Mortgage/ Finance Brokers, Originators, Managers

Professional Indemnity Insurance

Proposal Form



IMPORTANT NOTICE

ABOUT PROBITAS PACIFIC

Probitas 1492 (Pacific) Pty Ltd (**Probitas Pacific**) ABN 82 663 993 244 AFSL 545082 has an authority from the **Insurer** to arrange, enter into, bind and administer this **policy** (including handling and settling claims) on behalf of the **Insurer** as if it were the **Insurer**. Probitas Pacific acts as an agent for the **Insurer** and not for the **Insured** (also referred to in these Important Notices as "you" and "your").

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell us of anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary, replace, or reinstate an insurance contract. If you have made a statement and this changes before the end of the above relevant time, you must tell us about this change before the time ends.

You do not need to tell us anything that:

- reduces the risk we insure you for;
- is of common knowledge;
- we know or should know as an insurer; or
- · we waive your duty to tell us about.

IF YOU DO NOT TELL US SOMETHING

If you do not meet the duty, to the extent permitted by law, we may reject or not fully pay your claim. We may also, or as an alternative, cancel your insurance or if the failure to meet the duty was fraudulent, treat it as if it never existed.

CLAIMS MADE AND NOTIFIED

This insurance is issued on a 'claims made and notified' basis. This means that the policy covers **Claims** that are first made against you and notified to us during the **Policy Period**.

Where your **Policy** has an extended or additional reporting period, subject to the terms of the **Policy**, you may have:

- an additional period to tell us about Claims first made against you during the Policy Period; and/or
- cover for Claims first made against you during the extended reporting period and which you tell us about during the extended reporting period – provided the Claim is based on an act, error, or omission alleged to have been committed prior to the expiry of the Policy Period.

The **Policy** doesn't cover facts or circumstances of which you first became aware prior to the **Policy Period**, and which you knew or ought reasonably to have known had the potential to give rise to a **Claim** against you, subject to any 'Continuous Cover' extension which may, subject to its terms, provide an exception to this.

If a **Retroactive Date** is applied or shown on the **Policy Schedule**, the **Policy** also doesn't cover **Claims** arising directly or indirectly from any acts, errors, omissions, or events actually or allegedly occurring before that date.

The above is only a high-level overview. You must refer to the **Policy** for full terms and conditions that apply to you.

WRITTEN NOTIFICATION OF FACTS

By reason only of the operation of section 40(3) of the Insurance Contracts Act 1984 (and not as a term of the **Policy**), if you give us notice in writing of facts that might give rise to a **Claim** against you as soon as reasonable after you became aware of those facts but before the insurance cover provided by the **Policy** expired, we are not relieved of liability under the policy in respect of the claim, when made, by reason only that it was made after the expiration of the **Policy Period**. Any such rights arise under the legislation only and not the **Policy** terms.

GENERAL INSURANCE CODE OF PRACTICE

The Insurance Council of Australia Limited has developed the General Insurance Code of Practice (**Code**), which is a voluntary self-regulatory code. The Code aims to raise the standards of practice and service in the insurance industry. Lloyd's has adopted the Code on terms agreed with the Insurance Council of Australia. For further information on the Code, please visit www.codeofpractice.com.au. The Code Governance

Committee (CGC) is an independent body that monitors and enforces insurers compliance with the Code. For more information on the Code Governance Committee (CGC) go to https://insurancecode.org.au.

COMPLAINTS AND DISPUTE RESOLUTION PROCESS

Internal Dispute Resolution process

We view seriously any complaint made about our products or services and will deal with it promptly and fairly. If you have a complaint, please first try to resolve it by contacting the relevant member of our staff. If the matter is still not resolved, please then contact our Internal Disputes Resolution Officer using the contact details on the back cover of this document. They will seek to resolve the matter in accordance with our Dispute Resolution procedures.

If we cannot resolve your complaint to your satisfaction, we will (or you may) escalate your matter to Lloyd's Australia who will determine whether it will be reviewed by their office or the Lloyd's UK Complaints team:

Lloyd's Australia Limited Level 16, Suite 1603, 1 Macquarie Place, Sydney, NSW 2000. Telephone: (02) 8298 0783 Email: idraustralia@lloyds.com

If You are not satisfied with the final decision, you may wish to contact the Australian Financial Complaints Authority (AFCA) details below.

Australian Financial Complaints Authority (AFCA)

AFCA is a free independent external disputes resolution service provided to customers to review and resolve complaints subject to them falling within its rules. You may refer a complaint to the AFCA at any time. Time limits apply. For example, AFCA may not consider a complaint referred to AFCA more than 2 years after we provide a final IDR response to the Insured, unless AFCA considers special circumstances apply. If in doubt, contact AFCA.

For details You can visit their website at www.afca.org.au or contact them:

Australian Financial Complaints Authority PO Box 3 Melbourne, VIC, 3001 Telephone: 1800 931 678 Email: info@afca.org.au

If AFCA tells you that under its Rules it cannot assist or consider the dispute, then you can seek independent legal advice. You can also access any other external dispute resolution (including in some cases the Financial Ombudsman Service (UK)) or other options that may be available to you.

For more information on how we handle complaints request a copy of our procedures from us.

PRIVACY STATEMENT

In this Statement:

- "We", "Our" and "Us" means Probitas 1492 (Pacific) Pty Ltd and the Lloyd's Underwriters we act on behalf of.
- "You" and "Your" refers to anyone using Our services or providing Personal Information.

We are committed to protecting Your privacy in accordance with the requirements of the Privacy Act 1988 (Cth) ("Privacy Act") and the Australian Privacy Principles (APPs), as amended, replaced or superseded from time-to-time.

This Statement is a summary of Our Privacy Policy and provides an overview of how We collect, hold, use and disclose Personal Information. Our Privacy Policy may change from time to time and where this occurs, the updated Privacy Policy will be posted to Our website at: https://probitas1492.com/privacy-policy-probitas-pacific/

Personal Information is information or an opinion about an identified individual, or an individual who is reasonably identifiable:

- whether the information or opinion is true or not;
- whether the information or opinion is recorded in a material form or not.

It includes Sensitive Information as defined in the Privacy Act which includes, amongst other things, information about an individual's racial or ethnic origin, political opinions, membership of a political organisation, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual orientation or practices, criminal record, health information about an individual, genetic information, biometric information or templates.

WHY WE COLLECT, HOLD, USE AND DISCLOSE YOUR PERSONAL INFORMATION

The primary purpose for collecting, holding, using and disclosing Your Personal Information is to enable Us to provide Our insurance services to You or where reasonably necessary for or directly related to one or more of our insurance functions and activities (including but not limited to deciding whether to issue a policy, determine the terms and conditions of the policy, compiling data to help develop and identify other products and services that may interest clients, and handling claims). Sometimes We may use Your Personal Information for Our marketing campaigns and research, in relation to new products, services or information that may be of interest to You.

If You do not provide the personal information requested and/or do not provide Us with Your consent to collecting, holding, using or disclosing Your Personal Information as set out in this Privacy Statement, We may not be able to provide our insurance services (for example, Your insurance application may not be accepted) or You may be in breach of Your duty regarding disclosure to insurers.

HOW WE OBTAIN YOUR PERSONAL INFORMATION

We collect Your Personal Information at various points including, but not limited to, when You are applying for, changing, or renewing an insurance policy with Us or when We are processing a claim or handling any complaint. Personal Information is usually obtained directly from You, but sometimes via a third party such an insurance intermediary or your broker or Your employer (e.g. in the case of a group insurance policy). Please refer to Our Privacy Policy for further details.

When information is provided to Us via a third party We use that information on the basis that You have consented or would reasonably expect Us to collect Your Personal Information in this way. We take reasonable steps to ensure that You have been made aware of how We handle Your Personal Information.

WHEN DO WE DISCLOSE YOUR PERSONAL INFORMATION?

We may disclose the information We collect to third parties where it is reasonably necessary for, or directly related to, the services we provide to You.

This can include the policyholder (where the insured person is not the policyholder, i.e. group policies) to joint policyholders, our related companies (and persons they rely on to provide their services), our agents or contractors, insurers, their agents and others they rely on to provide their services and products (e.g. reinsurers), premium funders, other insurance intermediaries, insurance reference bureaus, loss adjusters or assessors, medical service providers, credit agencies, lawyers and accountants, prospective purchasers of our business and our alliance and other business partners. They are prohibited from using Your Personal Information except for the specific purpose for which We supply it to them and We take such steps as are reasonable to ensure that they are aware of the provisions of Our Privacy Policy in relation to Your Personal Information.

These third parties which may be located outside of Australia (such as in the UK). These entities and their locations may change from time-to-time. Please contact Us, if You would like a full list of the countries in which these third parties are located. When we send information overseas, in some cases we may not be able to take reasonable steps to ensure that

overseas providers do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us (to the extent permitted by law) and may not be able to seek redress overseas. If you do not agree to the transfer of your personal information outside Australia, please contact us.

WHEN YOU GIVE US PERSONAL INFORMATION ABOUT OTHER INDIVIDUALS

In such a case We rely on You to have made or make the individual aware that You will or may provide their personal information to Us and the types of other parties and service providers We may provide it to, the relevant purposes We and the other parties and service providers will use it for, and how they can access it. If You have not done or will not do either of these things, You must tell Us before You provide the relevant Personal Information to Us.

YOUR DECISION TO PROVIDE YOUR PERSONAL INFORMATION

In dealing with Us, You agree to Us collecting, using and disclosing Your Personal Information, which will be collected, stored, used and disclosed by Us as set out in this Privacy Statement and Our Privacy Policy.

ACCESS TO AND CORRECTION OF YOUR PERSONAL INFORMATION

Please contact Us if You would like:

- · a copy of Our Privacy Policy, or
- to cease to receive marketing offers from Us or persons with whom We have an association.
- to seek access to, update or correct Your Personal Information held by Us.

HOW TO MAKE A COMPLAINT

If You have a complaint or would like more information about how We manage Your Personal Information, please review Our Privacy Policy for more details, or contact Us. We will notify You as soon as possible if Your personal information is involved in a data breach that is likely to result in serious harm to You.

GOVERNING LAW AND SUMMONS NOTICE OR PROCESS

We agree that:

- if a dispute arises under the policy, the Policy will be subject to Australian law and practice and we will submit to the jurisdiction of any competent Court in the Commonwealth of Australia within the State or Territory in which the policy was issued;
- any summons notice or process to be served upon us may be served upon:
 - Lloyd's Underwriters' General Representative in Australia, Suite 1603, Level 16, 1 Macquarie Place, Sydney NSW 2000,

who has authority to accept service on our behalf;

if a suit is instituted against any of us, all Lloyd's Underwriters participating in the **Policy** will abide by the final decision of such Court or any competent Appellate Court.

OUR RIGHTS ARE SUBJECT TO APPLICABLE LAW

Where we may refuse to pay or reduce the amount we pay under a **Claim** under the **Policy**, we may only do so to the extent permitted by applicable law. Any rights we have under are subject to the operation of the Insurance Contracts Act 1984 (Cth) and any other relevant statute or legislation. You should seek appropriate advice regarding your rights.

DETAILS OF PROPOSER 1. a) Policyholder Name

h)	Policyholde	· Name							
b)	Trading Nar	ne							
c)	ABN								
d)	Contact Per	son							
e)	If you intend	I to claim an Input Tax C	Credit for the premiu	m paid for tl	his polic	y, plea	se		
	specify the	percentage of the premi	um you will be claim	ning:		%			
f)	How long ha	as the Policyholder conti	inually carried on bu	ısiness?					
Poli	icyholder's ma	in office							
Stre	eet Address								
Sub	ourb			State		Posto	code		
Tele	ephone			acsimile		<u> </u>			
	bsite		Email	Address					
a)	During the r	past three (3) years has	the:						
uj		of the Policyholder char					Υ		ı
	•	•	•	other			Υ		
	ii) Policyholder acquired, merged or taken over any other								
b)	Is any acquisition, tender offer or merger pending or under consideration by the Policyholder?								ı
c)	Is the Policy another com	rholder aware of any pro npany?	oposal relating to its	acquisition	by		Υ		I
		above, please provide full deta irmation of the position relatin						ent rooi	m
Plea		etails of the current partr		tors of the F	1				
	Name of Pa	artner/Principal/Director	Qualification(s)	Year Qualified		How ma artner/Pr			
					This Pr		Prev		
					11113 1 1	actice		/. Pract	ice
					11113111	actice		/. Pract	ice
					11113 1 11	actice		/. Pract	ice
					11113111	actice		/. Pract	ice

5.	Plea a)	ase provide details of current staff numbers: Partners/principals/directors	
	b)	Other qualified/technical personnel	
	c)	Administration & clerical personnel	
		Total	
6.		any Partner, Principal or Director of the Policyholder connected or associate ancially or otherwise) with any other practice or business?	ed 🗌 Y 🔲 N
	If "Ye insuf	our letter headed paper if	
DF	-ΤΔ	AILS OF THE BUSINESS	
		TES STATE BOSINESS	
7.	Plea	ase provide the total amount of the Policyholder's gross income/fees for the	e followina periods:
	a)	Previous financial year \$	51
	b)	Current financial year \$	
	c)	Coming financial year (estimate) \$	
8.	a)	Please describe (in detail) the business activities of the Policyholder incl nature of advice given:	uding full details of the
	b)	Please categorise the business activities outlined in answer to a), and st gross income/fees for each activity:	ate the percentage of
		Business Activities	% of Income/Fees
		Mortgage Broking/ Origination (introduces borrower to lender with no ongoing management of the loan)	%
		Finance Broking	%
		Mortgage Management (arranges loan and manages on an ongoing basis)	%
		Other	%
		To	tal 100%

Use a separate sheet of your letter headed paper if insufficient room above

9. Please provide a reconciliation of the type of loans in your outstanding loan portfolio:

Туре	of loan	% of Total
a)	All Prime Loans (No Credit Impairment)	%
b)	All Sub-Prime Loans (Credit Impaired / Non-conforming)	%
c)	Reverse Mortgages (Prime or Sub-Prime)	%
d)	Other (please provide details in the space provided below)	%
	Total	100%

10. Please provide a reconciliation of the type of loans in your outstanding loan portfolio by level of documentation:

Туре	of loan	% of Total		
a)	Full documentation (i.e. full verification of income)	%		
b)	Partial or low documentation	%		
	Total	100%		

11. Please provide a reconciliation of your loan portfolio by value for the last 12 months, as follows:

Less than \$500,000	%
Between \$500,000 and \$1,000,000	%
Between \$1,000,000 and \$3,000,000	%
More than \$3,000,000	%
Total	100%

12. Please advise the percentage of loans completed in the last 12 months that were sourced from the following:

Banks		%
Credit Unions or Building Societies		%
Non-Bank Mortgage Originators		%
Solicitors Funds		%
Vendor financing		%
Other (please provide details in the space provided below):		%
	Total	100%

Financial Planners		%
Property Developers		%
Real Estate Agents		%
Solicitors or Conveyancers		%
Other (please provide details):		%
	Total	100%
income in the previous 12 month		•
Lending Institution	Percentage of total income	Number of loans
1.	%	
2.	%	
3.	%	
4.	%	
5.	%	
Total	100%	
Postcode 1.	Percentage of total income %	Number of loans
2.	%	
3.	%	
4.	%	
5.	%	
Total	100%	
Do you act under any form of del	egated lending authority?	□ Y □ N
Do you act under any form of del	egated lending authority?	
Do you act under any form of del	egated lending authority? in-force a cyber liability insurance p a) Insurer	
Do you act under any form of del	egated lending authority? in-force a cyber liability insurance p a) Insurer b) Policy Number	
Do you act under any form of del	egated lending authority? in-force a cyber liability insurance particle in linear and linear by Policy Number cy Policy Period	
Do you act under any form of del	egated lending authority? in-force a cyber liability insurance p a) Insurer b) Policy Number	
Do you act under any form of del a) Does the Policyholder have If "Yes", please state b) After enquiry of the Partner you previously suffered any event?	egated lending authority? e in-force a cyber liability insurance particle in linear label. a) Insurer b) Policy Number c) Policy Period d) Limit of Liability s/Principals/Directors, employees & cyber claim, cyber incident, or data	Doolicy?
Do you act under any form of del a) Does the Policyholder have If "Yes", please state b) After enquiry of the Partner you previously suffered any event? If "Yes", please provide full details	egated lending authority? in-force a cyber liability insurance parts and insurer b) Policy Number c) Policy Period d) Limit of Liability s/Principals/Directors, employees & cyber claim, cyber incident, or data	ARs have Y N
Do you act under any form of del a) Does the Policyholder have If "Yes", please state b) After enquiry of the Partner you previously suffered any event? If "Yes", please provide full details c) Does the Policyholder main	egated lending authority? e in-force a cyber liability insurance particle in linear label. a) Insurer b) Policy Number c) Policy Period d) Limit of Liability s/Principals/Directors, employees & cyber claim, cyber incident, or data	ARs have Y N N N N N N N N N N N N N N N N N N

	e)	Does the Policyholder have a cyber incident response / data recovery plan?		Y		N
	f)	When the Policyholder receives an instruction to transfer money, credit, securities, or other funds does the Policyholder always authenticate the validity of the instruction via a call back to the client on record?		Y		N
18.	a)	Are any of the Policyholder's business activities performed outside of Australia or provided to clients based outside of Australia?		Υ		N
		If "Yes", please give details of the name of the client(s), the country they are located within ar provided (use a separate sheet of your letter headed paper if insufficient room below).	d what	service	e(s) are	
	b)	Does the Policyholder have any subsidiary or assets within the USA or		Y		N
		Canada? If "Yes", please give details (use a separate sheet of your letter headed paper if insufficient ro	om belo	w).		
19.	If "Ye	ne Policyholder involved in a joint venture? es", please give details including the nature of the joint venture, the business activities provided e(s) of the joint venture partners (use a separate sheet of your letter headed paper if insufficient			older ar	N nd the
20.	a)	Does the Policyholder engage any consultants, agents or sub- contractors?		Υ		N
	b)	If "Yes" to the above, does the Policyholder enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which the Policyholder may have against such consultants, sub-contractors or agents?		Y		N
	c)	If "Yes" to (a) does the Policyholder always insist and confirm that the consultants, sub-contractors or agents carry their own professional indemnity insurance?		Υ		N
		If "No" to (c), please give details of the type of business activities provided by the consultants and what percentage of business is sub-contracted out to consultants, agents or sub-contract of your letter headed paper if insufficient room below).				
21.	If "Ye	you a sole proprietor/practitioner? es", what arrangements do you have to assist you during your temporary absence on business, reseen emergency?(use a separate sheet of your letter headed paper if insufficient room below	leave, s	Y icknes	ss, or	N

RISK MANAGEMENT INFORMATION

22.	Does the Policyholder operate any quality assurance systems or risk management programs? If yes, please provide details.		Υ	N
23.	Do you always undertake a comprehensive screening process for all staff, including reference checks, criminal history checks and qualification checks?		Υ	N
24.	Do you always provide your client with written confirmation of the following inform	nation	:	
	a) Details of the nature of your services		Υ	Ν
	b) Disclosure of any conflicts of interest		Υ	Ν
	c) Disclosure of all fees and charges		Υ	Ν
	d) Rights and remedies available to them in the event of a dispute		Υ	N
	e) Disclosure of the pool of lenders that will be used		Υ	N
25.	Do you always record as file notes telephone conversations and meetings on the loan application file?		Υ	N
26.	When organising a loan do you always:			
	a) obtain a 100 point identification check for all applicants named on the loan, including guarantors?		Υ	N
	b) sight original documents?		Υ	N
27.	Do you always obtain verification of income from all loan applicants?		Υ	N
28.	Do you undertake independent credit reports for all loan applicants including guarantors, direct from a credit reporting agency?		Υ	N
29.	If you are required to witness a client's signature, do you always ensure signing is carried out in your presence?		Υ	N
30.	Do you always ask the client to review and sign off the loan application before it is submitted to the lender?		Υ	N
31.	Do you always provide a documented comparison between the different interest rates and transaction costs of your available pool of products.		Υ	N
32.	Are the dangers of rate increases and the impact these may have on a client always discussed with clients.		Υ	N
33.	When recommending the refinancing of an existing loan do you always analyse the costs as well as the advantages and disadvantages of proceeding with the refinance?		Υ	N
34.	Approximately what percentage of your current outstanding loans exceed a loan to value ratio of 85%?			%

CLAIMS INFORMATION

35.	After enquiry of the Partners/Principals/Directors and employees, has there been or is there now pending a claim against the Policyholder, its subsidiaries, its predecessors in business or its current or former Partners/Principals/Directors or employees for a civil liability arising out of the performance of the Policyholder's Professional Services?		Υ	N
	If "Yes", please give details (use a separate sheet of your letter headed paper if insufficient room below	w).		
36.	After enquiry of the Partners/Principals/Directors and employees is the Policyholder aware of any circumstance or incident which may give rise to a claim against the Policyholder or its Partners/Principals/Directors or employees?		Υ	N
	If "Yes", please give details (use a separate sheet of your letter headed paper if insufficient room below	w).		
37.	After enquiry of the Partners/Principals/Directors and employees is the Policyholder aware of any prosecution or investigation (actual or pending) of the Policyholder or any Partner / Principal/Director or employees under any International, Commonwealth, State or Local statute, legislation, regulation or By Law?		Υ	N
	If "Yes", please give details (use a separate sheet of your letter headed paper if insufficient room below	w).		
38.	After enquiry of the Partners/Principals/Directors and employees, has the Policyholder or any Partner/Principal/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?		Υ	N
	If "Yes", please give details (use a separate sheet of your letter headed paper if insufficient room belo	w).		
39.	Please advise, as a percentage of your outstanding loan portfolio, the number of loans more than 90 days in arrears and/or where trail commission has been suspended.			%

DETAILS OF INSURANCE 40. As at today's date does the Policyholder have Professional Indemnity Ν Insurance currently in force that has been paid for? If "Yes", please state a) Insurer b) **Indemnity Limit** c) **Expiry Date** d) Retroactive Date 41. Has the Policyholder ever had any Insurer decline a proposal, imposed any Υ Ν special terms, cancelled or refused to renew a Professional Indemnity Insurance Policy? If "Yes", please give details (use a separate sheet of your letter headed paper if insufficient room below). 42. Amount of Indemnity required (please tick) \$1 million \$2 million \$3 million \$10 million Other: \$5 million 43. Amount of self-insured Retention you are prepared to carry (please tick) \$5,000 \$10,000 \$20,000 \$50,000 Other: ADDITIONAL INFORMATION 44. To ensure you obtain a quote as quickly as possible please ensure that the following information is attached to your proposal form (tick "Yes" if attached): The Policyholder's most recent trail commission statement(s) listing all a) outstanding loans b) Resumes / Curriculum Vitaes for all principals, partners or directors

STAMP DUTY SPLIT

45.	For the purpose of	calculating Stamp Duty	please state	the number of current	staff (including
	directors/partners,	full/part time and casua	I employees)	located in each state:	

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	Overseas

Please indicate those states in which the Policyholder is exempt from Stamp Duty application:

To verify your exemption status, a separate exemption certificate is required and needs to be attached for each state that is exempt.

NSW	VIC	QLD	SA	WA	TAS	ACT	NT

NSW Small Business Stamp Duty Exemption:

☐ I confirm that the Policyholder is/will be a CGT small business entity (within the meaning of s 152-10 (1AA) of the Income Tax Assessment Act 1997 of the Commonwealth) for the income year in which the insurance is incepted or renewed and that I have obtained an exemption declaration which I am able to produce if requested to do so by the Chief Commissioner.

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 Important Notice and Privacy Consent and Disclosure information contained in this proposal and that I have read and understood the content of them.

I confirm that I am authorised by the proposing Policyholder (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 Policyholder (and its partners/principals/directors if applicable).

Name:	
Title:	
Signature:	
Date:	

Probitas Syndicate 1492

Sydney Office Level 13 333 George Street Sydney Australia 2000

T: 1300 001 492 E: australia@probitas1492.com

London – Head Office 88 Leadenhall Street London EC3A 3BP

T: 020 3972 5810 E: hello@probitas1492.com

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T: +44 (0) 20 7327 3735

To make a claim E: claims@probitas1492.com

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