



**Aussie Pooch**  
EST. MOBILE DOG WASH 1991



**MGA Insurance Brokers Pty Ltd**

Locked Bag 4001  
KENT TOWN SA 5071  
Email: petindustry@mga.com  
Phone: 1800 066 900

### AUSSIE POOCH APPLICATION FORM

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

PLEASE SPECIFY THE DATE YOU REQUIRE YOUR INSURANCE TO COMMENCE:

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

### INFORMATION ABOUT YOUR BUSINESS

What is your Occupation?		
Are you a Franchisee or Representative?	<input type="checkbox"/> Franchisee	<input type="checkbox"/> Representative
What is the businesses estimated turnover for the next 12 months?	\$	
How many employees including working partners/directors are employed by the business?		
What are the Annual Gross Wages (including commission and other earnings) of employees?	\$	
Do you employ Sub-Contractors? If yes, please advise the annual payments made to contractors	Yes / No Annual Payment \$	
Is cover required for Sub-Contractors?		

**Please Note:**

If you use Sub-Contractors you will need to advise the annual payments to the contractors and ensure they have their own Public Liability Insurance in place with you noted on their policy.

If unsure Please call us on **1800 066 900**

**Circle the Covers You Require**  
**Add Up the Total Premium Divide by 12 for your Monthly Payments (No Extra Cost)**

**Public & Products Liability - Includes Pets in Care, Custody & Control \$100,000**

Sum Insured		SA	WA	VIC	QLD	NT	ACT	TAS	NSW
\$10 Million	<input type="checkbox"/>	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00
\$20 Million	<input type="checkbox"/>	\$550.00	\$550.00	\$550.00	\$550.00	\$550.00	\$550.00	\$550.00	\$550.00

Includes 2 People Working in the Business (Does not include Sub-Contractors)

**Trailers – Comprehensive Cover**

	SA	WA	VIC	QLD	NT	ACT	TAS	NSW
\$ 1 to \$10,000	\$250	\$260	\$270	\$270	\$270	\$235	\$250	\$260
\$10,000 to \$12,000	\$265	\$280	\$285	\$285	\$285	\$245	\$265	\$275
\$12,000 to \$15,000	\$280	\$300	\$310	\$310	\$310	\$260	\$275	\$295
\$15,000 to \$20,000	\$305	\$335	\$345	\$345	\$345	\$290	\$295	\$350
\$20,000 to \$25,000	\$330	\$370	\$380	\$380	\$380	\$315	\$320	\$400

**Trailers – Comprehensive Cover including Trailer Hire**

	SA	WA	VIC	QLD	NT	ACT	TAS	NSW
\$ 1 to \$10,000	\$710	\$700	\$895	\$695	\$725	\$695	\$665	\$915
\$10,000 to \$12,000	\$820	\$815	\$1055	\$810	\$845	\$805	\$770	\$1080
\$12,000 to \$15,000	\$855	\$845	\$1100	\$840	\$880	\$835	\$800	\$1125
\$15,000 to \$20,000	\$905	\$900	\$1170	\$890	\$935	\$890	\$850	\$1195
\$20,000 to \$25,000	\$950	\$945	\$1235	\$940	\$985	\$935	\$895	\$1265

\*\*Please note the above premiums are for drivers towing the vehicle being over the age of 25 years\*\*

**General Property - Tools of Trade and Portable Equipment**

Up to \$ 4,000	\$310	\$310	\$310	\$310	\$310	\$310	\$310	\$310
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Enquire For Higher Sum Insured



## PERSONAL ACCIDENT & ILLNESS INSURANCE

**Please advise the cover you require and the weekly income to be covered.**

Cover is Agreed Value up to Benefit Amount selected.  
(The maximum sum insured for this cover is \$1,300pw)

*We can quote for a higher weekly benefit however, this will not be an Agreed Value cover*

### Name of Person to be insured:

- Date of Birth of person to be insured \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Weekly Benefit \$ \_\_\_\_\_
- Cover required – Please circle  
Accident  
Accident & Illness

**\*Quotes will Include Death by Accident \$100,000 –  
Excess 7 days  
24/7 Cover Up To 104 weeks (2 years) benefit period.**

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

## TRAILER INSURANCE

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

### Trailer 1

Year of Manufacture: \_\_\_\_\_

Make: \_\_\_\_\_

Model No: \_\_\_\_\_

Registration No: \_\_\_\_\_

Value: \_\_\_\_\_

Name of person towing  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Trailer 2

Year of Manufacture: \_\_\_\_\_

Make: \_\_\_\_\_

Model No: \_\_\_\_\_

Registration No: \_\_\_\_\_

Value: \_\_\_\_\_

Name of person towing  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Please advise: -

In the last 5 years, have you had a driver's licence cancelled, suspended or reduced to a lesser grade or had special conditions imposed or any driving offence, infringement, conviction or have any of these pending?  YES  NO

In the last 5 years, have you made any insurance claims in respect of a Motor Vehicle?  YES  NO

## GENERAL PROPERTY ITEMS WORTH OVER \$2,500

If your selected insurance requirements include cover for General Property (eg. **Tools and Equipment**), an individual item limit of \$2,500 exists unless specified on the Schedule of Insurance. To ensure any individual item worth more than \$2,500 is covered under your proposed policy, please complete the following information for any individual item worth over \$2,500. Each item below will be included within your selected sum insured.

Type of Item	Make	Model No.	Serial No.	Dollar Value
Example: <i>Hydro Bath</i>		<i>PS 768</i>	<i>698 7580 632PA</i>	\$ <i>2,500</i>
Item 1 _____	_____	_____	_____	\$ _____
Item 2 _____	_____	_____	_____	\$ _____
Item 3 _____	_____	_____	_____	\$ _____
Item 4 _____	_____	_____	_____	\$ _____

## TOTAL PREMIUM

**Total Annual Premium: ( Just add your Total)**

**Public & Products Liability**

**Animals in Transit**

**Trailers**

**General Property**

**Total Premium**

**Monthly Payments (divide total premium by 12):**

## MONTHLY PAYMENTS – (NO EXTRA COST)

### INSURANCE PAYMENT OPTIONS

My Insurance Premium Totals: \$ \_\_\_\_\_

**Monthly Payments**

**Cheque/Money Order** - Please find enclosed my Cheque/Money Order

**Bay/Bill pay** – Please pay when you receive your Invoice

**Credit Card** (***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: \_\_\_\_\_

## 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)*

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- 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)*

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## 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, the Franchisee

\_\_\_\_\_   
 (Insert name of Franchisee if applicable)

and Master Franchisee \_\_\_\_\_ in regards to the currency of my policy/ies

(Insert name of Master Franchisee if applicable)

### Applicant 1:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Applicant 2:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_