



Client Information & Claims History

Branch Code: _____

Broker: _____

Client/File Name: _____

Contact Name/s: _____

Related Entities: _____

Business Ph No: _____ Home Ph No: _____

Mobile Ph No: _____ Fax No: _____

Email Address: _____

Website: _____

Postal Address: _____

Street Address: _____

ABN: _____

Business Description & Activities: _____

Turnover: _____

Employees: _____

Current Insurer: _____

In the past 5 years, have You or anyone else under this policy:

1 . Had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected or any special conditions imposed on Your policy? Yes No If Yes, please provide details:

2 . Or any partner(s) or director(s) become insolvent or subject to any form of insolvency or administration (such as liquidation or receivership)? Yes No If Yes, please provide details:

3 . Had any criminal convictions recorded or have any criminal charges pending? Yes No
If Yes, please provide details:

4 . Made any claim? Yes No If Yes, please provide details:

Insurer	Date Of Loss	Amount	Description