

# Avant Business Insurance Policy

## Application form – Public & Products Liability section only



Avant Business Insurance Policy arranged by Avant Insurance Limited ABN 82 003 707 471 AFSL 238765 as the agent for the insurer Allianz Australia Insurance Limited ABN 15 000 122 850 AFSL 234708.

Effective: November 2023

This is an application form for Public and Products Liability insurance cover under the Avant Business Insurance Policy only. **You should consider the whole Avant Business Insurance Policy Product Disclosure Statement (PDS), and whether you require other covers that are available under the Policy.** This is a legal document, which will form the basis of the contract of insurance between the insured ('you' or 'your') and Avant Insurance Limited ('we', 'our', 'us' or 'Avant Insurance'), acting as the Agent for the insurer Allianz Australia Insurance Limited ABN 15 000 122 850 AFSL 234 708 (Allianz).

### Your duty of disclosure

Before you enter into a contract of insurance with us, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate the contract.

This duty of disclosure applies until the contract is entered into (or renewed, extended, varied or reinstated as applicable).

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by us; or
- that is of common knowledge; or
- that we know or, in the ordinary course of our business as an insurer, ought to know; or
- as to which compliance with your duty is waived by us.

### Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim, cancel the contract, or both.

If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

Please ensure that you have read the PDS carefully to ensure that the cover you are applying for is suitable for you and you understand all of your obligations in relation to this insurance. The PDS is available on our website [avant.org.au](http://avant.org.au), by contacting your Business Development Manager or our Member Services team on **1800 128 268**. Once we receive your completed application we will assess it to determine if you meet our underwriting criteria.

By submitting this form and providing your personal information to Avant you consent to your personal information being collected, held, used and disclosed by Avant in accordance with the Avant Privacy Policy found at [avant.org.au/Privacy-Policy](http://avant.org.au/Privacy-Policy), and understand that we may share your personal information with Allianz.

If you need any help understanding this document or have any questions relating to the policy please contact Member Services on **1800 128 268**.

Insured details			
Insured name(s)		Trading name(s)	
ABN		Input tax credit	
Are you stamp duty exempt? (If YES, please provide evidence of your stamp duty exemption as an attachment to this application or complete the NSW stamp duty declaration on this form)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Policy start date		End date	
Nature of your healthcare practice		Avant member ID	
Total turnover		Number of staff you employ	
Phone number (work)		Fax number	
Mobile		Website	
Email			
Address			

The following questions refer to you, the insured, whether alone, in partnership, or jointly with any other party. Where the insured is a corporation, the questions refer to the corporation itself and any of its directors and officers.

In the last 5 years, has the insured had any insurer decline a claim or proposal, cancel or refuse to renew a policy, or impose special terms, conditions or restrictions on a policy?  Yes  No

In the last 5 years, has the insured been placed in receivership or liquidation or been declared bankrupt?  Yes  No

In the last 10 years, has the insured been convicted of, or had any penalties imposed, for any crimes involving drugs, dishonesty, arson, theft, fraud or violence against any person or property?  Yes  No

Claims history

In the past 3 years, has the insured had:  
more than 2 claims or claimable incidents or  
had claims for more than \$5,000 under one or more of the coverages being applied for?  Yes  No

If **YES** to any of the above, please give details below.

**Public & Products Liability**

Limit of indemnity  \$5,000,000  \$10,000,000  \$20,000,000

Do you repair or work on your customers' goods?  Yes  No

Do you import any goods from overseas?  Yes  No

Does your business engage or intend to engage non-clerical contractor, subcontractors, or staff from labour hire firms to perform work under the sole or partial direction of you?  Yes  No

If **YES**, please declare total contractor wages. \$

Property Damage excess  \$250  \$500  \$1,000  \$2,500  
 \$5,000  \$10,000  \$25,000  \$50,000

Personal Injury excess  \$250  \$500  \$1,000  \$2,500  
 \$5,000  \$10,000  \$25,000  \$50,000

## Consent and declaration

Before signing the declarations, please review the information you have provided and ensure that you have answered all sections accurately and to the best of your knowledge and belief. You must also read the Avant Business Insurance product Disclosure Statement and Policy Document before signing the declarations.

You will receive the product disclosure statement and renewal documentation electronically. If You wish to receive these by post, please email us at [memberservices@avant.org.au](mailto:memberservices@avant.org.au).

### Insurance documentation postage consent

In efforts to protect the environment and to improve your experience with us, Avant will send your Insurance documents using the provided email address. You may however choose to have these documents sent through the post.

Please tick here if you prefer to receive your insurance documents by post

### NSW stamp duty exemption declaration

If your practice is in NSW and you meet certain criteria, you may be eligible for a stamp duty exemption for the Public & Products Liability sections (where applicable) of your Avant Business Insurance premium.

Yes  No

If **YES**, I declare that:

- i. I am a small business owner as defined in section 259A of the *Duties Act (NSW)* (the Act) at the time that the contract of insurance is effected for the income year in which the insurance is effected or renewed.
- ii. I have obtained appropriate professional advice and/or otherwise reasonably satisfied myself that the declaration in (i) is not false or misleading.
- iii. I am aware that:
  - there are penalties under the Act if the declaration in (i) is provided knowing that it is false or misleading in a material particular; and
  - if the declaration in (i) is false (whether dishonest or not) and this causes the insurer to be liable to pay a duty the insurer may require me to pay it an amount equal to the duty, together with any interest or penalty tax payable.
- iv. I will undertake to inform you if my small business status changes in the future.

### Declaration of information

This declaration must be completed by you, the insured.

I declare that by signing, typing my name, or entering an electronic signature in the space provided and returning this form that:

- a) I am duly authorised to sign this proposal form.
- b) The information provided in this application form and in any accompanying documents is true, correct, and complete, and I understand that Avant Insurance and Allianz will rely on this information in deciding whether to provide me with an insurance contract and on what terms, and that it will form the basis of my policy.
- c) I understand I have a duty under the *Insurance Contracts Act 1984* set out on the front page of this document and if I fail to comply with that duty the insurer may refuse or reduce its liability for a claim or cancel the policy or both.
- d) I have read and understood the Product Disclosure Statement (PDS) including the Privacy Notice and I acknowledge that cover is subject to the terms, conditions and exclusions of the policy. The policy is made up of the PDS, any Supplementary PDS, the policy schedule and any other document we tell you forms part of the policy.
- e) I understand this application is subject to approval by Avant Insurance and Allianz. I acknowledge that if a contract of insurance is issued it will be subject to the terms and conditions of the policy provided to me or as otherwise specifically varied and agreed to by Avant Insurance or Allianz.
- f) I authorise Avant Insurance to obtain information or documents in relation to insurance matters or claims history from another insurance company, or an insurance reference bureau, premium funder or similar organisation.
- g) I consent to Avant Insurance contacting me in accordance with Avant's Privacy Policy (including via email, if I have provided my email address). I understand that all information, including personal information, may be disclosed Allianz or to other companies in the Allianz Group, business partners, reinsurers and service providers that may be located in Australia or overseas. The countries this information may be disclosed to will vary from time to time, but may include Canada, Germany, New Zealand, United Kingdom, United States of America and other countries where the Allianz Group has a presence or engages subcontractors.

Signature

Print name

Date

Please return this form to **Avant Insurance Limited PO BOX 746 Queen Victoria Building NSW 1230**, or email [applications@avant.org.au](mailto:applications@avant.org.au) or contact us on **1800 128 268**.