

Application Form

Insurance for Crochet and Knitting

AMC Insurance understand the risks associated with handmade/craft crochet, knitting and similar items. We work closely with insurers to tailor policies that protect our clients', while maintaining a competitive rate. Our team of brokers are committed to guiding clients' through the insurance process by providing professional advice in easy-to-understand language. Let us help you get the most out of your insurance.

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TERRACE INSURANCE BROKERS PTY LTD T/AS AUSTBROKERS TERRACE
AFS LICENCE NUMBER 241381 | ABN 66 008 173 313
AMC INSURANCE PTY LTD
ABN 31 615 367 078 | CAR 1249619 | IAR 1246516

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DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty under the “Insurance Contracts Act 1984”, 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 of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of a matter; that diminishes the risk to be undertaken by the insurer; that is common knowledge; that your insurer knows, or in the ordinary course of business, ought to know; as to which compliance with your duty is waived by the insurer. Anybody who is an insured under your policy must comply with the duty of disclosure. Make sure you explain the duty to any other parties to be insured you may apply on behalf of.

First Name
Surname
Phone
Email
Postal Address (note all communications via email)
Website
ABN (if applicable)
Registered for GST (YES/NO – if applicable)

Business / Trading Name
Annual Turnover (\$)
Number of Employees
Description of Crochet and/or Knitted Services / Products (please briefly describe the types of crochet / knitted services / products your business sells or might sell in the future)
What types of products / supplies / materials are being purchased from local Australian based companies / suppliers / businesses to create your products? Example – purchasing yarn, safety eyes and other supplies from Spotlight within Australia, or, from an Australian based retailer / seller.
What product / types of products / supplies are being imported / purchased from overseas companies / suppliers / businesses? Example – purchasing yarn, safety eyes and other supplies from online stores / sellers who are based overseas (e.g. Temu, AliExpress, Etsy, eBay).
Are any products / materials / supplies purchased from China ? Example – purchasing safety eyes from an eBay seller based in China, or purchasing directly from China based companies.

Please provide a product listing (if available - a website link is fine if it lists all products).

Are any of your products advertised and / or sold as toys targeted at children? If yes, please provide full details.

Are any of your products advertised and / or sold as toys to children under the age of three (3)? If yes, please provide full details.

Do you re-pack, re-label and / or re-sell any products or materials purchased from other companies / suppliers / businesses? Example – bulk purchasing safety eyes from a supplier and repacking / relabelling as your own branded items to sell to customers.

Do you wholesale any of your products to other businesses outside of Australia?
Example – producing a bulk quantity of products that you sell to another business / seller located overseas that you are aware they intend to resell.

Are all imports to Australian Standards? Note – this question may be difficult to answer and, if unsure of the response, please advise us. It is likely we can assist with the correct response depending on answers provided in the above questions

Do you plan or currently attend market stalls to display / sell / promote your products?

Are there any steps you take to try and reduce the risk exposure of your products sold to your customers? Example – adding a warning note on amigurumi to advise customers that an item is not suitable for children or to keep out of reach of children.

Is there any other information about your business and / or services not detailed above that you feel might be relevant or that you consider a risk exposure you are concerned about.

Have you in the last 5 years: Made any claim(s) on an insurer for loss or damage?
Have you in the last 5 years: Had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer?
Have you in the last 5 years: Suffered any loss or damage which would have been covered by the proposed insurance policy?
Have you or your partner(s) or director(s) of the business: Ever been declared bankrupt?
Have you or your partner(s) or director(s) of the business: Ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)?
Have you or your partner(s) or director(s) of the business: Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?
Have you or your partner(s) or director(s) of the business: Been liable for any civil offence or pecuniary penalty (exceeding \$5,000)?
What limit of cover do you require (e.g. \$5M, \$10M, \$20M)?
Notes / Comments

DECLARATION	
I/WE THE UNDERSIGNED DULY AUTHORISED PERSON(S) DECLARE THAT:	
▪	I/WE ARE AUTHORISED BY EACH OF THE INSURED'S TO SIGN THIS PROPOSAL FORM
▪	I/WE ACKNOWLEDGE THAT ANY ADDENDUMS COMPLETED (E.G. MANAGEMENT LIABILITY, CYBER LIABILITY) ARE SUBJECT TO THE SAME DISCLOSURE REQUIREMENTS AS SET OUT IN THIS PROPOSAL FORM
▪	THE ABOVE STATEMENTS ARE ACCURATE, CORRECT, AND COMPLETE
▪	NO INFORMATION PERTINENT TO THIS PROPOSAL FORM HAS BEEN WITHHELD
▪	I/WE HAVE READ THE IMPORTANT NOTICES THAT ARE IN THIS PROPOSAL FORM AND UNDERSTAND THE ADVICE GIVEN IN RELATION TO THE DUTY OF DISCLOSURE
▪	I/WE HAVE CONSCIENTIOUSLY MADE ALL NECESSARY AND COMPREHENSIVE ENQUIRIES IN ORDER TO COMPLY WITH THE DUTY OF DISCLOSURE
▪	I/WE UNDERSTAND THAT NO INSURANCE IS IN PLACE UNTIL SUCH TIME AS THE INSURER HAS CONFIRMED ACCEPTANCE OF THE PROPOSED INSURANCE IN WRITING
▪	I/WE UNDERTAKE TO NOTIFY THE INSURER OF ANY MATERIAL ALTERATION TO THESE FACTS OCCURRING PRIOR TO COMPLETE OF THE CONTRACT OF INSURANCE
▪	I/WE ACKNOWLEDGE THAT THE INSURER RELIES ON THE INFORMATION AND REPRESENTATIONS IN THIS PROPOSAL FORM AND OTHERWISE MADE BY ME/US IN RELATION TO THIS INSURANCE
▪	EXCEPT WHERE INDICATED TO THE CONTRARY, I/WE UNDERSTAND THAT ANY STATEMENTS MADE IN THIS PROPOSAL FORM WILL BE TREATED BY THE INSURER AS A STATEMENT MADE BY ALL PERSONS TO BE INSURED
▪	I/WE HAVE READ THE PRIVACY STATEMENT ON THIS PROPOSAL FORM, AND GIVE PERMISSION TO THE USE, DISCLOSURE AND OBTAINING OF PERSONAL INFORMATION ABOUT THE INSURED FOR THE INTENTION SHOWN IN THE PRIVACY STATEMENT

SIGNATURE _____

NAME _____

POSITION _____

DATE _____

Signing the form does not bind the insurance company to invite/guarantee cover.