



WYMARK

INSURANCE BROKERS PTY. LTD.
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Pest Controllers – Audit Insurance Quote Form

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

INSURANCE PACKAGES		
<input type="checkbox"/> Individual	No. Of Packages	Covers nominated individual, plus spouse or partner and any private superfund or passive trust.
<input type="checkbox"/> Self Employed	Covers trading name, nominated individual, plus spouse or partner and any private superfund or passive trust. <i>If any employees, select Business Package.</i>	
<input type="checkbox"/> Business	Estimated Annual Turnover	\$

INSURANCE TYPE		
<input type="checkbox"/> Fee Insure (occurrence wording)	No. of retro financial years	Number of financial years, where 1 represents current financial year; 2, current and previous financial year; 3, current and two previous financial years; and 4, current and three previous financial years.
<input type="checkbox"/> Audit Protect (claims made wording)	Unlimited retro	

CLAIMS HISTORY
<p>Have you or anyone living permanently with you:</p> <ul style="list-style-type: none"> - 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 <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", please supply details, attach a separate piece of paper if you have insufficient space to answer below</p>

DECLARATION	
Applicant's Signature	Date
Applicant's Title	