



**GWS Network**  
14 Harvey Street Richmond  
Victoria Australia 3121

t: 03 8420 8700  
f: 03 8420 8777  
e: admin@gwsins.com  
w: www.gwsins.com



ABN: 20 000 669 778  
AFS licence: 231210

Dear Franchisee,

## Insurance Plan

### Our system is simple

1. Complete Application Form (page 2/3).
2. Complete Direct Debit Request Form (page 4)  
We accept payment only by Monthly Deductions from your Bank Account.  
There is NO Loading to do so.
3. Deductions are made on the first trading day of each month.

Please fax the completed Application Form and Direct Debit Request to GWS Network Insurance Brokers on 03 8420 8777 or scan and email to [jessica@gwsins.com](mailto:jessica@gwsins.com)

Should you have any queries please do not hesitate to contact GWS Network Insurance Brokers on:

- 03 8420 8700
- Freecall Australia 1800 639 177

**GWS Network Insurance Brokers pay an annual marketing fee to VIP Australia**

Yours faithfully,

Jess Whelan  
Account Broker  
VIP Franchisee Insurance Plan



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## APPLICATION - GENERAL INSURANCE VIP HOME SERVICES

<b>State:</b>		<b>Date:</b>	
<b>Name:</b>			
<p><b>If ownership of Franchise is in two names, are both partners working on site? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>  <b>If "No" please provide name of Franchisee working site:</b></p>			
<b>Address:</b>			
<b>Postcode:</b>			
<b>Telephone: (Home/Office)</b>			
<b>Mobile:</b>			
<b>Fax:</b>			
<b>Email:</b>			
<b>ABN:</b>			
<b>Annual turnover:</b>			
<b>Occupation: (Please Tick)</b>	<p><input type="checkbox"/> Gardening Services <span style="float: right;"><input type="checkbox"/> Home Cleaning</span></p> <p><input type="checkbox"/> Commercial Clean <span style="float: right;"><input type="checkbox"/> Other Please Specify:</span></p> <p><input type="checkbox"/> Including External Window cleaning to 10 meters</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

INSURER:	CGU INSURANCE ABN 27 004 478 371	
COVER:	<b>Public &amp; Products Liability</b>	
	Limit Of Liability:	\$10,000,000 <input type="checkbox"/>
	Limit Of Liability:	\$20,000,000 <input type="checkbox"/>
	<b>Variations and Extensions:</b> Property in physical and Legal Control: \$100,000 Tree Lopping/Felling - Height Limit 5 Metres Window Cleaning - Height Limit 10 Metres Large Commercial Cleaning & Shopping Centre Cleaning Excluded - Refer GWS Network Office	
	<b>Tax Audit:</b>	\$ 5,000
	<b>Motor Commercial Trailer:</b>	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000
	Year of Manufacture:	Reg. No:
INSURER:	MARINE ASSOCIATED MARINE INSURERS AGENTS ABN 13 000 296 640	
COVER:	Tools & Equipment:	<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$8,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000
	Does your Sum Insured include a Ride On Mower?	<input type="checkbox"/> Yes <input type="checkbox"/> No What is the current value?:
<b>Please List All Items valued over \$1,000</b>	<b>Item</b>	<b>Value</b>
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	Fire/Damage due to Collision and/or Overturning of the conveying vehicle. Theft resulting <b>only</b> from Forcible Entry into a Locked Vehicle/Trailer and Theft Resulting <b>only</b> from Forcible Entry into Locked Premises.	

## GENERAL QUESTIONNAIRE:

<b>1.</b> Has any Insurer declined/cancelled or refused to insure you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.</b> Have you had any Claims at all in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3.</b> Have you had or been charged or convicted of any Criminal Offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.</b> Is there any other relevant fact you want to tell us?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give full details here:

## DECLARATION:

The facts above are true and correct.	
..... Signature	..... Date



**GWS**  
network  
Insurance Brokers

**GWS Network:**

14 Harvey Street Richmond

Victoria Australia 3121

t: 03 8420 8700

f: 03 8420 8777

**Steadfast**  
STRENGTH WHEN YOU NEED IT

## VIP Motor Vehicle Insurance

*We at GWS can not only insure your business, but also your Motor Vehicle. All you need to do is complete the short form below and return to GWS Network Insurance Brokers.*

### ***Motor Vehicle Insurance Proposal***

Insured Name	
Date Of Birth	
Total Sum insured <b><i>including accessories</i></b>	
Registration number	
Vehicle Year, Make & Model	
List all non standard accessories	
Motor Vehicle claims in past 5 years <i>Were you at fault?</i> <i>Year?</i> <i>Incident?</i> <i>Amount Paid?</i>	
Convictions & loss of license in past 5 years <i>Year?</i> <i>Incident?</i> <i>Penalty</i>	

# DIRECT DEBIT REQUEST

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## Request and Authority to debit the account named below to pay GWS Network Insurance

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### Request and Authority to debit

Your Surname or company name

\_\_\_\_\_

Your Given names or ABN /ARBN

\_\_\_\_\_ "You"

request and authorise **GWS Network Insurance Brokers** to arrange, through its own financial institution, a debit to Your nominated account any amount **GWS Network Insurance Brokers**, has deemed payable by You.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from Your account held at the financial institution You have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

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### Insert the name and address of financial institution at which account is held

Financial institution name

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

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### Insert details of account to be Debited

Name/s on account

\_\_\_\_\_

BSB number (Must be 6 Digits) \_\_\_\_ - \_\_\_\_

Account number

\_\_\_\_\_

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### Acknowledgment

By signing and/or providing us with a valid instruction in respect to Your Direct Debit Request, You have understood and agreed to the terms and conditions governing the debit arrangements between You and **GWS Network Insurance Borkers** as set out in this Request and in Your Direct Debit Request Service Agreement

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### Insert Your signature and address

Signature

\_\_\_\_\_

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address

\_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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### Second account signatory

(if required)

Signature

\_\_\_\_\_

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address

\_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

# DIRECT DEBIT REQUEST SERVICE AGREEMENT

This is Your Direct Debit Service Agreement with **GWS Network Insurance Brokers ABN 20 000 669 778**. It explains what Your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to You as Your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of Your Direct Debit Request (DDR) and should be read in conjunction with Your DDR authorisation.

## Definitions

**account** means the account held at Your financial institution from which we are authorised to arrange for funds to be debited.

**agreement** means this Direct Debit Request Service Agreement between You and us.

**banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

**debit day** means the day that payment by You to us is due.

**debit payment** means a particular transaction where a debit is made.

**direct debit request** means the Direct Debit Request between us and You.

**us** or **we** means **GWS Network Insurance Brokers** (the Debit User) You have authorised by requesting a Direct Debit Request.

**You** means the customer who has signed or authorised by other means the Direct Debit Request.

**Your financial institution** means the financial institution nominated by You on the DDR at which the account is maintained.

## 1. Debiting Your account

1.1 By signing a Direct Debit Request or by providing us with a valid instruction, You have authorised us to arrange for funds to be debited from Your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and You.

1.2 We will only arrange for funds to be debited from Your account as authorised in the Direct Debit Request.

Or

We will only arrange for funds to be debited from Your account if we have sent to the address nominated by You in the Direct Debit Request, a billing advice which specifies the amount payable by You to us and when it is due.

1.3 If the debit day falls on a day that is not a banking day, we may direct Your financial institution to debit Your account on the following banking day. If You are unsure about which day Your account has or will be debited You should ask Your financial institution.

## 2. Amendments by us

2.1 We may vary any details of this agreement or a Direct Debit Request at any time by giving You at least fourteen (14) days written notice.

## 3. Amendments by You

You may change\*, stop or defer a debit payment, or terminate this agreement by providing us with at least **14** days notification by writing to:

**Jessica Whelan**  
**GWS Network Insurance Brokers**  
**14 Harvey Street**  
**Richmond Vic 3121**

Or

by telephoning us on **03 8420 8700** during business hours;

or

arranging it through Your own financial institution, which is required to act promptly on Your instructions.

\*Note: in relation to the above reference to 'change', Your financial institution may 'change' Your debit payment only to the extent of advising us **GWS Network Insurance Brokers** of Your new account details.

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#### 4. Your obligations

- 4.1 It is Your responsibility to ensure that there are sufficient clear funds available in Your account to allow a debit payment to be made in accordance with the Direct Debit Request.
- 4.2 If there are insufficient clear funds in Your account to meet a debit payment:
  - (a) You may be charged a fee and/or interest by Your financial institution;
  - (b) You may also incur fees or charges imposed or incurred by us; and
  - (c) You must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in Your account by an agreed time so that we can process the debit payment.
- 4.3 You should check Your account statement to verify that the amounts debited from Your account are correct

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#### 5 Dispute

- 5.1 If You believe that there has been an error in debiting Your account, You should notify us directly on **03 8420 8700** and confirm that notice in writing with us as soon as possible so that we can resolve Your query more quickly. Alternatively You can take it up directly with Your financial institution.
- 5.2 If we conclude as a result of our investigations that Your account has been incorrectly debited we will respond to Your query by arranging for Your financial institution to adjust Your account (including interest and charges) accordingly. We will also notify You in writing of the amount by which Your account has been adjusted.
- 5.3 If we conclude as a result of our investigations that Your account has not been incorrectly debited we will respond to Your query by providing You with reasons and any evidence for this finding in writing.

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#### 6. Accounts

You should check:

- (a) with Your financial institution whether direct debiting is available from Your account as direct debiting is not available on all accounts offered by financial institutions.
- (b) Your account details which You have provided to us are correct by checking them against a recent account statement; and
- (c) with Your financial institution before completing the Direct Debit Request if You have any queries about how to complete the Direct Debit Request.

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#### 7. Confidentiality

- 7.1 We will keep any information (including Your account details) in Your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about You secure and to ensure that any of our employees or agents who have access to information about You do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 We will only disclose information that we have about You:
  - (a) to the extent specifically required by law; or
  - (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

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#### 8. Notice

- 8.1 If You wish to notify us in writing about anything relating to this agreement, You should write to **GWS Network Insurance Broker, 14 Harvey Street, Richmond Vic 3121 Attn Jessica Whelan**
- 8.2 We will notify You by sending a notice in the ordinary post to the address You have given us in the Direct Debit Request.
- 8.3 Any notice will be deemed to have been received on the third banking day after posting.