



Wymark Sirius Insurance Brokers Pty Ltd

ABN: 11 010 863 966 AFS: 238769

4th Floor, 12 Short Street, Southport | Postal PO Box 2310 Southport Qld 4215

Phone 07 5591 1277 | 1300 651 528 | Fax 07 5532 9446

www.wysir.com.au info@wysir.com.au



Declaration

Details of the Insured

Insured Name:

Trading Name:

Date the Original Proposal:

Declaration

This Declaration is based upon the information provided in the Proposal for Insurance which is referred to above (the Original Proposal)

This declaration must be completed and signed by or on behalf of all parties applying for insurance.

I/We declare that:

(a) Application of facts disclosed in the Original Proposal

- (i) the answers and information given by me/us in the Original Proposal referred to above remain unchanged and true and correct in all respects;
- (ii) no information has been withheld that would affect the insurer's decision to accept the Original Proposal;
- (iii) where answers in the Original Proposal were not in my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
- (iv) I/we have read and understood the clauses detailed under the Important Notices section at the front of the Original Proposal;

(b) Claims Declaration

AFTER ENQUIRY we are not aware of any claim that was not disclosed in the Original Proposal OR any circumstances not disclosed in the Original Proposal arising prior to or after the date of the Original Proposal which might:

- (i) give rise to a claim against us or our predecessors in business or any present or former partners, principals, directors, consultants or employees;
- (ii) result in us or our predecessors in business or any of our present or former partners, directors, consultants, employees or principals incurring any losses or expenses which might be within the terms of the cover;
- (iii) otherwise affect the insurer's consideration of this Insurance.

Proposer's Signature: _____ Date: ____ / ____ / ____

Proposer's Title: _____