



32 William Street
Rockhampton, QLD 4700

Tel: (07) 4922 6955



Authorised Representative No: 257435
ABN: 47 089 298 902

Email: insurance@keystonefs.com.au



You are reminded that the policy mentioned below falls due for renewal on 10/02/2019. To ensure your continued protection, payment must be received by this due date. This is an invitation to renew, and not a demand for payment.

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

Mr AA Williams
PO Box 125
BLI BLI QLD 4560

Invoice Date: 2/01/2019
Invoice No: 44007
Our Reference: WILLIAMSA

Class of Policy: Business Package Insurance
Insurer: QBE Insurance (Australia) Limited
85 Harrington Street SYDNEY NSW 2000
ABN: 78 003 191 035
The Insured: AA, JM & DA WILLIAMS ATF WILLIAMS SUPER

RENEWAL
Policy No: 105A373033BPK
Period of Cover:
From 10/02/2019
to 10/02/2020 at 4:00 pm

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

Handwritten notes:
Paid @ 4074.43
4/2/19
Receipt
650365
hodge int.
156 6260307

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.

Your Premium:

Premium	UW Levy	Fire Levy	GST	Stamp Duty	Broker Fee
\$3,333.98	\$0.00	\$0.00	\$340.41	\$330.04	\$70.00
TOTAL					\$4,074.43

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)



Biller Code: 271353
Ref: 513000173262718

Our Reference: WILLIAMSA
Invoice No: 44007

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



Mail this portion with your cheque payable to:
NAS INSURANCE BROKERS
PO Box 1358
ROCKHAMPTON QLD 4700



To pay with your
VISA or Mastercard - Surcharges apply
Visit https://opg.ebix.com.au/westcourt_opg/
Client Ref: 51173X Invoice Ref: 44007

AMOUNT DUE \$4,074.43