



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**
- 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: _____

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