid outstanding ion, are you awar ever refused to prance held by you	Applicate deductite deductite description of any circumst provide terms or a green been voided.	r Letterhead: ble Description cances which coul bffer renewal terrid or cancelled by	d give rise to a clains to you, an Insurer	m under the propo	sed policy?	Yes Insurer Yes Yes	No No No No No No No No
Date After investigat Has any Insurer or has any insur Have you ever h	Amount paid outstanding ion, are you awar ever refused to prance held by you and any entitlements.	Applicate deductible d	r Letterhead: Desple ances which coul offer renewal terrid or cancelled by under any Insurar	cription of loss/clair d give rise to a clai ns to you, an Insurer ice Policy declined	m under the propo		Yes Yes Insurer Yes Yes Yes	No No No No No No No No
Date After investigat Has any Insurer or has any insur Have you ever h	Amount paid outstanding ion, are you awar ever refused to prance held by you and any entitlements.	Applicate deductible d	r Letterhead: Desple ances which coul offer renewal terrid or cancelled by under any Insurar	d give rise to a clains to you, an Insurer	m under the propo		Yes Yes Insurer Yes Yes Yes	No No No No No No No No
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Date After investigat Has any Insurer or has any insur Have you ever h	Amount paid outstanding ion, are you awar ever refused to prance held by you and any entitlements.	Applicate deductible d	r Letterhead: Desple ances which coul offer renewal terrid or cancelled by under any Insurar	cription of loss/clair d give rise to a clai ns to you, an Insurer ice Policy declined	m under the propo		Yes Yes Insurer Yes Yes Yes	No No No No No No No No
Date After investigat Has any Insurer or has any insur Have you ever h	Amount paid outstanding ion, are you awar ever refused to prance held by you and any entitlements.	Applicate deductible d	r Letterhead: Desple ances which coul offer renewal terrid or cancelled by under any Insurar	cription of loss/clair d give rise to a clai ns to you, an Insurer ice Policy declined	m under the propo		Yes Yes Insurer Yes Yes Yes	No No No No No No No No

One Underwriting

Commercial Legal Expenses Policy Proposal

Important notices

- 1. This Insurance is underwritten by Certain Underwriters at Lloyd's. The names and percentages of the applicable syndicates are available upon request to One Underwriting Pty Ltd. You can contact Lloyd's in Australia at; Lloyd's Underwriters' General Representative in Australia, Suite 1603 Level 16, 1 Macquarie Place, Sydney NSW 2000 Telephone (02) 8298 0783.
- 2. One Underwriting acts as an agent of Certain Underwriters at Lloyd's in arranging and entering into this motor insurance, not the Insured.
- 3. This quotation is valid only for a period of thirty (30) days and may be withdrawn or varied at any time by us.
- 4. By submitting the request for quotation you confirm that you have read and agree to the terms of the Privacy Notice sent to you by us.
- 5. In submitting the information you are acting as agent of the proposed insured(s) and are doing so on their behalf.

Your Duty of Disclosure:

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Clth)to disclose anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. This includes your driving record and insurance history for the previous five (5) years and any criminal convictions whether current or spent for the previous ten (10) years prior to the inception of, or renewal of the insurance Policy.

You have that duty after proposal, and up until the time we agree to insure you. You have the same duty before you renew, extend, vary or reinstateate contract of insurance.

You do not need to tell us anything that:

- reduces the risk that is insured;
- is common knowledge;
- · Your insurer knows or should know as an insurer; or
- the insurer waives compliance with your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact Us or your appointed insurance broker.

Non Disclosure:

If you do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Short Form Privacy Disclosure and Consent:

Application/Claim Forms

- 1. One Underwriting Pty Ltd is committed to protecting Your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer Our various insurance services We are involved in as set out in the One Underwriting Privacy Notice. In order to do this, We may also share Your information with other persons or entities who assist Us in providing or promoting Our services as set out in the One Underwriting Privacy Notice. Further information about our privacy practices can be located in the One Underwriting Privacy Policy, a copy of which can also be sent to You on request by Your One Underwriting representative. You may also gain access to Your personal information, or modify Your privacy preferences, by contacting Your One Underwriting representative or Our Privacy Officer through the means set out in the One Underwriting Privacy Notice.
- 2. If You are disclosing personal or sensitive information about any other person to One Underwriting, You confirm that You have obtained the consent of that person to disclose to One Underwriting their personal or sensitive information and You have made them aware that One Underwriting will or may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If You have not obtained consent from this other person to disclose their personal or sensitive information to One Underwriting, You will inform Us before providing the relevant information to Us.

By submitting this Quotation, **You** acknowledge that **You** have read the One Underwriting Privacy Notice and agree that **We** can handle any personal information **You** have provided to **Us** in the manner set out above.

I agree for One Underwriting Pty Ltd to send me information abo	ut its goods, services and promotions via email or phone.
Applicant's name	
Applicant's Signature	Date



Privacy policy. At One Underwriting we take privacy very seriously. For full details please refer to **oneunderwriting.com.au/privacy**

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