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Coverholder at **LLOYD'S**

## LEXi Commercial Legal Expenses

### Insurance Application Form

#### IMPORTANT NOTICES

##### 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](http://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.

## 1. BROKER

1.1 Broking House

1.2 Broker

1.3 Contact Details

Ph

email

1.4 Date Quote Require by

Holding or Attacking

## 2. THE INSURED

2.1 ABN

2.2 Name of the Insured (*Only 1 legal entity per policy allowed*)

2.3 Head Office Address

Street

City

State

Post Code

2.4 Company Website

2.5 Normal Business Activity

2.6 Is the Insured any of the following?

Yes, go to 2.6.1

No, skip to 3

1. a statutory body
2. a trade union body
3. a statutoiry body
4. involved in the
  - a. security industry
  - b. adult industry
  - c. tattoo industry

2.6.1 If you answered "Yes" to 2.6 above - Please advise full details

## 3. FINANCIALS

3.1 Turnover, Wages & Number of Employees

Period

Turnover

Wage Roll

No.of Employees

Actuals (last 12 months)

Estimates (next 12 months)

3.2 Please provide the approximate split of your turnover (in %) by the following locations

ACT

NSW

NT

SA

TAS

VIC

WA

QLD

OVER SEAS

## 4. INSURANCE DETAILS

4.1 Is existing cover in place? Yes, go to 4.1.1 No, go to 4.2

4.1.1 If "Yes" to 4.1 above - please advise:

Holding UW

Expiry Date

4.1.2 If "Yes" to 4.1 above - is renewal being offered? Yes, skip to 4.2 No, go to 4.1.3

4.1.3 If "No" to 4.1.2 above - please provide full details

4.2 Proposed Inception Date

4.3 Proposed Expiry Date

4.4 Additional Optional Benefits

*Please select any Additional Optional Benefits Required*

4.1.1 Disputes arising out of Building or Construction Contracts

4.1.2 Disputes arising out of Employment Contracts with your Employees

4.1.3 Personal Legal Expenses Cover & Free Legal Advice for your Employees

## 5. LOSS HISTORY

5.1 In the last 5 years have there been any:

5.1.1 Legal Expenses claims?

Yes, go to 5.2

No, go to 5.3

5.2 Details (if "Yes" to 5.1.1 above)

Year	No. of claims	Amount Paid	Amount Outstanding	Total Incurred
Expiring Year				
Previous Year				
Previous Year				
Previous Year				
Previous Year				

5.3 In the last 5 years has the Insured been involved in any uninsured commercial or legal dispute which incurred legal costs? Yes, go to 5.3.1 No, go to 5.4

5.3.1 If "Yes" to 5.3 above - please advise full details including: DOL | Circumstances | Cost & remedial action taken by the Insured:

5.4 After the appropriate enquiries, is the Insured aware of any matter which may develop into a dispute that is likely to incur legal costs? Yes, go to 5.4.1 No, skip to 6

5.4.1 If "Yes" to 5.4 above - please advise full details including: Date | Circumstances | Cost to date | remedial action taken by the Insured:

## 6. OTHER PRODUCTS

I am also interested in the following products:

Contractual Liability

Corporate Travel

Cyber / Privacy

Directors & Officers

Group Journey

Group Personal Accident & Sickness

Other (please specify)

Intellectual Property

Management Liability

Product Recall

Professional Indemnity

Public/Products Liability

Umbrella Liability

## 7. ADDITIONAL INFORMATION / COMMENTS

## 8. DECLARATION

I, the undersigned, hereby declare that:

8.1 I understand my Duty of Disclosure shown at the beginning of this form;

8.2 all answers and statements provided are true, correct and complete in every respect; 9.

8.3 where any part(s) of the application has been completed by others, I have checked their answers and confirm they are true, correct and complete in every respect

8.4 I 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;

8.5 should any information alter between the date of this form and the inception date of the insurance to which this application relates, I shall give immediately notice thereof;

8.6 I am 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 and I complete this application form on their behalf.

Full Name:

Position:

Signed &  
Dated

1st  
Renewal

2nd  
Renewal