WYMARK

INSURANCE BROKERS PTY. LTD.
ABN 11 010 863 966 AFS Licence No. 238769
Level 4 12 Short Street Southport QLD 4215
PO Box 2310, Southport, QLD 4215

FAX / EMAIL BACK TO WYMARK
Fax 07 5532 9446
Email info@wymark.com.au
Ph 1800 WYMARK

Pest Controllers – General Property Quote Form

COVER TYPES	
Cover 1 -	Collision and Overturning of Conveying Vehicle, Theft, Fire, Flood, Malicious Damage, Extraneous Perils
Cover 2 -	**Accidental Damage** , Collision and Overturning of Conveying Vehicle, Theft, Fire, Flood, Malicious Damage, Extraneous Perils
Cover 3 -	**Electronic Breakdown, Accidental Damage** , Collision and Overturning of Conveying Vehicle, Theft, Fire, Flood, Malicious Damage, Extraneous Perils

DETAILS OF THE APPLICANT						
Name(s) of Insured(s)						
Occupation	**Pest Controller**					
Address						
			State		Postcode	
Contact Number(s)	Phone No.		Fax No.			
Email Address						

PROPERTY TO BE INSURED – List Item details below *eg. 2 x Termi-Trackers @ $2,000 each*	SUM INSURED
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
TOTAL	**$**

CLAIMS HISTORY

Have you or anyone living permanently with you:

- been refused insurance, insurance renewal declined, had special terms or conditions or excesses imposed
- committed, been charged or convicted during the last 5yrs or arson, or any offence involving actual or threatened damage to property; any criminal act, fraud, theft, drugs, or dishonesty of any kind
- suffered any loss/claims in the last 5yrs
- are there any exceptional circumstances you know about which are relevant to our decision to insure you and on what terms

Yes ☐ No ☐

If "Yes", please supply details, attach a separate piece of paper if you have insufficient space to answer below

DECLARATION

Applicant's Signature		Date	
Applicant's Title			