

## **Mobile Food Trailer Quote Request**

| Contact Name  |   |   |    |
|---|---|---|----|
| Phone Number  |   |   |    |
| Email Address   |   |   |    |
| ABN   |   |   |    |
| Trading Name  |   |   |    |
| Date of birth   |   |   |    |
| Street Address  |   |   |    |
|   |   |   |    |
| Has the business or any owner, director, partner or officer of the business sustained more than 3 losses, or had losses totalling more than \$5,000 in the last 3 years, for those covers to be insured by this policy? |   |   | NO |
| Has any driver to be insured by this policy had their license cancelled or suspended in the last five years?  |   |   | NO |
| Has any driver to be insured by this policy had any convictions relating to alcohol, drugs, dangerous driving or failing to stop after an accident in the last 5 years?   |   |   | NO |
| If <b>YES</b> to any of the above   | please provide details:   |   |    |
|   |   |   |    |
| for councils and markets  | ion Public liability insurance quote? This cover is a minimuland you will be required to prove you have it by providing lion Public Liability Insurance | • |    |
|   |   |   |    |



## **DECLARATION**

I/We declare that the answers given herein are in every respect true and correct. I/We have not withheld any information likely to affect acceptance of the insurance.

I/We have been provided with the Aviso Broking Pty Ltd Financial Services Guide and the insurers Product Disclosure Statement.

I/We acknowledge that by ticking the Electronic Acknowledgement area of this document that all answers are correct at this date.

| SIGNATURE                                      |   |  |
|--|---|--|
| Date   |   |  |
| ELECTRONIC ACKI                                | NOWLEDGEMENT aswers in this document are correct. |  |
| YES  | Date  |  |
|  |   |  |
| SUBMISSION CHEC                                | CKLIST  |  |
| Have all above question                        |   |  |
| Copy of King Marketing Quote/Invoice Attached? |   |  |
| Any additional informat                        | ion you would like to provide?                    |  |
|  |   |  |
|  |   |  |

Please forward your application and Invoice via email or text to:

sara.stotyn@avisobroking.com.au 0455 055 404