



TCIS INSURANCE BROKERS
Camper Trailer & Camping Equipment
Insurance Application
Phone: 1800 633 745
 AFS Licence 236530 ABN: 43 338 679 821

QUOTE ONLY: Yes / No Complete all pages – cover may be placed by fax – 08 8278 8555
 COVER REQUEST/PROPOSAL: Yes / No Originals to be posted to PO Box 425 Blackwood SA 5051

Registered Owner/s: _____
 Postal Address: _____ Post Code: _____
 Residential Address: _____ Post Code: _____
 Phone No's: Mob: _____ H. _____ W. _____ Fax: _____
 ABN _____ % GST Claimed _____
 4 WD Club _____ Email: _____
 Date of Birth of Registered Owners: _____ Driving Experience: _____ Yrs _____

SECTION 1 – CAMPER TRAILER

Reg No.: _____ Chassis No.: _____ Year of Manuf: _____
 Make/Model _____ Under Finance: _____
 Basic Vehicle Value: \$ _____ Detachable Annex: \$ _____ = Total Sum Insured: \$ _____

SECTION 2 – CAMPING EQUIPMENT (Please circle) \$2,500 \$5,000 \$7,500 \$10,000

Please list any camping equipment items valued over \$500.00

List Items	Approx Age	Approx Value
		\$
		\$
		\$
		\$

List Items	Approx Age	Approx Value
		\$
		\$
		\$
		\$

Period of Insurance required: Commencing: / / Expiring: / /

Has/Is any regular tower/s:

- (a) under 21 years of age? Yes / No
- (b) Lost their licence in the last 5 years? Yes / No
- (c) Had motor insurance declined, cancelled or renewal refused? Yes / No
- (d) Had any motor claims or other losses in the last 5 years? Yes / No
- (e) Had any insurer require special terms? Yes / No
- (f) Been charged, convicted or penalised for any motoring offences? Yes / No
- (g) Been charged or convicted of any criminal offences in last 10 years? Yes / No

If yes to any of the above, please detail:

IMPORTANT MATTERS REFERRED TO IN THE INSURANCE CONTRACTS ACT 1984

YOUR DUTY OF DISCLOSURE

Before you enter into a Contract of General Insurance with us, you have a duty under the Insurance Contracts Act 1984, to disclose to us every matter you know, or could reasonably be expected to know, that is relevant to our decision whether to accept the risk of the Insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate your insurance.

Your duty does not however, require disclosure of matters:

- that diminish the risk to be undertaken by us;
- that are of common knowledge;
- that we know or, in the ordinary course of our business, ought to know;
- as to which compliance with your duty is waived by us.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the Contract in respect of a claim or may cancel the Contract. If your non-disclosure is fraudulent, we may also have the option of avoiding the Contract from its beginning.

I/We in effecting Insurance in accordance with the information furnished in this Application declare and warrant:

- The statements in this Application Form are true.
- I/We have disclosed all matters of which, to my/our knowledge, you should be aware.
- No Insurance Company has ever cancelled, declined or refused to renew, or imposed special terms or conditions, on any policy held by me/us.
- That I/we agree to accept the terms, exclusions, conditions and limitations of the Insurance Contract.

Date: | / / | Signature: |

This form may be faxed to us on 08 8278 8555 if cover is required urgently. **Original** must be posted accompanied by payment to: PO Box 425 Blackwood SA 5051.

Office Use Only			
4WD Agreed Value	\$	Insurer	
Total Premium	\$	Quoted By	
Camper Trailer Value	\$		
Total Premium	\$		
Camping Equip Value	\$		
Total Premium	\$		