

LOTTERY AGENTS PROFESSIONAL LIABILITY INSURANCE PROPOSAL FORM

Details of Proposer

a) Agents Name _____
 b) Trading Name _____
 Agent's main office _____
 Street Address _____
 Suburb _____ State _____ Postcode _____
 ABN# _____

Details of the Business

Please provide the total amount of the Firm's gross "Lottery" income/commission for the following periods:

a Previous financial year \$ _____
 b Current financial year \$ _____
 c Next financial year (estimate) \$ _____

Stamp Duty Split by NUMBER of employees

ACT	NSW	NT	QLD	SA	TAS	VIC	WA	O/S

Stamp Duty Exemption *refer below

ACT	NSW	NT	QLD	SA	TAS	VIC	WA	O/S

Important Note:

For the purpose of calculating the policy Stamp Duty, please provide us with a breakdown of number of employees of the Corporation applicable to each State, Territory and Overseas.

*Where the policyholder is NSW stamp duty exempt – please complete and return the attached exemption form.

Claims Information

1 After enquiry of the partners/principals/directors and employees, has there been or is there now pending a claim against the Agent, it's predecessors in business or it's current or former partners/principals/directors or employees for a Breach of Professional Duty? Yes / No

If "Yes", please give details (use a separate sheet if insufficient room below).

MARSH ADVANTAGE INSURANCE

- 2 After enquiry of the partners/principals/directors and employees is the Agent aware of any circumstance or incident which may give rise to a claim against the Agent or it's partners/principals/directors or employees? Yes / No
If "Yes", please give details (use a separate sheet if insufficient room below).

- 3 After enquiry of the partners/principals/directors and employees, has the Agent or any partners/principals/director or employee ever been subject to any disciplinary action, been fined or penalised, or been the subject of an inquiry investigating or alleging professional misconduct? Yes / No
If "Yes", please give details (use a separate sheet if insufficient room below).

- 4 Has the Firm ever had any Insurer decline a proposal, imposed any special terms, cancelled or refused to renew a professional indemnity insurance policy? Yes / No
If "Yes", please give details (use a separate sheet if insufficient room below).

Declaration

Please Note: Signing the Declaration does not bind the proposer or the Insurer to complete this insurance.

I declare that I have made all necessary inquiries into the accuracy of the responses given in this proposal and confirm that the statements and particulars given in this proposal are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that should any of the information given by me alter between the date of this proposal and the inception date of the insurance to which this proposal relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the MAI Important Information booklet attached and that I have read and understood the content.

I confirm that I am authorised by the proposing Firm (and its partners/principals/directors if applicable) to complete this proposal form and to accept the quotation terms for this insurance on behalf of the Firm (and its partners/principals/directors if applicable).

Name: _____

Title: _____

Signature: _____

Date: _____