



# Business Insurance

Cover Services Pty. Ltd.

## Business Insurance Cover Services Pty Ltd

Corporate Authorised Representative No.467164

ABN: 46 600 141 473

PO Box 32, Wavell Heights QLD 4012

Ph: 0422 354 334

Email: aaronm@wgib.com.au



**AUTHORISED  
BROKER**

Community Broker  
Network Pty Ltd

ABN 60 096 916 184 | AFSL 233750

Your policy is due for renewal for the period shown. Please review the details thoroughly to ensure all information is correct and policy coverage meets your requirements. Should you require any alterations to the particulars shown please contact your Account Manager

Page 1 of 6

Reif Family Superannuation Fund  
PO Box 180  
NORTHGATE QLD 4013

## TAX INVOICE

This document will be a tax invoice  
for GST when you make payment

**Invoice Date:** 5/03/2020

**Invoice No:** 2002130

**Our Reference:** REIF SUPER

Should you have any queries in relation to this account,  
please contact your Account Manager

Aaron Macdonald

**Class of Policy:** SVU Landlord

**Insurer:** Insurance Australia Limited T/a IAL  
GPO Box 933, Sydney NSW 2001

ABN: 11 000 016 722

**The Insured:** Reif Family Superannuation Fund

## RENEWAL

**Policy No:** PLL1803050015

**Period of Cover:**

From **26/03/2020**

to **26/03/2021** at 4:00 pm

**Details:** See attached schedule for a description of the risk(s) insured.

**2020-21 Landlord Renewal**  
**18 Francis Street, CABOOLTURE QLD 4510**

## Your Premium:

Premium	UW Levy	Fire Levy	GST	Stamp Duty	Broker Fee
\$1,393.33	\$0.00	\$0.00	\$139.33	\$137.94	\$0.00

**TOTAL \$1,670.60**

## YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an Insurer, you must disclose to the Insurer every matter that you know, or could reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk of the insurance, and if so on what terms. You must answer the specific questions truthfully and accurately and not misrepresent the nature of the risk to the Insurer.

The duty also applies when you seek to renew, extend or alter a policy. It applies up to the time the policy is renewed, extended or altered.

## NON-DISCLOSURE

If you do not comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a claim and/or cancel the contract. If your non-disclosure is fraudulent, the Insurer may decline the claim and may avoid the contract from its beginning. (see Important Notices attached)



**Bill Code: 271197**  
**Ref: 01327335110121252**

Contact your financial institution to make this  
payment from your nominated account.

**Our Reference:** REIF SUPER

**Invoice No:** 2002130

**Acct Man:** Aaron Macdonald



Mail this portion with your cheque payable to:  
Community Broker Network  
PO Box 32  
WAVELL HEIGHTS QLD 4012



To pay with your  
VISA, Mastercard or AMEX - surcharges apply  
Visit <https://www.cbnet.com.au/pay-your-premium/>  
Client Ref: 01273351X Invoice Ref: 2002130

PAID  
Chq # 1237  
12-3-20

**AMOUNT DUE**

**\$1,670.60**