

LawSafe Legal Defence Insurance PROPOSAL



Please state your full name and the names of family members you wish to include in the policy. Please note that they must normally reside at your home address.

Proposers:

	First name	Middle name	Last name	Date of Birth
1.				/ /
2.				/ /
3.				/ /
4.				/ /
5.				/ /
6.				/ /

Your address:

Email address:

Email:

Telephone numbers:

Home:	Work:	Mobile:
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What kind of comprehensive LawSafe cover would you like? (Tick one)

Policy (Annual Premium)	Individual LawSafe Cost \$150 (plus GST) <input type="radio"/>	Couple LawSafe Cost \$175 (plus GST) <input type="radio"/>	Family Lawsafe Cost \$250 (plus GST) <input type="radio"/>
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Important Reminder

The law requires you to tell us about anything which might influence our acceptance of this insurance proposal whether or not you think it is relevant. If there are any facts or circumstances, please declare them to us in full and attach to this proposal. In the absence of any attachment, we will assume that there are no such facts or circumstances, and we will consider this proposal on that basis (if in doubt, tell us anyway).

Have you or any members of your family listed above faced any criminal or serious traffic charges, and/or have been convicted of any criminal or serious traffic offences? No Yes

Have you or any members of your family listed above been involved in civil proceedings of any kind? No Yes

(If you answered "Yes" to either of the above two questions then please supply brief details on the back of this proposal).

Declaration

I declare that the above statements are correct and complete and I understand that together with any other information supplied by me shall be the basis of the contract of insurance. I undertake to inform Vero Liability Insurance Limited ("Vero Liability") of any material change whether occurring before or after the completion of the contract of insurance. I authorise Vero Liability to give or obtain from other insurers or any insurance broker or other party information relating to this insurance or any other insurance held by me of any claim made by me. I understand that:

- Vero Liability is collecting the information on this proposal to evaluate my insurance requirements.
- I am obliged to inform Vero Liability of any information which may be material to the consideration of this proposal.
- My failure to provide this information may result in Vero Liability refusing to provide the insurance requested.
- I have rights of access to this information to ensure it is correct.

Signed for and on behalf of the Proposer:

Signature	Date
	/ /

