

Farmstay Liability Insurance



Telephone: 03 9276 0900 (outside Vic ph: 1300 654 494)

Email: insurance@rsmgroup.com.au

AFSL 239631

Application Form (also available at www.rsmgroup.com.au)

Name _____

Address _____

Suburb _____ State _____ Postcode _____

Tel _____ Mobile _____

Email _____

Date Policy to Commence _____

How would you like to receive your insurance documents from us? Email Post

Questionnaire

Q1. Please advise maximum number of guests you will have staying with you at any one time (Policy provides cover up to 5 guests at any one time). If you host more than 5 guests, please contact our office. _____

Q2. Has there been any incidents and/or circumstances that may give rise to a claim not yet reported? YES / NO

Q3. Are there, or has there been any actions brought against you whilst hosting guests during the past 3 years? YES / NO
If yes, please provide details: _____

How do you wish to pay the premium of \$195.00?

Cheque (please make payable to RSM Group Pty Ltd) BPAY (we will send you an invoice with payment details)

Please contact RSM on 03 9276 0900 or 1300 654 494 if you wish to pay by Credit Card.

Your Duty Of Disclosure

Before you enter into a Contract of General Insurance, you have a duty to disclose every matter you know, or could reasonably be expected to know, that is relevant to the Insurers decision whether to accept the risk of Insurance, and if so on what terms. You have the same duty to disclose those matters before you renew, extend, vary or diminish your insurance. Your duty does not however, require disclosure of matters:

- that diminish the risk to be undertaken;
- that the Insurer knows, or in the ordinary course of business, ought to know;
- that are of common knowledge;
- 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.

I / we have read the Duty of Disclosure Statement and have disclosed all matters of which, to my/our knowledge you should be made aware.

I / we accept the terms, conditions and limitations of the Farmstay Contract.

Signed _____

Date ____ / ____ / ____

Signed _____

Date ____ / ____ / ____

PLEASE RETURN THIS FORM TO:

RSM GROUP PTY LTD, PO Box 314, Surrey Hills VIC 3127 FAX: 03 9817 2055 EMAIL: insurance@rsmgroup.com.au

For Further information please visit our website: www.rsmgroup.com.au

Effective: 1st August 2016