

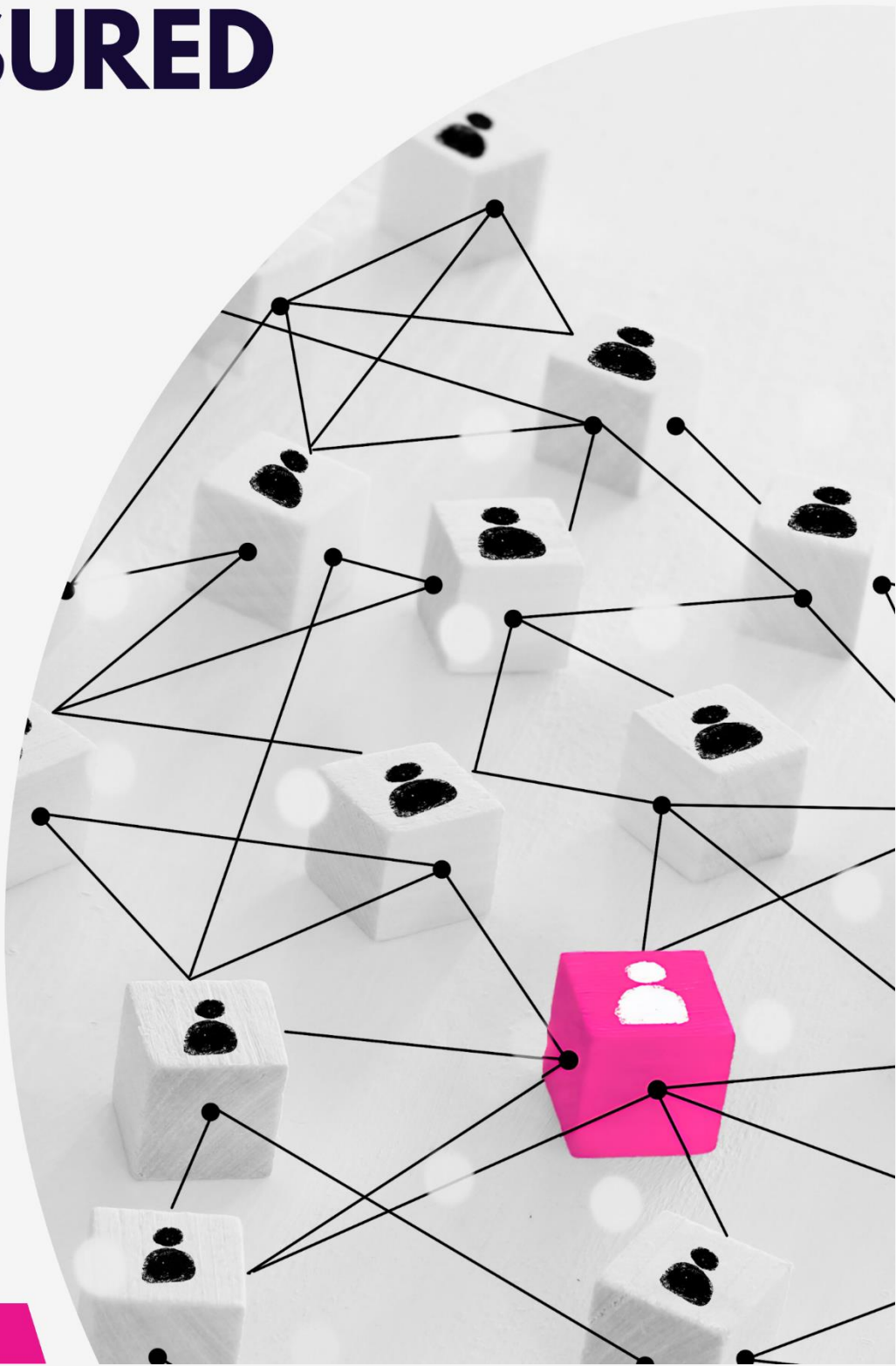


Declaration Form



ABN 69 614 898 270 | AFSL 493713

NEW INSURED ENTITY



02 9003 1660



www.ftainsurance.com.au



quotes@ftainsurance.com.au

New Insured Entity Declaration

1. Insured name:

2. New entities to be included as named insureds:

- a. The Insured would like to add one or more additional insureds to its policy of insurance as per the above table.
- b. These additional insureds carry out exactly the same activities as the current insureds under the policy.
- c. These additional insureds will not increase the income or turnover disclosed to insurers previously. Or, if they do increase the income or turnover this increase has been disclosed to insurers.
- d. After full enquiry the insured (including the new entities to be named) is NOT AWARE of any claim made against the insured’s business (including the new entities to be named) or any principal, partner, director or employee whilst in this or any other business.
- e. After full enquiry the insured (including the new entities to be named) is NOT AWARE of any circumstance or incident which has or could result in any claim being made against the proposer’s business, or any principal, partner, director or employee whilst in this or any other business.

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, 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:

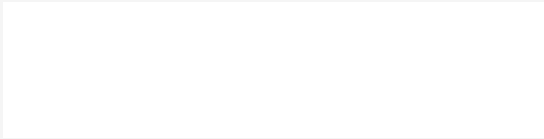
- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

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.

Declaration

I declare that I am authorised to complete this New Insured Entity Declaration on behalf of the Insured, that I have made reasonable enquiries to ascertain the truth of all the statements and that to the best of my knowledge and belief the statements and particulars in this New Insured Entity Declaration are true and correct and no material facts have been omitted or misrepresented.



Name and Position of person signing:

Date: