



Solar Electricity System Insured Events Application Form

Information required to obtain a quote

The Solar Electricity System Insured Events policy provides cover for both your Solar Electricity System as well as loss of Income from its electricity generation.

It is always important to ensure that you provide the correct information, as this can affect your cover, the premium payable and whether or not QBE will accept your application. Please note that you have a Duty of Disclosure and you make certain declarations when you sign this document as outlined on this application form.

General Information																					
Commencement Date for the insurance <input type="text" value=" / /"/>																					
Insured details:	1. <table border="1"><tr><td>Title</td><td>Full Name</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Title	Full Name	<input type="text"/>	<input type="text"/>																
	Title	Full Name																			
<input type="text"/>	<input type="text"/>																				
2. <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>																			
<input type="text"/>	<input type="text"/>																				
Address																					
<table border="1"><thead><tr><th colspan="2">Property to be insured</th><th colspan="2">Mailing address (if different)</th></tr></thead><tbody><tr><td>No. and Street</td><td><input type="text"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Suburb</td><td><input type="text"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Post Code</td><td><input type="text"/></td><td>State</td><td><input type="text"/></td></tr><tr><td>Email</td><td><input type="text"/></td><td>Daytime Contact No.</td><td><input type="text"/></td></tr></tbody></table>		Property to be insured		Mailing address (if different)		No. and Street	<input type="text"/>	<input type="text"/>		Suburb	<input type="text"/>	<input type="text"/>		Post Code	<input type="text"/>	State	<input type="text"/>	Email	<input type="text"/>	Daytime Contact No.	<input type="text"/>
Property to be insured		Mailing address (if different)																			
No. and Street	<input type="text"/>	<input type="text"/>																			
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Post Code	<input type="text"/>	State	<input type="text"/>																		
Email	<input type="text"/>	Daytime Contact No.	<input type="text"/>																		
Property Type (✓ one)																					
Detached House	<input type="checkbox"/>																				
Apartment/Unit/Terrace/Attached Terrace	<input type="checkbox"/>																				
Other	<input type="checkbox"/>																				
Ownership type (✓ one)																					
Strata/Community/Company title <input type="checkbox"/>																					
Other <input type="checkbox"/>																					
Other <input type="checkbox"/> → Details: <input type="text"/>																					
How will the home be occupied from the commencement date? (✓ one)																					
By you as the owner	<input type="checkbox"/>																				
Holiday Home	<input type="checkbox"/>																				
Vacant (more than 60 days)	<input type="checkbox"/>																				
Other	<input type="checkbox"/>																				
By a tenant (your home) <input type="checkbox"/>																					
Additional information will be requested <input type="checkbox"/>																					
Policy cannot be accepted by QBE <input type="checkbox"/>																					
Other <input type="checkbox"/> → Details: <input type="text"/>																					
Home and Contents Insurance History (Enter the number of claims)																					
Total number of claims in the last 5 years	<input type="text"/>																				
Solar Electricity System Sum Insured	<input type="text" value="\$"/> (This is the cost to replace the Solar Electricity System excluding any cash-back, rebate or Renewable Energy Certificate or similar)																				
Loss of Income Limit	<input type="text" value="\$"/> (The estimated annual Income generated, provided by the retailer who sold you the Solar Electricity System)																				
Year of construction	<input type="text"/>																				
Condition of the home (✓ one)																					
Good	<input type="checkbox"/>																				
Average	<input type="checkbox"/>																				
Needs maintenance/repair	<input type="checkbox"/>																				
Other <input type="checkbox"/> → Details: <input type="text"/>																					

Important: Please provide this information to your Financial Services Provider or Solar Electricity System retailer to obtain a quote. Do not send to QBE.

General Information (continued)

Have you or anyone living permanently with you:

a) been refused insurance, been declined renewal of insurance; had a claim declined; or had any special terms or conditions imposed? (e.g. excess imposed by an insurance company in 2010 following theft claim) Yes No

If 'Yes' give details

b) been charged or convicted during the last five years of arson or any offence involving actual or threatening damage to property; any criminal act; fraud; theft; drugs; or dishonesty of any kind (e.g. fined \$500 in 2010 for shop stealing)? Yes No

If 'Yes' give details (year, amount)

Duty Of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. The Act requires that before a Policy is entered into, you must give us certain information we need to decide whether to insure you and anyone else to be insured under the Policy, and on what terms. Your Duty of Disclosure is different, depending on whether this is a new Policy or not.

New business

Where you are entering into this Policy for the first time (that is, it is new business and is not being renewed, varied, extended or reinstated) you must tell us everything you know and that a reasonable person in the circumstances could be expected to tell us, in answer to the specific questions we ask.

When answering our questions you must be honest.

- **Who needs to tell us**

It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the Policy.

- **If you do not tell us**

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the Policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the Policy as never having worked.

Renewals, variations, extensions and reinstatements

Once your Policy is entered into and is no longer new business then your duty to us changes. You are required before you renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- **You do not have to tell us about any matter:**

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- which we indicate we do not want to know.

- **If you do not tell us**

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

Privacy Statement

QBE includes information about how we manage your personal information in our Product Disclosure Statements and policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact in writing, to The Compliance Manager, QBE Insurance (Australia) Limited, GPO Box 82 Sydney NSW 2001 or email: compliance.manager@qbe.com.

Inadequate space to answer

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information

Declaration

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

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants

I/We declare that:

1. I/We have received a copy of the Product Disclosure Statement, which contains the Policy Terms and Conditions, and agree to be bound by the terms and conditions contained in it.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect and that the Duty of Disclosure and inadequate space to answer notices set out above has been read and understood by me/us.
3. I/We authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history
4. I acknowledge you reserve the right to decline any application.

Applicant's Signature:

X

Date:

/ /

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