

# Australian Child restraint Resource Initiative

ABN: 73 005 070 655



### ACRI Network Insurance Important Notice: (Please read)

Australian Child restraint Resource Initiative (trading name of Delcon Pty Ltd ABN 73005070655) has arranged a network insurance plan of Public Liability and Professional indemnity for our Professional Service Provider Members through 'Insurance Australia Limited'. (CGU)

**Important Notices:** To offer you this service it is essential that the important notices below A - E are carefully read and understood. If you have any questions, please ask us.

#### A. Duty of Disclosure:

The Insurance Contracts Act 1984 requires that all stakeholders and everyone who is an insured under our policy has complied with the duty of disclosure.

You must sign this application form for us to notify that your business and or personal details have been collected for this purpose to provide insurance cover for you. We cannot make this offer unless details disclosure is specifically agreed in writing. The duty requires us to tell the insurer certain matters which will help them decide whether to insure you and, if so, on what terms. We have this duty until the insurer agrees to insure you and before the insurer agrees to renew your policy. We also have the same duty before you extend, vary or reinstate an insurance policy.

#### B. Avoid making misrepresentations or not telling the insurer something.

If you (or anyone who is an insured, or a proposed insured, under the policy) make a misrepresentation, or if you do not tell the insurer something that you are required to tell them, they may cancel your policy or reduce the amount they will pay you in the event of a claim, or both. If the misrepresentation or failure is fraudulent, the insurer may refuse to pay a claim and treat the policy as if it never existed.

In acting on your behalf, to assist us in protecting your interests, it is important that you tell us every matter that: - you know; or - a reasonable person in the circumstances could be expected to know, may be relevant to the insurer's decision whether to insure you and, if so, on what terms. If in doubt it is better to tell us.

When you answer any questions asked by the insurer, you must give honest and complete answers and tell the insurer, in answer to each question, about every matter that is known to you and which a reasonable person in the circumstances would include in answering the questions.

#### C. Examples of matters that should be disclosed are:

- Any claims you have made in recent years for this particular type of insurance;
- Cancellation, avoidance of, or a refusal to renew your insurance by an insurer;
- Any unusual feature of the insured risk that may increase the likelihood of a claim.
- Circumstances which may give rise to a claim.

On deciding whether the insurer is prepared to renew your policy, they may give you a copy of anything you have previously told them and ask you to tell them if anything has changed. If an insurer does this, you must tell them about any change or advise that there is no change. If you do not respond then this will be taken to mean there have been no changes.

#### D. Misstatement of Premium

We try to tell you the correct amounts of premium and statutory and other charges that apply to your insurance. In the event that we misstate that amount (either because we have made an unintentional error or because a third party has misstated the amount), we reserve the right to correct the amount. Where permitted by law, you shall not hold us responsible for any loss that you may suffer as a result of any such misstatement.

#### E. Terms of trade

Payment of all Premiums contributions should be made within 14 days from invoice date.

<b>Office Use Only:</b>		Form Received: / /	Policy start: / /	<b>ACRI Network Insurance Application Form: 1.3</b>	
Member #:		Member Since: / /	Current: YES / NO		
INV#:		Amt:	NCD Received? YES / NO		
INV	P/MT	R/CPT	COC		

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<b>ACRI Network Insurance Application Form:</b>	Cover to start from:	...../...../.....
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Name of Applicant: (Business name or Individual) ▼	Member number: ►	#
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Name of contact person: (To discuss this cover) ▼
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Email:	Phone: ( )
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Mailing address:
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State:	Postcode:
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Conditions for you to participate in this Insurance cover:

- Must be a financial ACRI member.
- Any Service Practitioner must have completed ACRI Program 'A' or ACRI 'Accredited trainer' course training as a minimum.
- All of your 'Installation' clients must be provided a post service follow-up checklist.
- Application form and No Claim Declaration form must be read, understood, both signed and returned to us.

### Child Passenger Safety Technicians list: (List all ACRI trained practicing staff members here)

Full Name	Training Certificate #	Date

By signing you are confirming that you have read and agreed with the notices listed on the previous page:

<b>PLEASE SIGN AND DATE HERE:</b>	<b>Authorised Signature:</b>  <div style="text-align: right;">Dated: / /</div>
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**Please return this completed Application along with Claim Declaration to ACRI - P.O. Box 299.  
Bundoora. VIC. 3083. or email to [info@acri.com.au](mailto:info@acri.com.au)**

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