

Dear Sir/Madam

Mail Contractor Insurance Facility

Thank you for your inquiry regarding the Mail Contractor Insurance Facility. Please find attached the following documents for your attention:

1. Insurance Package Application
Please complete all questions. If a section is "not required", please cross out and mark "not required".
2. Willis Australia Limited – Important Notices
Please read our Important Notices following this letter, which explains in details your duty of disclosure, as well as a number of other issues relevant to this insurance cover. Failure to meet the terms imposed by the Insurers (including payment of premium) may prejudice your relationship with them, give rise to cancellation of the policy and/or result in the Insurer delaying payment of claims or avoiding the policy, where entitled.
3. AIG Australia Postal Service Individual Injury/Sickness Policy Wording and Product Disclosure Statements (PDS)
The PDS should be read and considered prior to purchasing this class of insurance.
4. CGU Insurance Limited Motor Vehicle Fleet Insurance Policy Wording and PDS
The PDS should be read and considered prior to purchasing this class of insurance.
5. Willis Financial Services Guide
Our Willis Financial Services Guide (FSG), which explains a number of matters including the services we offer, our remuneration, any potential conflicts of interest we may have, our internal and external dispute resolution procedures, your responsibilities, our privacy policy and our standard terms of business. This is an important document so we recommend that you read and retain it for your reference.

Important Points Relating To Your Application

- You should review the enclosed documents, including any Product Disclosure Statements or Policy Wordings, and consider whether the cover, conditions and other terms of the insurance as described meet your requirements (including your needs, objectives and financial situation).
- We will not be obtaining quotes from any Insurers other than the Insurers we will be recommending to you. Our recommendation is based on the existing policy coverage, pricing, claims handling service, our knowledge and experience of the market segments and consideration of the insurance contracts previously arranged in such segments.
- We confirm that we are not contractually bound to only provide and recommend the terms of the above Insurer.
- Our quotation will be based on the information contained in your signed application form and on which we will rely. If you do not provide to us all material information or you discover that the information you have provided is inaccurate, please advise us immediately so that we can reconfirm terms with the Insurers. You may require advice from us about the suitability of the insurances for your requirements. Similarly, if your circumstances change, please contact us immediately.

- We have negotiated with the Insurers what we reasonably consider to be preferred terms and conditions for the Licensed Post Office Insurance Facility. As a consequence these Insurers have granted us a binding authority to accept business on their behalf. We advise that if you proceed with this insurance, we would effect cover under this authority given to us by the Insurers. In this respect only, we would be effecting the contract as the Insurer's agent and not as your agent.
- We will earn brokerage on some of the policies within your insurance programme, which is paid by the Insurers out of the premium payable to them. This brokerage does not exceed the ranges of brokerage as set out in our Financial Services Guide. There is no brokerage payable on any of the taxes or statutory charges that form part of the Total Due amount shown on your tax invoice, (usually referred to as Fire Brigade Levy, Stamp Duty and Goods and Services Tax). These taxes and statutory charges are always shown separately on the tax invoice you receive from us, and are paid to the statutory authorities concerned either directly by Willis or via the Insurers.
- We may also charge a policy administration fee and where this is the case the amount will be shown clearly on each tax invoice.

What you have to do to obtain cover.

1. Complete and sign the Application Form
2. Return the Application Form to Willis

Facsimile: 03 8681 9980
Email: Au_Post@willis.com
Mail: Willis Australia Limited
GPO Box 956, Melbourne, Vic, 3001
Enquiries: 1300 780 282

3. On receipt of the Application, we will contact you confirming receipt, confirm covers selected and provide a premium quotation.
4. If you accept our quotation we will mail to you a Tax Invoice with cover summary, policy documents for classes selected, and a Premium Funding option (minimum amount \$500) to pay the premium monthly.

Should you have any other queries relating to this or any other insurance matter, please do not hesitate to contact us.

Yours sincerely,



Nicholas Burt
Account Manager

MAIL CONTRACTORS INSURANCE FACILITY APPLICATION - GENERAL DETAILS

INSTRUCTIONS

HOW TO COMPLETE AND RETURN INSURANCE APPLICATION TO EFFECT COVER

1. Please read the "Important Notices"
2. Complete all sections in full.
3. Sign and date the Declaration sheet.
4. Application to be submitted to Willis Australia Limited

| | |
|------------|---|
| Facsimile: | (03) 8681 9980 |
| Email: | Au_Post@willis.com |
| Mail: | Willis Australia Limited GPO Box 956, Melbourne VIC 3001 |
| Enquiries: | 1300 780 282 |
5. On receipt of the Application, we will contact you confirming receipt, discuss covers selected and provide a premium quotation.
6. If you accept our quotation a Tax Invoice and Policy Documentation will be mailed to you within seven working days of advice given to proceed with quotation. The Product Disclosure Statement should be read and considered prior to purchasing the Personal Accident/Sickness and/or the Motor Vehicle policies.

| | |
|------------------------------|--|
| Full Name(s) of Proposer(s): | |
|------------------------------|--|

| | | | |
|---------------------------------|--|--|--|
| Company and/or Trading Name(s): | | | |
| ABN: | | | |

| | | | | |
|----------|--|-----------|--|--|
| Address: | | | | |
| State: | | Postcode: | | |

| | | | |
|-----------|--|---------|--|
| Phone No: | | Fax No: | |
| Mobile: | | Email: | |

| | | | |
|----------------------|-------|--------|--------------------------------------|
| Period of Insurance: | From: | / / 20 | To: 1 st July 2007 at 4pm |
|----------------------|-------|--------|--------------------------------------|

SECTION 1:

**MAIL CONTRACTORS INSURANCE FACILITY
 PUBLIC LIABILITY INSURANCE APPLICATION**

INSURER

CGU INSURANCE LIMITED

ABN 27 004 478 371, AFSL NO, 238291, AN IAG COMPANY, 485 LATROBE STREET, MELBOURNE VIC 3000

Insurance Required for Public Liability Insurance as a Mail Contractor: Yes No

| MAIL SERVICE NUMBERS (eg. MS2585) | | MAIL SERVICE NUMBERS (eg. MS2585) | |
|-----------------------------------|--|-----------------------------------|--|
| 1. | | 2. | |
| 3. | | 4. | |
| 5. | | 6. | |

IMPORTANT NOTE:

This policy only covers your insurance obligations as required under your Australia Post Mail Contractors Licence. If you require Public Liability cover for any other business activities undertaken by you, you must contact Willis for a separate quotation.

| | |
|-----------------|--------------|
| Indemnity Limit | \$20,000,000 |
|-----------------|--------------|

Please note:

- § Public Liability Insurance is administered on a Per Mail Contract basis.
- § Sub-contractors are not covered by your insurance policy.
- § Australia Post only requires \$10m Public Liability, although we offer \$20m at no extra charge.



Willis Australia Limited
ABN 90 000 321 237
AFS Licence No: 240600
Lvl 5, 570 Bourke Street, Melbourne Vic 3000
GPO Box 956 Melbourne Vic 3001
Tel: 1300 780 282 Fax: 03 8681 9980
Email: Au_Post@willis.com

SECTION 3:

**MAIL CONTRACTORS INSURANCE FACILITY
PDT SCANNER INSURANCE APPLICATION**

INSURER

CGU INSURANCE LIMITED

**ABN 27 004 478 371, AFSL NO, 238291, AN IAG COMPANY, 485 LATROBE STREET, MELBOURNE VIC
3000**

Insurance Required: Yes No

No. of Scanners to be insured:

| Scanner Identification Number(s) | SCANNER IDENTIFICATION NOS. | | SCANNER IDENTIFICATION NOS. | |
|----------------------------------|-----------------------------|----|-----------------------------|----|
| | 1. | 2. | 3. | 4. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Sum Insured: Maximum of \$2,000 per unit

SECTION 4:

**MAIL CONTRACTORS INSURANCE FACILITY
 MOTOR CYCLE INSURANCE APPLICATION**

INSURER

CGU INSURANCE LIMITED

ABN 27 004 478 371, AFSL NO. 238291, AN IAG COMPANY, 485 LATROBE STREET, MELBOURNE VIC 3000

Insurance Required: Yes No

| | | | |
|-------------------|--------|--|-----------|
| Garaging Address: | | | |
| | State: | | Postcode: |

| Details of Bike(s): | | | | | |
|---------------------|---|---------|---------------|----------------|---------------|
| | Year / Make / Model (eg. 1999 Honda CT110) | Reg. No | Purchase Date | Purchase Price | Current Value |
| 1. | | | / / | \$ | \$ |
| 2. | | | / / | \$ | \$ |
| 3. | | | / / | \$ | \$ |

| Main Rider's Details: | Name | Date of Birth | Licence No. |
|-----------------------|------|---------------|-------------|
| | | / /19 | |

| Main Rider's History (last 5 years): | Claims/Accidents - Supply date, description of incident & amount claimed | Licence Convictions/Suspensions - Supply date and description |
|---|---|--|
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|--------------------------------------|--|---|
| Please tick which cover you require: | <input type="checkbox"/> Option 1 - Comprehensive | <input type="checkbox"/> Option 2 - Third Party Property Damage |
| | (Covering damage to your motor cycle and third party's property) | (Covering damage to third party's property only) |

| | |
|----------------------------|--------------|
| Comprehensive Sum Insured: | Market Value |
|----------------------------|--------------|

Please note:

- ✓ Cover excludes drivers under the age of 25 years of age.
- ✓ Cover is subject to the fully completed application being accepted by the insurer.
- ✓ 3rd party property damage liability is limited to \$10,000,000 (as specified by Australia Post)

SECTION 5:

**MAIL CONTRACTORS INSURANCE FACILITY
 PERSONAL ACCIDENT INSURANCE APPLICATION**

INSURER

**AMERICAN HOME ASSURANCE COMPANY, ABN 67 007 483 267, AFSL NO. 230 903
 549 ST KILDA ROAD, MELBOURNE VIC 3004**

Insurance Required: Yes No

| | | | |
|-------------------------|---|-----|------------|
| INSURED PERSON 1 | | | |
| First Name | | | |
| Surname | | | |
| Date of Birth | / | /19 | Occupation |

| | | | |
|----------------------------------|-----------------------------------|---|---------------------------------|
| INSURED PERSON 2 | | | |
| First Name | | | |
| Surname | | | |
| Date of Birth | / | /19 | Occupation |
| Relationship to Insured Person 1 | <input type="checkbox"/> Employee | <input type="checkbox"/> Business Partner | <input type="checkbox"/> Other: |

Premiums, payable on an annual basis, are outlined in the table below and include government charges such as Stamp Duty and GST.

Standard Cover - Age 18 to 65 If you are over the age of 65 years, please contact Willis.

| Cover | Benefit Level (Up to) | Annual Premium |
|------------------------------------|-----------------------|----------------|
| Section A - Capital Benefits | \$135,000 | \$220.00 |
| Section B - Weekly Injury Benefits | \$900 per week | |

Do you require Weekly Sickness Benefits? (additional premium applicable - please contact us for a quotation) Yes No
 If Yes, you must complete Section 6 of this application.

Please note:

- § Policy will only cover Proposer's average weekly earnings up to a maximum of \$900 from Australia Post Mail Contract/Licensee occupations.
- § Cover not available to those over 65 years of age
- § Policy does not cover pre-existing medical conditions unless noted on the policy schedule.

SECTION 6:

**MAIL CONTRACTORS INSURANCE FACILITY
 WEEKLY SICKNESS BENEFIT APPLICATION
 (ALL QUESTIONS MUST BE ANSWERED)**

**INSURER
 AMERICAN HOME ASSURANCE COMPANY, ABN 67 007 483 267, AFSL NO. 230 903
 549 ST KILDA ROAD, MELBOURNE VIC 3004**

Insurance Required: Yes No
 (Can only be taken in conjunction with Personal Accident Insurance, not on its own. An additional premium does apply for this cover – please contact our office for a quotation)

| | | | |
|-------------------------|---|---|------------|
| INSURED PERSON 1 | | | |
| First Name | | | |
| Surname | | | |
| Date of Birth | / | / | Occupation |

| | | | |
|-------------------------|---|---|------------|
| INSURED PERSON 2 | | | |
| First Name | | | |
| Surname | | | |
| Date of Birth | / | / | Occupation |

Please give details (ie, nature of condition, period of disablement) if you answer 'YES' to any question.

| | | PERSON 1 | PERSON 2 |
|---|--|--|--|
| 1. | Have you ever been insured against accident or illness before? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| Previous Insurer: | | | |
| 2. | Are there any circumstances of your occupation, habits, sporting or other activities which might make you specially liable to accident or illness? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| Details: | | | |
| 3. | Are you engaged in any work other than your Mail Contractors business? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| Details: | | | |
| 4. | Have special terms ever been imposed for life or disability insurance or has such an insurance ever been declined, cancelled or renewal refused by an insurer? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| Details: | | | |
| 5. | Have you ever been disabled for more than 7 days through injury or illness? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| Details: | | | |

SECTION 5 (cont'd)

| | | PERSON 1 | PERSON 2 |
|----------|--|--|--|
| 6. | Have you ever suffered from any of the following: | | |
| | <ul style="list-style-type: none"> Abnormal blood pressure, hypertension, diabetes, gout, rheumatism, rheumatic fever, arthritis, fits, ulcers, cancer, paralysis, varicose veins or hernia? Any disease or disorder of the nervous, digestive, genito-urinary, reproductive, circulatory or respiratory system? Any disorder of the back, spine, limbs, heart, mind, sight or hearing? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| Details: | | | |
| 7. | Have you had any medical treatment or advice during the past 5 years other than for minor complaints such as colds? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| Details: | | | |
| 8. | Have you ever been hospitalized or had any surgical treatment? | Yes <input type="radio"/> No <input type="radio"/> | Yes <input type="radio"/> No <input type="radio"/> |
| Details: | | | |
| 9. | Height | cms | cms |
| 10. | Weight | kgs | kgs |

Weekly Sickness Benefit: Up to a maximum of \$900 per week, payable for up to 104 weeks based on actual earnings.
 Excess: 10 days

Please note:

- § This policy can only be placed on behalf of clients who hold a current Personal Accident policy
- § Sickness benefit cover is subject to approval by insurer upon receipt of completed application
- § Policy will only cover Proposer's average weekly earnings up to a maximum of \$900 from Australia Post Mail Contract/Licensee Occupations.
- § Policy does not cover pre-existing medical conditions, unless noted on the policy schedule.

**MAIL CONTRACTORS INSURANCE FACILITY
 APPLICATION DECLARATION**

GENERAL QUESTIONS & DECLARATION APPLICABLE TO ALL SECTIONS:

| | | |
|----|--|--|
| 1. | Have you ever individually or in conjunction with any other person applying for this insurance: | |
| | (a) been required to pay increased premium or to bear any non-standard excess? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | (b) been charged and/or convicted of any criminal offence or declared bankrupt? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | (c) have you claimed under an insurance policy or had any uninsured losses in respect of the risks now proposed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | (d) is any proportion of the property to be insured in a state of disrepair or poor condition? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | (e) Are there any other business entities that you wish to cover under this policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | |
| 2. | Are any of the risks now proposed to be insured currently with any other insurer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | |
| 3. | Whether or not insured, have you ever sustained loss or damage or incurred liability for any of the insurance proposed or has any insurer ever refused a proposal or claim, cancelled any policy, not offered a renewal or imposed any special terms or requested an increase in premiums? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | |

If YES to any of the questions above, please provide details

DECLARATION

| | |
|---|--|
| Have you read and understood the Important Notices? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |

Do not sign this form until you have read and understood the declaration and Important Notices whether you have filled in the form or it has been completed on your behalf by another person.

I/We understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance in writing.

I/We agree to authorize insurance companies and Willis Australia Pty Ltd, to give to, obtain from, other insurers or an insurance or credit reference bureau & other organisations, any information relating to this insurance held by me/us now or in the past including claims under those insurances.

| | | | | |
|---------------------------|----------|------|---|------|
| Signature of Proposer(s): | X | Date | / | / 20 |
|---------------------------|----------|------|---|------|

| | | | | |
|---------------------------|----------|------|---|------|
| Signature of Proposer(s): | X | Date | / | / 20 |
|---------------------------|----------|------|---|------|

This declaration MUST be signed by or on behalf of all parties who are making the proposal for insurance. Full terms, conditions, limitations, exclusions and benefits are set out in the policy documents, copies of which are available by calling our office on 1800 335 014.

Willis Australia Limited – Important Notices

Please read these notices carefully. If there is anything in them that you do not understand or if you would like any further information, please contact us.

GENERAL

Many areas of insurance are complex and some implications may not be evident to you. Your Account Servicer will keep you informed, but if at any time you are unsure of any aspect of your insurances, please contact Willis Australia Ltd to discuss the matter.

YOUR DUTY OF DISCLOSURE

You and everyone who is insured under your policy must comply with the duty of disclosure. Make sure you explain the duty to any other insureds you apply on behalf of.

The duty requires you to tell the Insurer certain matters which will help it decide whether to insure you and, if so, on what terms. The duty applies when you first apply for your policy and on any renewal, variation, extension or replacement of the policy. i.e. This is an ongoing responsibility throughout the duration of the policy.

The type of duty that applies can vary according to the type of policy.

If we act 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, is relevant to the Insurer's decision whether to insure you and, if so, on what terms. We will then assist you in determining what needs to be disclosed to the Insurer in order to meet your duty.

If we act on behalf of the Insurer, you need to refer to the policy which will set out the duty that applies.

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 could be expected to have told the Insurer in answer to the question.

Examples of matters that should be disclosed are:

- any claims you have made in recent years for the particular type of insurance;
- refusal by an Insurer to renew your policy;
- any unusual feature of the insured risk that may increase the likelihood of a claim.

If you (or anyone who is insured under the policy) do not comply with the duty, the Insurer may cancel the policy or reduce the amount it pays in the event of a claim. If the failure to comply with the duty is fraudulent, the Insurer may treat the policy as if it never existed and pay nothing.

WHERE PLACEMENT IS WITH AN UNAUTHORISED FOREIGN INSURER

The insurance contract may have been placed wholly or partly with a foreign Insurer that is not authorised under the Insurance Act 1973 to conduct insurance business in Australia. Such Insurer(s) are not subject to the provisions of that Act which establishes a system of financial supervision of general Insurer(s) in Australia.

It is a matter for your consideration whether you should obtain any further information from us on matters such as:

- name and postal address of the Insurer;
- country of incorporation of Insurer and whether the country has a scheme of financial supervision of Insurer(s);
- paid up capital of the Insurer; and
- which country's laws will determine disputes under the contract.

COOLING OFF PERIOD RIGHTS

For certain policies covering personal or domestic property (e.g. motor, home buildings and contents, travel, sickness and accident and consumer credit insurance), you may have a right under the Corporations Act to return your policy. The policy will usually set out the right but some may not. You can ask us if it applies.

The period can be no less than 14 days from entry into the policy but it may be longer at the Insurer's option. The right does not apply if you have exercised a right under the policy (e.g. made a claim).

The amount of premium refunded will vary for each Insurer. They are permitted (unless the policy states otherwise) to deduct:

- an amount representing the Insurer's period of time on risk;
- any tax or duty paid or owing for which the Insurer is unable to obtain a refund; and
- any reasonable administrative and transaction costs incurred by the Insurer reasonably related to the acquisition of the policy and termination of the relationship which don't exceed the true cost of an arm's length transaction.

Despite the cooling off period you still may have cancellation rights under your policy which have no time limit. If you want to return or cancel your policy contact us so we can assist.

INTERESTS OF THIRD PARTIES

Many policies do not cover the interests of third parties (eg co-owners, lessors and mortgagees) whose interest is not noted on the policy. If you require the interest of any third party to be covered, please let us know, so that we can ask the Insurer to note that party's interest on the policy.

AVERAGE CLAUSES (UNDERINSURANCE)

Many policies that cover loss of or damage to property contain what is called an "average clause" which, if you are underinsured, may reduce the amount of cover under the policy.

Briefly stated, an average clause provides that where the amount of the loss or damage is greater than the sum insured under the policy, the Insurer is only liable to pay a proportion of the loss or damage. In effect, you are treated as if you self-insured a part of the risk.

If your policy contains an average clause, please read it carefully to see how it affects the amount of cover under the policy.

If your policy provides "new for old" cover, please ensure that the sum insured is the cost of replacing the lost or damaged property with new property.

MAKING CLAIMS

It is important that you notify us of any claim or potential claim or circumstance that may give rise to a claim under your various policies. It is your responsibility to notify these circumstances to us. Failure to adhere to the notification requirements particularly timing, as set out in the policy or other coverage document, may entitle Insurer(s) to deny your claim. In presenting a claim it is your responsibility to disclose all facts which are material to the claim.

It is impossible to give guidelines for procedures in every claim, simply because of the nature of accidents; they cannot be predicted; and they do not follow set patterns. However by following the general procedures outlined below, the impact of an incident or loss on your business operations will be minimised.

1. Report the incident to Willis Australia Ltd by telephone, facsimile or email – wherever practical, within 24 hours of the incident.
2. Regardless of whether or not the claim has been reported or a loss assessor appointed, you must immediately do whatever is necessary to prevent further loss of life or property damage. For example:
 - Ø Call the fire brigade, ambulance, police or other appropriate emergency service.
 - Ø If during business hours, ensure the evacuation, if necessary, of staff and neighbours.
 - Ø If critical machinery fails, commence investigations to locate replacement plant or services.
 - Ø Have a security company install boarding over smashed windows and, if appropriate, employ an overnight security watchman.
 - Ø Remove property which is exposed to further damage to a more secure place if possible.
 - Ø Providing no danger to life or limb is involved, ensure the safe removal and storage of vital business records.
3. Complete all claims documentation and forward to Willis Australia with any supporting documents without delay.
4. Whatever the circumstances of the incident, **DO NOT ADMIT LIABILITY EVEN IF YOU THINK YOU ARE AT FAULT.** Your Insurer is entitled to deny a claim or pay a reduced amount if statements made by you or your employees prejudice the Insurer's position.

"CLAIMS MADE" POLICIES

Some kinds of liability policies (including professional indemnity, directors & officers and trustees liability) are usually issued on a "claims made" basis. This means that (subject to the other terms of the policy) the policy covers claims made against you during the period of insurance.

Under section 40(3) of the Insurance Contracts Act, if your policy is a "claims made" policy, and if you give notice in writing to the Insurer of facts that might give rise to a claim against you as soon as is reasonably practicable after you become aware of those facts but before the period of insurance expires, the policy will cover (subject to the other terms of the policy) any subsequent claim against you that arises from those facts, even if that claim is not made until after the period of insurance has expired. (If you presently have a "claims made" policy, please consider whether there are any facts that should be notified to your present Insurer before that policy expires.)

If your policy is a "claims made" policy, and if it has a "retroactive date", it will not cover any claim that arises from any act, error, omission or conduct that occurred before that date.

RECOVERY RIGHTS

Many policies exclude or limit the Insurer's liability if you have entered, or enter, into an agreement that excludes or limits your rights of recovery against third parties whose acts, errors, omissions or other conduct have caused or contributed to your loss or liability. (These are often called "hold harmless" agreements.)

If you have entered, or consider entering, such an agreement, please let us know, so that we can advise you about how the agreement affects, or will affect, your cover.

MATERIAL CHANGE OF RISK

Many policies require you to notify the Insurer in writing of any material change to the insured risk during the period of insurance. The Insurer can then decide whether to cover the new risk. Some examples of material changes are if you:

- change your profession or occupation;
- acquire or merge with another business;
- commence manufacturing plastics, or commence woodworking activity;
- commence manufacturing a new kind of product;
- are unable to pay your debts as they fall due and you enter into an arrangement with your creditors.

If you are in any doubt as to whether the Insurer should be told about any particular change to the insured risk, please ask us.

UTMOST GOOD FAITH

A contract of insurance is a contract of the utmost good faith. This means that you and the Insurer must act towards each other, in respect of any matter arising under or in relation to the contract, with the utmost good faith. For example:

- you must act with the utmost good faith when submitting any claim to the Insurer
- if you fail to act towards the Insurer with the utmost good faith, it may prejudice the claim; and
- the Insurer must act with the utmost good faith when handling the claim.

MISSTATEMENT OF PREMIUM

We try to tell you the correct amount of premium and statutory charges that applies 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. By instructing us to arrange insurance for you, you agree, where permitted by law, that you shall not hold us responsible for any loss that you may suffer as a result of any such misstatement.

PAYMENT OF PREMIUM

Premium payment terms will generally be advised after coverage has been obtained. This is an important part of the transaction and often there are strict requirements imposed by Insurers. It is important to note Willis will not be responsible for any consequences that may arise from any delay or failure by you to pay us the amount payable by the date advised.