



Personal Guarantee Insurance
APPLICATION FORM



Insured Creativity Pty Limited:

A.B.N. 45 634 757 305. A.F.S.L. 51 7901

SECTION 1 – PERSONAL DETAILS *(About You)*

TITLE	
FIRST NAME	
MIDDLE NAME	
LAST NAME	
DATE OF BIRTH	
HOUSE NAME OR NO.	
ADDRESS 1	
ADDRESS 2	
SUBURB	
STATE	
POSTCODE	

SECTION 2 – YOUR CONTACT DETAILS

PHONE NO. (HOME)	
PHONE NO. (MOBILE)	
EMAIL ADDRESS	

SECTION 3 – COMPANY

COMPANY NAME	
ABN	
COMPANY ADDRESS	
BUSINESS DESCRIPTION	
DATE ESTABLISHED	
DIRECTORS' FULL NAME	
DOES ANY DIRECTOR HAVE MORE THAN 15% OF THE COMPANY SHARES?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(IF YES, PLEASE NOTE WHICH DIRECTOR/S BELOW)</i>

SECTION 4 – FINANCING FACILITY AND COVER DETAILS (All Figures are AUD \$)

HAS THE PERSONAL GUARANTEE BEEN SIGNED ALREADY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF FINANCE (PLEASE SELECT ONE OR MORE OPTIONS) PLEASE CIRCLE IF THE LOAN IS Secured or Unsecured?	<input type="checkbox"/> INVOICE FINANCE FACILITY Secured / Unsecured. <input type="checkbox"/> TRADE FINANCE FACILITY Secured / Unsecured. <input type="checkbox"/> SUPPLY CHAIN FINANCE FACILITY Secured / Unsecured. <input type="checkbox"/> SECURED BUSINESS LOAN <input type="checkbox"/> UNSECURED BUSINESS LOAN
NAME OF LENDER ADDRESS OF LENDER	
VALUE OF FINANCE (\$) PLEASE STATE TO THE NEAREST \$1,000	\$
AMOUNT OF PERSONAL GUARANTEE INSURANCE REQUIRED MAXIMUM OF: - \$750,000.00 FOR UNSECURED LOANS - \$1,000,000.00 FOR SECURED LOANS - FOR HIGHER AMOUNTS PLEASE ASK YOUR ADVISOR.	\$
ANY ADDITIONAL GUARANTORS FOR THIS PERSONAL GUARANTEE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DON'T KNOW
DATE YOU WOULD LIKE PERSONAL GUARANTEE TO START / / 20..... From date, or the date that the personal guarantee was signed; whichever comes first.
REASON FOR APPLYING FOR FINANCE	
NAME OF REFERRER	
PHONE NUMBER OF REFERRER	
EMAIL ADDRESS OF REFERRER	

SECTION 5 – DECLARATION *(Please Tick)*

YOU CONFIRM THAT THE BUSINESS MAINTAINS COMPREHENSIVE BUSINESS INSURANCE COVER RELATING TO THE LOSS OR DAMAGE TO ALL PHYSICAL ASSETS IN RESPECT OF WHICH THE PERSONAL GUARANTEE HAS BEEN GIVEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN DECLARED BANKRUPT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN DISQUALIFIED AS A DIRECTOR OR BEEN UNDER INVESTIGATION FOR DISQUALIFICATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN A DIRECTOR OF A BUSINESS THAT HAS GONE THROUGH AN INSOLVENCY PROCESS? <i>INSOLVENCY PROCESSES CAN INCLUDE BUT ARE NOT LIMITED TO: COURT JUDGEMENTS (CJ), CREDITORS VOLUNTARY ARRANGEMENTS (CVA), CREDITORS VOLUNTARY LIQUIDATION (CVL), WINDING UP PETITIONS OR FREEZING ORDERS</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN A DIRECTOR OF A BUSINESS THAT HAS BEEN UNDER INVESTIGATION BY CUSTOMS AND EXCISE OR THE AUSTRALIAN TAX OFFICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IN THE LAST 3 MONTHS HAVE YOU OR THE BUSINESS BECOME AWARE OF ANY LIABILITY <i>(WHETHER ACTUAL, CONTINGENT OR PERCEIVED)</i> THAT CANNOT BE MET WITHIN 30 DAYS OF THE DUE DATE FROM THE BUSINESS'S AVAILABLE CASH RESOURCES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IN THE LAST 3 MONTHS HAVE YOU OR THE BUSINESS BECOME AWARE OF ANY ONE OR MORE DEBTS OWED TO THE BUSINESS THAT HAS BECOME BAD OR DOUBTFUL AND WHICH IS LIKELY TO HAVE A MATERIALLY ADVERSE EFFECT ON THE BUSINESS AND ITS ABILITY TO MEET ITS DEBTS AS THEY FALL DUE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS THE BUSINESS EXPERIENCED A LOSS OF INVESTOR, SIGNIFICANT CUSTOMER OR SIGNIFICANT SUPPLIER IN THE LAST 6 MONTHS? <i>(SIGNIFICANT MEANS GREATER THAN 10% OF CAPITAL, REVENUE, AND/OR EXPENSES.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS ANY OTHER MATTER ARISEN WHICH MAY HAVE AN ADVERSE EFFECT ON THE BUSINESS AND ITS ABILITY TO MEET ITS OBLIGATIONS OVER THE NEXT THREE MONTHS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
I CONFIRM THAT THE ABOVE STATEMENTS AND ALL OTHER INFORMATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF SUCH STATEMENTS AND PARTICULARS ARE ENTERED BY ANY OTHER PERSON, SUCH PERSON SHALL BE DEEMED TO HAVE BEEN MY/OUR AGENT FOR THE PURPOSE OF FILLING IN THE SAME.	<input type="checkbox"/> AGREE <input type="checkbox"/> DISAGREE

SECTION 6 – SUPPORTING DOCUMENTATION *(Please provide the following documentation)*

A COPY OF THE PERSONAL GUARANTEE DOCUMENT <i>(THIS WILL BE THE TERMS AND CONDITIONS, DEED DOCUMENT THAT YOU HAVE SIGNED)</i>	<input type="checkbox"/>
A COPY OF YOUR COMPLETED STATEMENT OF FINANCIAL POSITION	<input type="checkbox"/>
ANY OTHER DOCUMENTS THAT SUPPORT YOUR ASSET VALUATIONS	<input type="checkbox"/>

By signing this application form, you acknowledge that the Insurer of this product is considered to be an Unauthorised Foreign Insurer under Section SLI 2008 No.125 of the Financial Sector Legislation Amendment (Discretionary Mutual Funds and Direct Offshore Foreign Insurers) Act 2007.

Signature:

Name:

Date:

Please email the completed applications and supporting documentation to:

jeffrey.mcnally@pgia.com.au

P.G.I.A is an Insurance brand of Insured Creativity Pty Ltd.

SECTION 7 – SUPPLEMENTARY QUESTIONS WITH REGARDS TO THE UNDERLYING BUSINESS OF THE INSURED *(Please Tick and Define)*

1. SITUATION OF THE COMPANY	
a. LEGAL SITUATION	
i. DOES THE COMPANY HAVE ALL LEGAL DOCUMENTS REQUIRED FOR THEIR OPERATION UP TO DATE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ii. THIS INCLUDES LICENSES OF ALL KINDS, PRESENTATION OF FINANCIALS TO THE AUTHORITIES WHERE REQUIRED, TAX DECLARATIONS, APPOINTMENTS OF DIRECTORS, ETC? <i>(WE NEED TO HAVE A CHECKLIST OF THE DOCUMENTATION AS REQUIRED BY LAW)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
iii. DOES THE CLIENT HAVE PAST OR ONGOING LAWSUITS RELATED TO THE OPERATION OR THEIR DIRECTORS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. FINANCIAL SITUATION	
i. DOES THE CLIENT HAVE 3 YEARS OF FINANCIAL STATEMENTS PREPARED BY ACCOUNTANTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ii. HAS THE COMPANY BEEN PROFITABLE FOR THE LAST 3 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
iii. WHAT IS THE INTENDED USE OF THE FUNDS?	
Define:	
c. MARKET	
i. WHAT MARKET SEGMENT IS THE CLIENT OPERATING IN?	
Define:	
ii. DOES THAT MARKET HAVE A STABLE OR POSITIVE OUTLOOK?	<input type="checkbox"/> YES <input type="checkbox"/> NO
iii. ARE THERE KNOWN THREATS TO THE MARKET?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Define:	