

# Customer Storage Insurance Benefits Product Disclosure Statement

Document No: 235400

## PRODUCT DISCLOSURE STATEMENT (PDS) NOTICE

This document is your Product Disclosure Statement. Other documents may make up our Policy and when they do we will tell you.

### PREAMBLE

In this document

“we”, “our” and “us” are the Self Storage Operator where you store your goods. We are not an insurance company.

“you” and “your” are the person(s) named in the Application Form below.

“Aon” are Aon Risk Services Australia Limited ABN 17 000 434 720 AFSL 241141 of Level 33, 201 Kent Street, Sydney NSW 2000

“the insurer” and “QBE” are QBE Insurance (Australia) Limited ABN 78 003 101 035 AFSL 239545 of 2 Park Street, Sydney NSW 2000

### PART 1

This Part explains how to apply to access the insurance benefits explained in Part 2.

### ABOUT THE CUSTOMER STORAGE INSURANCE BENEFITS

All goods stored by us are stored at your risk and subject to our licence agreement with you. You can arrange a beneficial interest in our insurance to cover this risk or choose to bear the risk yourself. You can access the insurance benefits we have for customers under the insurance policy we have entered into with our insurer by following the process set out below.

### APPLYING FOR THE CUSTOMER STORAGE INSURANCE BENEFITS

**Application Process** - You need to properly complete the application below and have it signed by us.

On doing this you will access the insurance benefits specified under Part 2 - the “Important Information on the Customer Storage Insurance Benefits”. You will be provided with a copy of this document which will contain the details you need to refer to if you need to make a claim.

Before you decide to apply, you must read the following important Product Disclosure information to ensure you understand the features, benefits and risks of the insurance benefits you are accessing.

The cost of the insurance benefits is specified in your application below. The amount payable is calculated on the sum insured.

It is not compulsory to access these insurance benefits. You can choose to bear the risk yourself or obtain insurance with any insurer you choose.

We can provide you with factual information about the insurance benefits. We cannot provide any recommendation or opinion as to whether the insurance benefits are appropriate for you or not. You need to make this decision yourself after carefully reading this document.

**Money Back Guarantee** - If you choose to access the insurance benefits and for any reason wish to change your mind, you may write to us, at the address where your goods are stored, within 21 days of the date you accessed the insurance benefits asking for a full refund. We will provide you with a full refund, provided you are not entitled to make a claim at the time. You still have the right to end your access to the insurance benefits rights after this period (See Part 2 on when cover starts and ends).

## Application form

I wish to access the customer storage insurance benefits and agree to the following:

- the approximate value of goods stored is \$ ..... and this shall be the sum insured for any and all claims.  
(The maximum permissible limit is \$50,000.)
- the amount payable is \$ ..... payable monthly/yearly.
- I must bear the first \$100 of each claim.
- I need to keep details of ownership and value of the property in order to make a valid claim and comply with the conditions of the insurance benefits.
- I have read and understood this document and the benefits provided and do not have any queries.
- The Self Storage Operator is not acting as agent of the insurer and is not the insurer.
- The Self Storage Operator nor the insurer have provided any recommendation or opinion in relation to the insurance benefits.
- I have not made claims for any material damage losses for goods exceeding \$5,000 in the last three years under any insurance policy and have not been refused insurance or had my insurance declined in the past five years.

Signed for and on behalf of and with the authority of all persons seeking to access the insurance benefits.

Signed: .....

Name (Please print): ..... Dated: .....

Self Storage Operator's Signature: ..... Dated: .....