

Holdfast Insurance Brokers



Jumping Castles Transit Insurance Questionnaire

Name: _____

Postal Address: _____

Home Address: _____

Phone No: Work: Mobile No: Home: _____

Goods Carried: _____

Cargo/Transport loss history:	What value?	How many?
	\$	#
	\$	#
	\$	#
	\$	#

Have you (the proposer) ever had an insurer decline to invite renewal on any cargo, carriers, or motor policy?	No.....Yes.....
Any policy of insurance declined by an insurer?	No.....Yes.....
Restricted policy conditions imposed on any cargo, carriers, or motor policy?	No.....Yes.....
Had any motor convictions?	No.....Yes.....
Been charged or convicted with any criminal offence?	No.....Yes.....

IMPORTANT

Persons Insured
The policy only covers the insured (Carrier) and any persons named in the policy and/or subcontractors and no-one else.

Your Duty of Disclosure
Before you enter into, renew, vary, or reinstate a contract of insurance you have a legal duty under the Insurance Contracts Act 1984 to tell the insurers everything you know, or could reasonably be expected to know that is relevant to their decision on whether to insure and on what terms.

You do not have to tell insurers about anything:
that diminishes the risk taken by them: that is common knowledge: that the insurers should now in the ordinary course of their business ought to know: that the insurers agree you do not have to tell them about.

If you do not comply with the above...
the insurers are entitled to reduce their liability under the contract in respect of a claim or possibly cancel the contract. If your nondisclosure is fraudulent they have the option of avoiding the contract from the beginning.

DECLARATION

- I/We acknowledge that as the proposer(s):
- I/We must act with the utmost good faith in respect of any matter relating to this insurance
 - I/We have a duty of disclosure as stated in this application form.
 - I/We confirm that all answers and statements in this application are correct and that no information has been withheld which may affect the insurers decision to accept this application.
 - Signing this form does not bind me/us to complete this insurance, or the insurer to accept it, but it is agreed that all answers and statements shall form the basis of the contract if a policy is issued.

Signature of Proposer(s): _____
Dated: _____