AUSTRALIAN CARAVAN INSURANCE





Postcode:

CARAVAN PERMANENT ON-SITE CARAVANS

RISK ADDRESS

Address:

INSURED DETAILS

The Insured(s) (in full):		Date of Birth:	/	/
Address:		Postcode	э:	
Telephone: Home:	Mobile:	Fax:		
Email:	Occupation:			
Car Driver Licence No:		Expiry Date:	/	/
Interested Parties:				
Are you registered for GST purposes? Yes	No ABN Number:			
Registered Business Name:				
To what extent are you entitled to claim an Input	Tax Credit on your insurance premium?	%		
Has the insured(s): In the last 5 years had any ir	nsurance refused or cancelled? Yes	No		
Had any caravan or any theft claims in the last f	ive years? Yes No			
Been convicted of any offence in the last five ye	ars? Yes No			
Has the insured(s) in the last 5 years had their r	notor vehicle license suspended or revok	ked for any reason?	Ye	es No
If you have ticked yes to any of these questions	above, please supply the details and dat	e:		

CARAVAN DETAILS (DUTY OF DISCLOSURE OVERLEAF)

Make:	Model:	Year:	
Length:	Width:		
VIN/Chassis number:	Registration number:		
Date of purchase: / /	Purchase price or sum	insured:	
Owned or Financed (if financed who is the finance	provider?)		
GENERAL			
Annexe Details: Canvas Hard Sum Insured:		Fixed Free Standing Shade/Flyover:	Yes No
Contents Details:		Contents Sum Insured: \$	
Total Sum Insured: (Caravan, Annexe, Fixed Free Standing	Shade/Flyover, Contents	s) \$	
Lay Up: (excluding permanent on-site caravans) (2.5% premium discount for each month of lay-up selected (maximum discount is capped at 8 months)		AR APR MAY JUN JUL AUG SEP	OCT NOV DEC
Does this insurance replace a previous insurance policy?	Yes No		

If yes, who was the insurance company?

LIABILITY: \$20 MILLION LIABILITY

CARAVAN SUM INSURED

CONTENTS

ANNEXE

TOTAL SUM INSURED

Please note: you have a duty of disclosure – see overleaf to understand your obligations and our rights if you do not comply with this important duty.

PAYMENT OPTIONS

Cheque/Money Order	MasterCard	Visa	Card No:		
Amount: \$	Expiry Date:	/		I authorise the debit of my credit card	Pay by the month
Name on card:					
Signature:					

DECLARATION

YOUR DUTY OF DISCLOSURE

We rely on the information you provide us with, to decide whether to insure you and the terms on which we will insure you.

To comply with your duty of disclosure when first entering into an insurance contract with us, you must tell us everything you know and that a reasonable person in the circumstances could be expected to tell us, in answer to the questions we ask you. This applies to every insured under the policy.

If you fail in your duty of disclosure we may reduce or deny any claim you make or cancel your policy. If you fraudulently keep information from us or deliberately make a false statement we may avoid your contract and treat your insurance as if it never existed.

You do not have to tell us anything that is common knowledge that we should know through our business, that reduces the risk of a claim or that we tell you we do not need to know.

PRIVAVY ACT REQUIREMENTS

Your Privacy is important to us. You need to read the Privacy Statement overleaf which explain, amongst other things, how we collect, handle, store and disclose your personal and sensitive information in order for us to provide and inform you about our insurance and insurance related services. To do this we may disclose your personal information to our service providers and others in accordance with the Privacy Statement. The Privacy Policy is located on our website www.nminsurance.com.au

I/WE ACKNOWLEDGE THAT AS THE INSURED(S), I/WE:

- 1. Must act with the utmost good faith in respect of any matter relating to this insurance.
- 2. Have a duty of disclosure as stated in this application form.
- 3. Have provided the correct information on previous losses and insurance history.
- 4. Confirm that all answers and statements in this application are correct and that no information has been withheld which may affect your decision to accept this application or the terms of the proposed policy.
- 5. Have received a combined product disclosure statement and financial services guide that relates to the product the subject of this application form. Yes No
- 6. I/We acknowledge that I/We have read and agree to the terms of the Privacy Statement.

Signature of the Insured(s):

Date:	/
-------	---

/

If any insured(s) has not been signed above then the above insured signs on its own behalf and on behalf of all other insured(s).

PRIVACY STATEMENT

NM Insurance Pty Ltd, ABN 34 100 633 038, are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) (Privacy Act) and the Australian Privacy Principles (APPs).

This Privacy Statement outlines how we collect, disclose and handle your personal information (including sensitive information) as defined in the Act.

WHY WE COLLECT YOUR PERSONAL INFORMATION

We collect your personal information (including sensitive information) so we can:

- Identify you and conduct necessary checks.
- Determine what service or products we can provide to you e.G. Offer our insurance products.
- Issue, manage and administer services and products provided to you or others, including claims investigation, handling and settlement.
- Improve our services and products e.G. Training and development of our representatives, product and service research and data analysis and business strategy development.
- Make special offers of other services and products provided by us or those we have an association with, that might be of interest to you.

WHAT HAPPENS IF YOU DON'T GIVE US YOUR PERSONAL INFORMATION?

If you choose not to provide us with the information we have requested, we may not be able to provide you with our services or products or properly manage and administer services and products provided to you or others.

HOW WE COLLECT YOUR PERSONAL INFORMATION

Collection can take place by telephone, email, or in writing and through websites (from data you input directly or through cookies and other web analytic tools).

We collect it directly from you unless you have consented to collection from someone other than you, it is unreasonable or impracticable for us to do so or the law permits us to. If you provide us with personal information about another person you must only do so with their consent and agree to make them aware of this privacy notice.

WHO WE DISCLOSE YOUR PERSONAL INFORMATION TO

We share your personal information with third parties for the collection purposes noted above.

The third parties include: our related companies and our representatives who provide services for us, our insurers, other insurers and reinsurers, your agents, our legal, accounting and other professional advisers, data warehouses and consultants, social media and other similar sites and networks, membership, loyalty and rewards programs or partners, providers of medical and non-medical assistance and services, investigators, loss assessors and adjusters, other parties we may be able to claim or recover against, and anyone either of us appoint to review and handle complaints or disputes and any other parties where permitted or required by law.

We may need to disclose information to persons located overseas. Who they are may change from time to time. You can contact us for details or refer to our Privacy Policy available at our website www.austcaravaninsurance.com.au

In some cases we may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us (to the extent permitted by law) and may not be able to seek redress overseas.

MORE INFORMATION, ACCESS, CORRECTION OR COMPLAINTS

For more information about our privacy practices including how we collect, use or disclose information, how to access or seek correction to your information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to our Privacy Policy available at our website www.austcaravaninsurance.com.au or by contacting us (our contact details are below).

CONTACT US AND OPTING OUT

By proceeding with your application or submitting your claim, you and any other person included on the policy, consent to this use and these disclosures unless you tell us otherwise. If you wish to withdraw your consent, including for things such as receiving information on products and offers by us or persons we have an association with, please contact us.

By phone: 1300 748 767 By email: info@austcaravaninsurance.com.au In writing: Level 7, 99 Walker St. North Sydney, NSW 2060



Australian Caravan Insurance

ABN: 34 100 633 038 AFSL: 227 186 Ph: 1300 748 767 Email: info@austcaravaninsurance.com.au Address: Level 7, 99 Walker St. North Sydney, NSW 2060 www.austcaravaninsurance.com.au



Australian Caravan Insurance is a business name of NM Insurance Pty Ltd ABN 34 100 633 038 AFSL 227 186 (NM Insurance) and is underwritten by Zurich Australian Insurance Ltd ABN 13 000 296 640 AFSL 232507 (ZAIL). It is issued by NM Insurance on behalf of ZAIL. This document is intended for use by professional insurance brokers only. It must not be distributed to clients. Content in this document is general only and not financial product advice. It does not take into account an individual's objectives, financial situation or needs. Always read (and tell clients to read) the Product Disclosure Statement at austcaravaninsurance.com.au before buying or renewing insurance.