

## A. Notice to the proposed insured

### Disclosure of relevant facts - your duty of disclosure

Before you enter into a contract of general insurance with us, you have a duty 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 insurance and, if so, on what terms. This includes facts which are not subject to questions in this proposal.

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

### Non-Disclosure / Misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

### Inadequate space to answer

If there is inadequate space to answer our questions or you need to disclose something to us because of your duty of disclosure, please attach a separate sheet of paper to this proposal giving full details of additional information.

### Important

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick appropriate box to indicate answer.
- The applicant will be referred to in this proposal as “You” or “Your”.

### Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your proposal.

MARKET	BUSINESS NAME	PLEASE TICK
Fiji	QBE Insurance (Fiji) Limited	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Pty Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

Note: For any other markets please contact the local QBE office.

### Jurisdiction

The content and use of this proposal form or any policy entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:

- the laws of the country of the QBE office which issues the policy/ies arising from this proposal; unless
- the policy/ies refer to the laws of a different country applying, in which case the laws of that country,

and in relation to those matters, the parties submit to the exclusive jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English law as applicable within Vanuatu immediately before 30 July 1980 and shall be exclusively justiciable before the Supreme Court of Vanuatu.

### Note

Values, Sums Insured, Limits and Deductibles further marked as \* are in the currency of the country in which a policy will be issued, upon the approval of this proposal.

## B. Details of the proposed insured

Name(s) in full

Phone no  Fax no  Mobile no  email

Postal address

Location of equipment - tick if same as postal address

Type of business

Name and address of other interested persons (eg. mortgagees or lessors)

Type of interest (eg. mortgagee, bill of sale holder)

Period of insurance: from  and ending

## C. Insurance cover

### Section 1 - Equipment

Notes:

- Please include make, model, serial number and year of manufacture.
- New Replacement Value (N.R.V.) includes packing, freight, customs duty and installation charges.
- Mechanical and electrical breakdown of electronic data processing systems valued in excess of a specified limit is only available if you have a current maintenance agreement on the equipment.

Item No	Year of commission	Make, model/type, serial no/ description of equipment	Sum Insured/N.R.V*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total limit of indemnity

If space is insufficient, please attach a list.

Average / Coinsurance

You are required to insure for the new replacement cost of all Insured items, being the cost of replacement by a new item of the same kind and capacity, including packing, freight, customs duties and installation charges. Failure to do so, may result in QBE paying less in the event of a claim, being the proportion that the Sum Insured bears to the new replacement costs.

Option

1. Do you wish to cover temporary removal of any of the above items?  Yes  No

If "Yes" please advise:

a) item numbers

b) frequency of removal

c) location(s) removed to

### Section 2 - Data restoration costs

1. Are duplicate copies of data stored off site?  Yes  No

If "Yes" please advise address of place of storage.

Note: If duplicate copies of data are not stored off site then we will not be able to provide you with cover for data restoration costs.

### Section 3 - Increased cost of working

1. How much would it cost to maintain your operation with a substitute system e.g. rental of substitute equipment, additional personnel costs, transportation costs?

Limit of indemnity\*

2. How long will it take to reinstate your equipment

days

Note: The maximum period we will provide cover is (3) months.

## D. Claims Details

### 1. Have you (in the past 5 years)

1.1 made any claim(s) on an insurer for loss or damage? If "Yes", please provide details.  Yes  No

1.2 had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected or special conditions or excess imposed by an insurer? If "Yes", please provide details.  Yes  No

1.3 suffered any loss or damage which would have been covered by the proposed insurance policy?  Yes  No  
If "Yes", please provide details.

2. Do you have a current insurance policy on any of the equipment? If "Yes", please provide details.  Yes  No

3. Is there any fault or defect known to you in any of the plant/equipment? If "Yes", please provide details.  Yes  No

4. Are there any fire and/or theft protection measures protecting the equipment at the location?  Yes  No

If "Yes", please provide details.

## E. Signature and declaration

I/We the undersigned authorised proposed insured person(s), after enquiry declare as follows:

1. I/we are authorised by each of the other applicants to make this proposal.
2. I/We have read and understood the Notice to the proposed insured on the front of this proposal form.
3. I/We have read and understood this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/We understand that, up until a contract of insurance is entered into, I/we are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal or in any accompanying documents.

If accepted by QBE, this proposal form and declaration, and any other material which I/we have provided to QBE shall be incorporated into and form the basis of the contract of insurance.

### Policyholder 1

<b>Name</b>	<input style="width: 85%;" type="text"/>
<b>Position</b>	<input style="width: 85%;" type="text"/>
<b>Signature</b>	<input style="width: 85%; height: 30px;" type="text"/>
<b>Date</b>	<input style="width: 85%;" type="text"/>

### Policyholder 2

<b>Name</b>	<input style="width: 85%;" type="text"/>
<b>Position</b>	<input style="width: 85%;" type="text"/>
<b>Signature</b>	<input style="width: 85%; height: 30px;" type="text"/>
<b>Date</b>	<input style="width: 85%;" type="text"/>

**Fiji**  
**QBE Insurance (Fiji) Limited**

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Suva  
Tel: + 679 331 5455  
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email: info.fiji@qbe.com  
qbepacific.com

**Papua New Guinea**  
**QBE Insurance (PNG) Limited**

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Port Moresby  
Tel: +675 321 2144  
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Email: info.png@qbe.com  
qbepacific.com

**Solomon Islands**  
**QBE Insurance (International) Pty Limited**

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**Vanuatu**  
**QBE Insurance (Vanuatu) Limited**

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