



GENESIS INSURANCE BROKERS AUSTRALIA BULLION PROPOSAL

Before any question is answered read carefully the declaration at the end of this proposal which you are required to sign. Please answer all questions. Tick Yes/No boxes.

1. PROPOSER

- a. Name _____
- b. Address _____
- c. Occupation _____
- d. Bank Vault Name _____
- e. Address _____

2. PERIOD OF INSURANCE From: __/__/__ at 4pm* To: __/__/__ at 4pm* *Denotes Local Standard Time

3. TERRITORIAL LIMITS

Premises only

4. CONSTRUCTION AND USE OF PREMISES

Are the buildings (including outbuildings):

- a. built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair? Yes No
- b. in an area which is free from flooding and not in the vicinity of any rivers, streams or tidal Yes No
- c. used for any business or professional purposes or open to the public? Yes No

5. SECURITY

Is the Insured Property stored within the Bank Vault and subject to its Security and Alarm Systems? Yes No

If 'No' please give details below:

6. AMOUNTS TO BE INSURED

All items must be individually listed by the proposer stating for each item the amount for which insurance is sought, which is to be the market value. The list must be submitted with this proposal. An independent professional valuation/appraisal may be required and should be forwarded with this proposal if available.

Bullion Gold (incl Bar Numbers)

a. _____ AUD _____

Bullion Silver (incl Bar Numbers)

b. _____ AUD _____

Other items (give details)

i. _____ AUD _____

Do the amounts insured represent current market value?

Yes No

If 'No', please give full details;

7. PREVIOUS INSURANCE

a. Name of previous insurers (if any)

b. Date of expiry of previous policy

c. Has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for the proposer or any other person to whom this insurance would apply?

Yes No

If 'Yes', please give full details

8. LOSSES

Has the proposer, or any other person whose property is to be insured, sustained any loss or damage during the last five years which would have been covered by this type of insurance had it been in force?

Yes No

If 'Yes' please state:

a. Approximate date of each loss or damage

b. Amount paid

c. Circumstances and amount of each loss or damage

d. With whom the property was insured?

9. OTHER INFORMATION

- a. Have you or any person resident with you, ever been convicted of arson or any offence involving dishonesty, e.g. fraud, theft or handling stolen goods? Yes No

If 'Yes', please give full details

- b. Are there any other factors affecting this insurance of which you are aware? Yes No

If 'Yes', please give full details

DECLARATION

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to avoid this insurance. (A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below).

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made herein and the information provided in connection with it will be relied upon by the Underwriters in deciding whether to accept this insurance.

Signature of Proposer:

Date:

You should keep a record (including copies of any letters) of all information supplied to Underwriters for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected. You must inform us of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your insurance agent.