



Coverholder at **LLOYD'S**

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LEXI Insurance Renewal Application Form

IMPORTANT NOTICES

THE ISSUER

This product is issued by:

Edge Underwriting Pty Ltd (Edge) | ABN 50 150 700 468 | AFS licence No. 407682

1/188 Adelaide Tce East Perth WA 6004

under authority from certain underwriters at Lloyd's ("the Insurer"), who underwrite the policy.

PRIVACY

Edge is committed to the protection of your privacy and is bound by the National Privacy Principles for the handling of your information. Edge's Privacy Policy can be viewed online by visiting our website (edgeunderwriting.com.au).

YOUR 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; or
- is common knowledge; or
- **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.

PLEASE ANSWER ALL QUESTIONS

Please answer all questions fully and ensure all information requested is provided. If there is insufficient room for you to fully answer any question, please attach a separate page.

BROKER

Broking House	
Broker	
Email address	

THE INSURED

Full Name(s) of Insured	
Fully describe the Normal Business Activity and details of any changes	

FINANCIALS

Turnover Actual (last 12 mths)	Turnover Estimated (next 12 mths)
\$	\$

OPTIONAL ADDITIONAL BENEFITS

Contractual Disputes – Construction Contracts	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contractual Disputes – Employment Contracts	Yes <input type="checkbox"/> No <input type="checkbox"/>
Personal Legal Expenses Cover and free legal advice for Employees	If "Yes", No. of Employees
	Yes <input type="checkbox"/> No <input type="checkbox"/>

QUESTIONNAIRE

Are there any unreported claims or circumstances which may give rise to a claim under the above insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
With regards to your client's obligations imposed under their Duty of Disclosure, are there any material changes to the nature of the risk being Insured	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any other changes to coverage or limits you would like us to consider for the forthcoming period of insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If Yes please provide full details:

DECLARATION

- I/We declare that my/our attention has been drawn to the Important Notice at the beginning of this Application form and further I/We I have read these notices carefully and acknowledge my understanding of their content by my/our signature/s below.
- I/We declare that all answers and statements made in this Application are true, correct and complete in every respect;
- I/We declare that where any part(s) of the Application has been completed by others, I/We have checked their answers and confirm they are true, correct and complete in every respect;
- I/We give permission for Edge Underwriting or the Insurer to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.
- I/We declare that should any information given by me/us alter between the date of this Application form and the inception date of the insurance to which this Application relates, I/We shall give immediately notice thereof.
- I/We declare that the undersigned is authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Application form and I/We complete this Application form on their behalf.

Named	Signature	Title	Date