



MGA Insurance Brokers Pty Ltd
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AUSSIE POOCH APPLICATION FORM - AUSTRALIA WIDE- REPRESENTATIVES

Full Name of Applicant(s)	and Aussie Pooch Mobile Pty Ltd F.R.R.I *				
Trade Name					
Business Address		State		Post Code	
Postal Address		State		Post Code	
Business Phone	()	Mobile		Fax	()
Email Address					
GST Registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	ABN	/ / /	Taxable GST (ITC %)	%

• For Respected Rights and Interest

PLEASE SPECIFY THE DATE YOU REQUIRE YOUR INSURANCE POLICY(S) TO COMMENCE:

__ / __ / 20..... to __ / __ / 20..... at 4:00pm

INFORMATION ABOUT YOUR BUSINESS

What is your Occupation?	Aussie Pooch –Representative – Yes/No	
Interested Party Noted Please provide the Aussie Pooch Franchisee you work with	Name-	
Do you engage in any other similar work other than for an Aussie Pooch Franchisee ?	If yes/ you will need a separate cover	
How many employees including working partners/directors are engaged by the business?		
What are the Annual Gross Wages (including commission and other earnings) of employees?	\$	
Do you employ Sub-Contractors ?		
Is cover required for Sub-Contractors?		

Please Note :

This covers Representatives for a Public Liability policy whilst they are working
 For a named Franchisee Only and their customers
 If you engage in other work contact us for a wider policy cover



1800 066 900

Circle The Covers You Require
Add Up the Total Premium
Divide by 12 for your Monthly Payments (Min \$300)
(No Extra Cost)

Public & Products Liability

\$500 Excess

Sum Insured **ALL STATES**
\$10 Million \$ 280
 MONTHLY PAYMENT- \$25 per Month
 Includes Pets in Care, Custody & Control \$100,000

Each Additional Sub-Contractor \$280 \$280 \$280 \$280 \$280 \$280 \$280 \$280

Animals in Transit

\$250 Excess

Collision/Overturning of Vehicle \$120 \$120 \$120 \$120 \$120 \$120 \$120 \$120
 Injury to Pets up to \$5,000

Trailers – Comprehensive Cover

\$150 Excess

\$10,000 to \$14,000 \$280 \$280 \$280 \$280 \$280 \$280 \$280 \$280
 \$14,000 to \$16,000 \$330 \$330 \$330 \$330 \$330 \$330 \$330 \$330
 Enquire For Higher Sum Insured

General Property - Tools of Trade

\$250 Excess

Up to \$5,000 \$200 \$200 \$200 \$200 \$200 \$200 \$200 \$200

Personal Accident & Illness

Accident Only	\$500pw	\$430	Includes Death by Accident \$75,000 World Wide Cover 24 Hour Coverage Benefit Period: 18-60 Years Old – 104 Weeks 61-65 Years Old – 52 Weeks 14 Day Waiting Period Pre Existing Conditions Excluded
Plus Illness	\$500pw	\$680	
Accident Only	\$750pw	\$580	
Plus Illness	\$750pw	\$900	
Accident Only	\$1,000pw	\$680	
Plus Illness	\$1,000pw	\$1,160	

Total Annual Premium:

Monthly Payments (divide total premium by 12):

TRAILER INSURANCE

If your nominated insurance requirements include cover for a Trailer , please complete the following information:

Trailer Details

Trailer 2

Year of Manufacture: _____

Year of Manufacture: _____

Make: _____

Make: _____

Model No: _____

Model No: _____

Registration No: _____

Registration No: _____

Value: _____

Value: _____

GENERAL PROPERTY ITEMS WORTH OVER \$2,000

If your nominated insurance requirements include cover for General Property (eg. **Tools and Equipment**), an individual item limit of \$1,000 exists unless specified on the Schedule of Insurance. To ensure any individual item worth more than \$2,000 is covered under your proposed policy, please complete the following information for any individual item worth over \$2,000. Each item below will be included within your selected sum insured.

Type of Item	Make	Model No.	Serial No.	Dollar Value
<i>Example: Hydra Bath</i>		<i>PS 768</i>	<i>698 7580 632PA</i>	<i>\$ 1,600.00</i>
Item 1 _____	_____	_____	_____	\$ _____
Item 2 _____	_____	_____	_____	\$ _____
Item 3 _____	_____	_____	_____	\$ _____
Item 4 _____	_____	_____	_____	\$ _____

We can quote for your TOOLS OF TRADE and PORTABLE EQUIPMENT

PERSONAL ACCIDENT &/OR ILLNESS INSURANCE*

If your selected insurance requirements include Personal Accident or Personal Accident & Illness cover, please complete the following information:

Applicant 1:

Applicant 2:

Name: _____

Name: _____

Date of Birth: ____/____/____

Date of Birth: ____/____/____

Height: _____ cm

Height: _____ cm

Weight: _____ kg

Weight: _____ kg

Please specify all pre-existing illnesses or injuries below*:

Please specify all pre-existing illnesses or injuries below*:

*It is important to note that all pre-existing conditions will be excluded under the proposed policy.



YOUR DUTY OF DISCLOSURE

By law, you must answer all our questions honestly, telling us anything known to you and which a reasonable person in the circumstances would tell us. The insurer will use your answers to decide whether to insure you and anyone else to be covered, and on what terms.

It is important you understand that you are answering the questions on this application form in this way for yourself and anyone else you want to be covered under this policy.

If you do not answer all the questions in this way, the insurer may reduce or refuse a claim, or cancel the policy(s). If you answer fraudulently, the insurer may refuse a claim and treat the policy(s) as never having existed. If you do not understand your duty or do not understand the questions, please contact us on 1800 066 900 for assistance.

- 1) In the last 5 years, have you been convicted of any criminal offence, made any insurance claims, suffered and losses which would have been covered under the proposed insurance policy(s), had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions imposed or excesses imposed by an insurer? *(If you answered yes, please provide full details below)*

Yes No *(If you answered "yes", please provide full details below)*

- 2) Are you currently or have you previously been declared bankrupt or been involved in a company or business which became insolvent or subject to any form of insolvency administration?

Yes No *(If you answered "yes", please provide full details below)*

APPLICANT'S DECLARATION & SIGNATURE

All answers and statements made by me/us in this application are true and accurate in every respect and no information has been withheld which is likely to affect the insurer's decision about accepting this insurance. I/we also acknowledge my insurance application may be declined and/or special conditions or increased premiums imposed. I hereby give MGA Insurance Brokers Pty Ltd permission to provide relevant insurance information to Aussie Pooch Mobile Pty Ltd. In regards to the currency of my policy/ies.

Applicant 1:

Name: _____

Signature: _____

Date: ____/____/____

Applicant 2:

Name: _____

Signature: _____

Date: ____/____/____

INSURANCE PAYMENT OPTIONS

My Insurance Premium Totals: \$ _____

- Monthly Payments** – Please complete the attached form
- Cheque/Money Order** - Please find enclosed my Cheque/Money Order
- BPay/Billpay** – Please pay when you receive your Invoice
- Credit Card** *(1.5% Credit Card Fee applies)* - Due to Privacy Legislation we cannot retain a written record of your credit card number. If you wish to pay by credit card, we must contact you by telephone to obtain these details. If we are unable to contact you, this pay by the month option cannot proceed. To assist us with this requirement please advise the following details:

Telephone No: _____ and preferred time of day to be contacted: _____

MONTHLY INSTALMENTS – PREMIUM CREDIT APPLICATION

Borrower's Details

Insured Name		ABN/ACN
Full Contact Name(s)		
Address		
Suburb	State	Post Code
Email Address		
Business Telephone	Mobile	Fax

Details Of Insurance Premiums To Be Funded and Monthly Instalments

Insurance Details				(defined as "Insurance")
Insurer/Underwriter	Policy Number	Insurance Class	Insurance Period	Amount
Insurance Premium	(inclusive of GST and other applicable Government taxes, fees or charges) (defined as the "Loan Amount")			
Monthly Instalment Amount	Final Monthly Instalment Amount	Obligation to pay the first instalment will commence upon receipt of this completed form. Subsequent instalments will be deducted 1-month after the first inception date of the Insurance. Please note that default fees will apply should there be insufficient funds or incorrect account details. (Default fee is \$9.00). The final instalment may vary slightly due to rounding.		
If the due date of your direct debit does not fall on a business day, please ensure sufficient funds are available on the business day prior.				
Further Insurance and Annual Renewal process	You are not required to do anything. The Direct Debits will continue to be debited from your nominated bank account or credit card, for such insurance unless you tell us otherwise in writing.	Please note that by signing this contract you agree that MGA Brokers (or the relevant intermediary) is authorised on your behalf to directly make applications to MGA Ezipay to fund any additional insurance or renewals of Insurance the subject of this application and the Direct Debit Request below shall apply to any payments due pursuant to this clause. This authority shall continue in full force and effect until written notice of its cancellation is given by you to MGA Ezipay and the intermediary.		

Direct Debit Request (DDR)

By signing this offer, the Offeror/s declare that they have received and understood the terms of the Direct Debit Service Agreement that governs this DDR. The Offeror/s authorise MGA EziPay User ID 320228, until further notice in writing, to debit or charge the account below through the Direct Debit System to MGA EziPay.

Your Financial Institution	BSB	Branch
Account Name	Account Number	

Credit Card Option (all merchant fees incurred by MGA EziPay are payable by you, the fees applicable to each card are noted for your information, will be added to your normal monthly payment. Fees are subject to change). Cards accepted: Visa (1.25%), Mastercard (1.25%)

Due to Privacy Legislation we cannot retain a written record of your credit card number. If you wish to pay by credit card, we must contact you by telephone to obtain these details. To assist us with this requirement please advise the following details: Telephone No: _____ and preferred time of day to be contacted: _____ If we are unable to contact you, this pay by the month option cannot proceed and your broker will be notified.

Name on Card	Instalments \$	Final Instalment \$
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Individuals and Partnerships to sign on own behalf. For companies, to be signed by two directors or a director and a secretary. Companies warrant that any one of the individuals signing this application for the company is able to individually give instructions regarding the loan facility. Executed by the Applicant(s) (and in the case of a company in accordance with section 127 of the Corporations Act 2001):

Signature	Date
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Please refer to overleaf for 'Terms and Conditions' and DDR service agreement.

Loan Agreement Terms and Conditions

1. The Borrower agrees to pay to MGA EziPay the Loan Amount in the manner set out above. It agrees not to cancel, assign, transfer, pledge or encumber any rights in or over the Insurance without MGA EziPay's prior written consent. The Borrower will pay and indemnify MGA EziPay as and when any liability falls due for all stamp duty and other taxes (including any fines and penalties) payable on or levied in respect of the Loan Agreement and any transactions contemplated by this plan.
2. MGA EziPay may, at the Borrower's request, re-advance the Loan Amount to the Borrower, on the payment of the final Instalment, or any other date acceptable to MGA EziPay, to fund premiums for any additional insurance or replacement or renewals of the Insurance. If MGA EziPay approves the Borrower's request (in MGA EziPay's absolute discretion): MGA EziPay will notify MGA Brokers in writing, specifying the Insurance and other details of the new Loan Agreement; the re-advance will constitute a new Loan Agreement between the Borrower and MGA EziPay subject to the terms specified in MGA EziPay's notice to the Borrower and these Terms and Conditions; and the Borrower undertakes to MGA EziPay to observe and perform its obligations under the Loan Agreement and confirms that, subject to clause 7, that the Direct Debit Request allows MGA EziPay to debit amounts in relation to the new Loan Agreement.
3. The Borrower assigns (to the extent permitted by law) to MGA EziPay as security for its obligation under this Loan Agreement all of the Borrower's rights, title and interest in the Insurance and to demand, sue for recovery, recover and receive all proceeds of the Insurance. The Borrower agrees that pursuant to the assignment in this clause, MGA EziPay is exclusively entitled to make claims, issue proceedings and give valid receipts to an Insurer(s) for money due pursuant to any claim made under the Insurance or in connection with the cancellation or termination of the Insurance. Where MGA EziPay receives money from the Insurer, MGA EziPay and the Borrower agree that (whether or not the Borrower is in default) such payment will be treated as a payment (or part payment) of the balance of the Loan Amount due. Following payment of the Loan Amount, MGA EziPay will, at the request of the Borrower, reassign to the Borrower the rights assigned to it pursuant to this clause and pay the balance of any money remaining after such payment or receipt to the Borrower.
4. For valuable consideration the Borrower irrevocably appoints MGA EziPay, each of its directors and managers, severally as its attorney with power in the name of the Borrower or the Attorney to:
 - a. give direction and authorities to an Insurer(s) either directly or through an intermediary concerning payments under the Insurance to be made by the Insurer(s);
 - b. cancel, terminate or procure the cancellation or termination of the Insurance at any time;
 - c. receive and to give valid receipts for the proceeds of the Insurance;
 - d. direct and authorise any recipient of proceeds under the Insurance to pay such proceeds to MGA EziPay in settlement of the Loan Amount;
 - e. give notice to any Insurer(s) or intermediary of any interest, power or right of MGA EziPay under the Loan Agreement.
5. If the Borrower fails to pay any instalment of the Loan Amount within seven (7) days of the due date; or any Insurance is cancelled, surrendered or varied for any reason without MGA EziPay's permission; where any step is taken for the winding up or dissolution of the Borrower, or the Borrower is insolvent within the meaning of the Corporation Act 2001, or is taken or presumed to be insolvent, or where the Borrower is a natural person, he/she commits an act of bankruptcy; or any distress, attachment or other execution is levied or enforced over any of the Borrower's property; the Borrower is in breach of any of the terms and conditions of the Loan Agreement; or there is a claim for a total or substantial loss of the property the subject of the Insurance – then the Borrower agrees that MGA EziPay may in its absolute discretion do all or any of the following: terminate MGA EziPay's obligation to pay any part of the Insurance Premium to the Insurer(s); demand that the Borrower makes immediate payment to MGA EziPay of the Loan Amount then unpaid and all other money payable by the Borrower under this Loan Agreement and as set out in that demand; and direct the Insurer(s) (to the extent permissible by law) to cancel the Insurance and to pay to MGA EziPay any refund of premium in relation to the cancelled Policy. MGA EziPay may obtain a consumer credit report about the Borrower for the purpose of collecting overdue payments.
6. The Borrower authorises MGA EziPay to make any enquiries in relation to this application or to any subsequent Loan Agreement or any matter arising in relation to this application which it considers necessary of any persons including the Borrower's bankers and credit reporting agency and to provide any credit reporting agency with details of this application or any Loan Agreement. MGA EziPay may seek consumer credit information in assessing an application for credit, and may exchange information with other credit providers that may be named in a credit report, for the purpose of assessing this application for credit. MGA EziPay complies with the Privacy Act 1988 as applicable to it. For more details contact MGA EziPay for a copy of its Privacy Policy. Information collected will be used for the purposes of funding the relevant premium and the other purposes disclosed in the Privacy Policy.
7. Unless the Borrower notifies MGA EziPay in writing that this clause is not to be applicable, the Borrower agrees that MGA Brokers (or the relevant intermediary) is authorised on behalf of the Borrower to directly make applications to MGA EziPay to fund any additional insurance or renewals of Insurance the subject of the Loan Agreement (which shall be included as "Insurance" once funded) and that the Direct Debit Request below shall apply to any payments due pursuant to this clause. This authority shall continue in full force and effect until written notice of its cancellation is given by the Borrower to MGA EziPay and MGA Brokers (or the relevant intermediary).
8. In this document unless the context requires otherwise, the singular includes the plural and vice versa (and Insurance means all policies of insurance or any one of them, as the case may be). "Borrower" means the borrower(s) specified herein and other contracting insureds under the Insurance and where the Borrower comprises two or more persons the obligations of such persons bind each such Borrower jointly and each of them severally. Other terms are as defined in the Premium Credit Application form.

Direct Debit Service Agreement

1. Your financial institution may, in its absolute discretion at any time by notice in writing to you, terminate this request as to future debits.
2. MGA EziPay may, by 14 days prior notice in writing to you vary the timing of future debits.
3. Where the due date of a direct debit does not fall on a business day and you are uncertain whether sufficient cleared funds are available to meet the direct debit, you agree to contact your financial institution directly and ensure that sufficient cleared funds are available on the prior business day.
4. You can modify or defer this Direct Debit Request at any time by giving MGA EziPay 14 days notice in writing, before the next Direct Debit date, in writing for the change to take effect in that month.
5. You can stop or cancel the regular Direct Debit Request at any time by giving MGA EziPay or your financial institution 14 days notice, before the next Direct Debit Date, for cancellation to take effect in that month.
6. If at any time you feel that a direct debit against your nominated account is inappropriate or wrong, it is your responsibility to notify MGA EziPay or your financial institution as soon as possible.
7. If you believe there has been an error in debiting your account, MGA EziPay should be notified directly in writing as soon as possible so that we can resolve the problem more quickly. If MGA EziPay concludes as a result of our investigation that your account has been incorrectly debited, MGA EziPay will respond to the query by adjusting your account accordingly. We will also notify you in writing of the amount by which the account has been adjusted. If we conclude as a result of our investigation that your account has not been incorrectly debited we will respond to the query by providing reasons and why evidence of this finding.
8. Direct debiting through BECS is not available on all accounts. You need to check your account details against a regular statement or check with your financial institution as to whether you can request a direct debit from your account.
9. It is your responsibility to ensure that there are sufficient cleared funds in your nominated account to honour the DDR. You understand that the DDR will be automatically cancelled if two direct debit payments are dishonoured because of insufficient funds within a 12-month period. MGA EziPay will also charge the cost of dishonoured direct debits against your account.

MGA EziPay may need to pass on details of your direct debit request to their sponsor bank in BECS to assist with the checking of any incorrect or wrongful debits to your nominated account.

Information Guide

Representative – A person who is engaged for one company,(Franchisee or Aussie Pooch Mobile Pty Ltd) and is provided all the work from that one company,(Franchisee or Aussie Pooch Mobile Pty Ltd)

They do not engage in additional work outside of the work generated as per the above.

A Representative should have their own policy in their own name and noted the Franchisee who they work with

- Cost - \$ 280 - \$ 10 million cover

Employee – a person who works for one person being told the hours, days, times they should operate and they have no flexibility to change things themselves. Work cover is applicable here

All employees should be added to the main policy holders policy, names not required ,just how many

Cost - \$ 100 per employee