

## Industrial Special Risks

### Insurance Application & Proposal

Intermediary \_\_\_\_\_ Interim Cover No. \_\_\_\_\_

#### The Proposer

Insured Name \_\_\_\_\_

Business/Trading Name \_\_\_\_\_

Are You registered for GST purposes? Yes  No  What is Your ABN \_\_\_\_\_

Postal Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No. Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

Other Interested Parties \_\_\_\_\_

Period of Insurance From \_\_\_\_\_ To \_\_\_\_\_

#### General Information

##### A. Have You, in the last 5 years

- |                                                                                                                                                                  |                              |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. made any claim(s) on an insurer for loss or damage?                                                                                                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. had any insurance declined or cancelled, proposal/ application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. suffered any loss or damage which would have been covered by the proposed insurance policy?                                                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

##### B. Have You or Your Partners or Directors

- |                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. ever been declared bankrupt?                                                                                                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. in the last 10 years been involved in a company or business which became insolvent or was under the control of a liquidator or receiver? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. been convicted of any criminal offence or served a prison sentence?                                                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered YES to any question in (A) or (B) above, please provide full details in the space below

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## Details of the Business

Business Occupation (please describe fully) \_\_\_\_\_

Location(s) (if more than one, please attach asset schedule) \_\_\_\_\_

Postcode \_\_\_\_\_

### Construction Details

Walls Brick/Concrete % \_\_\_\_\_

Timber % \_\_\_\_\_

Iron% \_\_\_\_\_

Floors \_\_\_\_\_

Roof \_\_\_\_\_

If any EPS Panelling, what percentage of total building area? \_\_\_\_\_

Number of Stories \_\_\_\_\_

Age \_\_\_\_\_

Are the Premises National Trust or Heritage Listed? \_\_\_\_\_

Yes  No

Is the premise currently occupied? Yes  No

By whom? \_\_\_\_\_

Tenant/Owner Occupied/Owner

If your property is multi-tenanted, please show the occupation of each tenant

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

**Note:** You have a duty to notify changes in tenancy and occupation.

## Protection

### Are there

Fire Sprinklers Yes  No  Single/Dual Supply Area Coverage % \_\_\_\_\_

Fire Detectors Yes  No  Heat/Thermal/Both Area Coverage % \_\_\_\_\_

Burglary Protection  Deadlocks on all external doors

Bars/grills on all external windows

Monitored Back to Base Alarm

Local Alarm only

### Do you

Store or use any dangerous substances? \_\_\_\_\_

Yes  No

Use any process that uses heat? \_\_\_\_\_

Yes  No

If Yes, Please provide details \_\_\_\_\_

## Section 1 - Material Damage

**Limit of Liability** (Any one loss or series of losses arising out of one event at any one situation)

**Section 1 - Material Damage**

\$

### Sub Limits of Liability and deductibles

#### Sub-Limits

1. Burglary (other than money)
2. Theft (without forcible/violent entry)
3. Theft of Property in the Open Air
4. Accidental Damage (excluding glass)

\$

\$

\$

\$

5. Damage to Glass

#### Replacement Value

6. Money

(a) In transit or bank night safe

\$

(b) On premises during business hours

\$

(c) On premises outside business hours

\$

(d) In security locked safe

\$

(e) In personal custody/residence of authorised persons

\$

7. Cost of Demolition & Removal of Debris

\$

8. Other \_\_\_\_\_

\$

**Declared Value** (In accordance with the basis of settlement)

**Section 1 - All Property**

\$

**Deductible(s)** \_\_\_\_\_

## Section 2 - Consequential Loss

**Limit of Liability** (In accordance with the basis of settlement)

**Section 2**

\$

1. Gross Profit

\$

2. Professional Fees & Claims Preparation Costs

\$

3. Payroll (Dual Wages Basis)

\$

a) 100% for \_\_\_\_\_ Weeks

b) \_\_\_\_\_ % for \_\_\_\_\_ Weeks

c) \_\_\_\_\_ Weeks consolidation period

4. Additional Increased Cost of Working

\$

5. Other \_\_\_\_\_

\$

**Indemnity Period**

\_\_\_\_\_ Months

**Uninsured Working Expenses** (Note: If not 100% please show proportions)

## Important Notices

### Your Duty of Disclosure

This policy is subject to The Insurance Contracts Act 1984. Under that Act You have a Duty of Disclosure.

This means:

1. When You ask for cover, You must tell Us all that You know about the risk that You want covered which may affect Our decision:
  - (a) To offer You cover, and
  - (b) The terms and the cost of such cover.
2. If You ask for the cover to be renewed, extended, altered or reinstated You must tell Us:
  - (a) If there have been any changes in what is covered, and
  - (b) Of all things that may increase the chances of a claim.

### What You Don't Have to Tell Us

You do not have to tell Us of anything;

1. That reduces the chances of a claim. But, if You do, it may let Us offer You better terms.
2. That is common knowledge.
3. That we should know as a normal part of Our business.
4. If We waive Your Duty of Disclosure.

### Non-Disclosure

If You don't tell Us something that You know which may affect Our decision to offer You cover or the terms of that cover We may be allowed to:

1. Reduce the amount that We have to pay for a claim. This may mean that We would pay You nothing.
2. Cancel this policy. We may even be allowed to cancel this policy from the date that the cover started if You lie to Us or deliberately keep information from Us or mislead Us.

## Declaration

By signing this Proposal form You declare that:

**Please sign below**

1. You have read the above Important Notices
2. You understand and have complied with Your Duty of Disclosure.
3. The property that You want covered is in good condition.
4. All the information You have given in this form is correct.

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Title/Position**

\_\_\_\_\_