

# Information and Communication Technology

## Short Form Renewal Declaration

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



### Notice to the Applicant:

**You must read this notice before you complete this Renewal Declaration**

#### 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;
- is common knowledge;
- 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.

#### Claims made – Section A

The policy operates on a 'claims made and notified' basis. This means that the policy covers you for claims made against you and notified to us during the period of insurance.

The policy does not provide cover in relation to:

- acts, errors or omissions actually or allegedly committed prior to the retroactive date of the Policy (if such a date is specified);
- claims made after the expiry of the period of insurance even though the event giving rise to the claim may have occurred during the period of insurance;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of insurance;
- facts or circumstances of which you first became aware prior to the period of insurance, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this Policy; and
- claims arising out of circumstances noted on the proposal form for the current period of insurance or on any previous proposal form.

Where you give notice in writing to us of any facts that might give rise to a claim against you as soon as reasonably practical after you become aware of those facts but before the expiry of the period of insurance, you may have rights under section 40(3) of the Insurance Contracts Act 1984 (Cth) to be indemnified in respect of any claim subsequently made against you arising from those facts notwithstanding that the claim is made after the expiry of the period of insurance. Any such rights arise under the legislation only. The terms of the Policy and the effect of the Policy is that you are not covered for claims made against you after the expiry of the period of insurance.

#### Privacy

We'll collect personal information when you deal with us, our agents, other companies in the QBE group or suppliers acting on our behalf. We use your personal information so we can do business with you, which includes issuing and administering our products and services and processing claims. Sometimes we might send your personal information overseas. The locations we send it to can vary but include the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.

Our Privacy Policy describes in detail where and from whom we collect personal information, as well as where we store it and the full list of ways we could use it. To get a free copy of it please visit [qbe.com.au/privacy](http://qbe.com.au/privacy) or contact QBE Customer Care. It's up to you to decide whether to give us your personal information, but without it we might not be able to do business with you, including not paying your claim.

#### Details of the Applicant

To enable us to consider providing insurance terms and conditions please provide us with the following information 28 days prior to the expiry date of your existing policy.

Upon receipt of the required information our offer of insurance will be prepared and provided to your financial service provider. If this is a renewal declaration for the renewal of your existing policy, cover will cease at 4:00pm on the expiry date shown on your current policy schedule unless you have provided us with the renewal information requested and we have agreed to renew your policy.

If there is insufficient space, please attach a separate sheet with information.

## Details of Applicant

Name(s) (including trading names, ABN's/ACN's) of all entities to be insured:

Company	ABN/ACN	Establishment Date
Are You registered for GST?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Taxable %

## Activity Details

In the last 12-mths or the next 12-18 months have/will there be any:

(a) Material changes in the business or services provided (including those by any of Your Subsidiaries) that was declared last year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Any changes to the organisation's structure and/or ownership?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If 'Yes' to any of the above, please provide further details of these expected/planned changes and include any additional documentation that will assist Us in Our review:

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Do You have any locations, have any contracts or provide Your Business outside of Australia? If 'Yes', please provide further details of the locations, contracts undertaken and if You have any entities registered or domiciled locations overseas.

Yes ☐ No ☐

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## Financial Information

Please provide the following information

	This Year	Last Year
(a) Annual Gross Turnover (including Fee income)	\$	\$
(b) Annual Gross Turnover (including Fee income) in the USA or Canada	\$	\$

For the purposes of calculating Stamp duty, please provide a split of the Named Insured's Professional Fee Income (including all Subsidiaries) by percentage in each State and Territory;

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S
Gross Turnover %									

## Coverage Requirements

Please provide details of the coverage required for this Information and Communication Technology Policy

**Section A – Errors and Omissions: Limit of Indemnity (any one Claim)**

☐ \$1,000,000 ☐ \$2,000,000 ☐ \$5,000,000 ☐ \$10,000,000 ☐ Other \$

**Section B – Personal Injury or Property Damage: Limit of Indemnity**

☐ \$5,000,000 ☐ \$10,000,000 ☐ \$20,000,000 ☐ Other \$

Does the Insured require an increased aggregate liability (reinstatement for Section A)?

Yes ☐ No ☐

## Claims Information

Do You or any Named Insured:

(a) Have Claims currently pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Have knowledge and/or are aware of any circumstances that <b>has/have not already been notified to QBE Insurance (Australia)</b> , which could give rise to a Claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If 'Yes', please provide full details below:

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## Declaration and Authorisation

To enable us to consider providing insurance terms and conditions please provide us with the following information 28 days prior to the expiry date of your existing policy.

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If there is insufficient space, please attach a separate sheet with information.

I, the Insured, the undersigned duly authorised person(s) declare that:

1. I am authorised by all persons or entities seeking insurance to sign this Information and Communication Technology Renewal Declaration;
2. I understand that any statement made in this Information and Communication Technology Renewal Declaration will be treated by QBE Insurance (Australia) Limited ABN 78 003 191 035 (QBE) as a statement made by all potential Insured Persons;
3. I have read and understood the 'Notice to the Applicant' on the front of this Information and Communication Technology Renewal Declaration;
4. I have carefully reviewed all answers and statements made in the Information and Communication Technology Renewal Declaration and declare that all answers and statements are true, correct and complete in every respect;
5. I understand that no insurance is in force until such time as QBE has confirmed acceptance of the proposed insurance;
6. I agree that should any of the information given in this Information and Communication Technology Renewal Declaration change between the date of this application and the inception date of the Policy that this application relates to, I will give notice to my financial service provider as soon as reasonably practicable; and

I authorise QBE to give or obtain from other insurers or insurance reference bureaus, any information about this insurance or any other insurance held by the Business including this Information and Communication Technology Renewal Declaration and the Business's claims history and credit history;

<input type="text"/>		<input type="text"/>	
Signature of the Applicant or Applicant's Authorised Representative		Date (dd/mm/yyyy)	
Printed name of signatory	<input type="text"/>	Title	<input type="text"/>
Company name	<input type="text"/>	Phone number	<input type="text"/>
E-mail address	<input type="text"/>		

**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

## NSW Small Business Stamp Duty Exemption Declaration

This declaration only covers policies for the financial year in which the cover is effected or renewed.

I hereby declare at the date of signing that I am a Capital Gains Tax small business entity (within the meaning of section 152-10(1AA) of the Income Tax Assessment Act 1997 of the Commonwealth). I am a small business individual/partnership/company and/or trust, which is carrying on a business, and the business has an aggregated turnover of less than \$2million\*

\* Aggregated turnover is your Australia wide annual turnover plus the annual turnovers of any business entities that are you affiliates or are connected with you.

\* A fraudulent declaration may invalidate your insurance contract

<input type="text"/>		<input type="text"/>	
Signature of the Applicant or Applicant's Authorised Representative		Date (dd/mm/yyyy)	
Printed name of signatory	<input type="text"/>	Title	<input type="text"/>
Company name	<input type="text"/>	Phone number	<input type="text"/>
E-mail address	<input type="text"/>		