

# City Rural Insurance Brokers Pty Ltd

ACN: 74 444 296 - AFS Licence No: 237491 - ABN: 52 074 444 296  
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## MARKET STALL INSURANCE APPLICATION

**This insurance is available to persons who individually take part in a market and/or similar gathering where a booth, stall and/or similar space is rented or hired by them.**

Name of person seeking insurance: (Mr/Mrs/Ms) \_\_\_\_\_

Postal Address: \_\_\_\_\_ P/code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Period of Insurance: From: Inception commences from date payment & application received & approved by City Rural Ins Brokers  
To: 12 Months after the "inception date" to the last day of that particular month at 4.00pm

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|--|----------|
| a) Are you or have you previously been insured against the risks to be insured?  | Yes / No |
| b) Have you had any claims made against you (whether insured or not)?  | Yes / No |
| c) Have you had any incident or accident occur which would have been covered by the proposed insurance policy?   | Yes / No |
| d) Have you had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected, special Conditions or special excesses imposed by an insurer? | Yes / No |
| e) Have you ever been convicted of a criminal offence?   | Yes / No |

**If yes, please provide full details on a separate note and attached to this application form.**

Location of market(s) where stall/booth is to be located: \_\_\_\_\_

Is your stall/booth to be located:  inside enclosed premises  outside

Size of area to be occupied:  less than 15 sqm  Less than 25 sqm  less than 30 sqm

Estimated total number of **market days** to be attended per annum: \_\_\_\_\_

Estimated Gross Sales / Income (before any expenses for stall, stock etc deducted) : \_\_\_\_\_

Please provide full description of goods sold or displayed: \_\_\_\_\_

Do you **IMPORT** or **EXPORT** any products: Yes / No

**If Yes, please attach a detailed list of each product imported / exported and the country of origin / destination**

**Sum Insured:** (please tick box) **Option A - \$10,000,000 Public and Products Liability**   
**Option B - \$20,000,000 Public and Products Liability**

We will pay:

- (a) all sums which You become legally liability to pay by way of compensation;  
(b) all costs awarded against You in respect of Personal Injury or Property Damage happening during the Period of Insurance and caused by an Occurrence within the Territorial Limits in connection with Your Business as an occupier of a stall and/or booth and/or similar space at a market and/or similar gathering where such booth, stall and/or similar space is rented or hired by you.

This policy does not cover liability in respect of **Contractual liability**:

Any obligation assumed by You under any agreement or contract except to the extent that:

- (a) the liability would have been implied by law;  
(b) the liability arises from a provision in a contract for lease or real or personal property other than a provision which obliges You to effect insurance or provide indemnity in respect of the subject matter of that contract;  
(c) the liability is assumed by You under a warranty of fitness or quality as regards to Your Products;  
(d) the obligation is assumed under those agreement specified in the Schedule.

### YOUR DUTY OF DISCLOSURE and UTMOST GOOD FAITH

**Before you enter into a contract of insurance with an insurer, you have a duty, under the Insurance Contracts act to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk for insurance and if so, on what terms. A contract of insurance is a contract based on the utmost good faith, requiring each party to act towards the other party with the utmost good faith. You must disclose to us, facts known to you which are material to our consideration of your insurance risk. Leaving out pertinent information is misrepresenting your risk which could have the effect of voiding all your cover under this Policy Pack. It does not matter whether or not the insurance risk is intentionally or unintentionally misrepresented, as either circumstance will void the insurance cover.**

**Is there anything more you need to disclose to us? YES / NO (If yes, please provide full details and attached to this application form.)**

**Signed by the Proposer:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_