



Rivers Insurance Brokers Pty Ltd
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Registered Training Organisations/ Consultants Quote Form

Please read the following Important Notices

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of matter:

- That diminishes the risk to be undertaken by the Insurer;
- That is of common knowledge;
- That Your insurer knows or, in the ordinary course of its business, ought to know;
- As to which compliance with your duty is waived by the insurer

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Privacy Notice

We are bound by the National Privacy Principles of the Privacy Act 1988 (CTH) when We collect and handle Your personal information. The Personal information We collect in connection with this insurance is needed to enable us to evaluate Your application and to administer Your insurance cover. You may request Us to provide you with a copy of that information, except information that has been provided to Us in confidence.

We are entitled to disclose Your personal information to other persons, such as our insurers, reinsurers, loss assessors and claims consultants.

1. Details of Insured

Insured Name:			
Contact Name:		ABN:	
Address:			
State:		Postcode:	
Phone:	Fax:	Mob:	
Email:		Date Established:	

2. Professional Business

Please provide a detailed description of your professional business and courses provided which you require	
Cover for:	

3. Limits of Indemnity

Professional Indemnity:	\$1,000,000 <input type="checkbox"/>	\$2,000,000 <input type="checkbox"/>	\$5,000,000 <input type="checkbox"/>	\$10,000,000 <input type="checkbox"/>
Public/Products Liability:	\$10,000,000 <input type="checkbox"/>	\$15,000,000 <input type="checkbox"/>	\$20,000,000 <input type="checkbox"/>	

4. Income Details

Please provide a breakdown of your gross fees/income by Professional Business for the last									
Financial year and the current financial year.									
Last Financial Year's Gross Fees: \$									
Current Financial Year's Gross Fees: \$									
In respect of gross fees/income for the last financial year, please provide a breakdown by State:									
NSW	ACT	QLD	VIC	TAS	SA	WA	NT	O/S	
%	%	%	%	%	%	%	%	%	%

5. Employee Information

Total Number of Employees:
Number of Principals, Partners, Directors:
Number of qualified employees:

6. General Information

Does the Company have operations outside of Australia:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, does the Company have operations in the USA/Canada:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please provide details:		
Have any Claims been made against the Company for professional negligence, error or omission in the last 5 years:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please provide further details of the Claim, the Claim amount and any payments:		

<p>Is the Proposer aware, after enquiry of any circumstances or incident, which may give rise to a Claim?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If 'yes' please provide further details:</p>

7. Current Insurance

<p>Do you have current insurance in place:</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Name of Insurer:</p>
<p>When is the current policy due to expire:</p>
<p>Limit of Indemnity:</p>
<p>Deductible:</p>
<p>Retroactive Date:</p>

8. Declaration

<p>Applicant's Signature:</p>
<p>Date:</p>