

No Claims or Material Changes Declaration

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545



Important Notice

This declaration will form a key part of your ongoing contract of insurance with QBE Insurance Australia Limited (QBE), and it is important that all material facts continue to be fully, frankly and accurately disclosed.

Jurisdiction

Except where the parties agree otherwise, the laws of Australia apply to this form and any dealings between the parties arising from this form. The Australian courts have exclusive jurisdiction in relation to any disputes that may arise.

Insured Name		Policy Number	
Broker		Policy Type	

Declaration

I/We confirm that

- (a) There have been no material changes to the risk or to the information already provided to QBE for quotation purposes
- (b) After enquiry, we are not aware of any claims currently pending against us, or any other person or entity to be insured under this insurance, or of any circumstances not already notified to QBE, which could give rise to a claim other than those matters listed below or in the proposal form/renewal application dated

Application Form
Signed Date
(dd/mm/yyyy)

Claims	Reference	Name	Notified	Status

I/We declare that all answers and statements in this declaration are correct and complete in every respect and agree that this declaration shall form the basis of, and be incorporated into, the contract of insurance which I have with QBE Insurance (Australia) Limited.

Where this declaration is signed by the broker on behalf of the Insured, the broker declares that he/she has the Insured's permission to sign on the Insured's behalf that:

- (a) the answers and statements contained above have been provided by the Insured and are true, correct and complete in every respect;
- (b) the Insured understands QBE is entitled to treat this declaration as if it had been signed by the Insured; and
- (c) a copy of the completed and signed declaration will be sent to the Insured as soon as practicable.

Applicant signature

Printed name

Position

Date (dd/mm/yyyy)

Please return the completed application form to your financial services provided

This Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035