

Business Insurance

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

- made any claim(s) on an insurer for loss or damage? Yes No
- had any insurance declined or cancelled, proposal / application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer? Yes No
- suffered any loss or damage which would have been covered by the proposed insurance policy? Yes No

B. Have You or Your Partners or Directors

- ever been declared bankrupt? Yes No
- 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 No
- been convicted of any criminal offence or served a prison sentence? Yes No

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

Details of the Business

Business Occupation (please describe fully)

Location(s) _____

Postcode _____

Construction Details

Walls Brick / Concrete % _____ Timber % _____ Iron % _____

Floors _____ Roof _____

Number of Stories _____ Year Built _____

If any EPS panelling, what percentage of total building area? _____

Are the Premises National Trust or Heritage Listed? Yes No

Is the premise currently occupied? Yes No By whom?

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

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

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 - Fire and Perils

Sum Insured

Buildings (including costs of fees, removal of debris) \$ _____

Stock \$ _____

All Other Property \$ _____

Do you want Replacement Cover for Building? Yes No

Section 2 - Profits

Dependency - Are you more than 25% dependent on any one customer or supplier for your income? Yes No

If Yes, Please provide details:

Part A - Loss of Income

Option 1 - Loss of Income

Indemnity Period _____ Months

Expected Income \$ _____

Option 2 - Loss of Income less the cost of Wages plus Wages in Lieu of Notice

Indemnity Period _____ Months

Expected Income \$ _____

How many weeks' Wages in lieu of notice? _____ Weeks

Number of weeks multiplied by weekly payroll \$ _____

Part B - Claim Preparation Costs

\$ _____

Part C - Records

\$ _____

Part D - Extra Costs

\$ _____

Part E - Debts

\$ _____

Section 3 - Accidental Damage

Covers the items insured under Section 1 \$ _____

Section 4 - Burglary

Stock - other than tobacco and alcohol products \$ _____

Stock - tobacco products \$ _____

Stock - alcohol products \$ _____

All other Property \$ _____

Optional Extensions Theft Yes No \$ _____

Section 5 - Glass

External and Internal Yes No

Glass External Glass ONLY Yes No

Glass or Plastic Signs \$ _____

Section 6 - Money

1. In Transit \$ _____

2. At the location during Your Business Hours \$ _____

3. In a locked safe or strongroom at the location when your business is closed \$ _____

4. In a building at the location when Your Business is closed \$ _____

5. Your or an Employee's home \$ _____

Section 7 - Engineering

Part A - Machinery Breakdown (Please enter the number of units you have)

Group 1 - Rated power per unit 3 kilowatts or less	No. of Units _____	\$5,000 Per Unit
Air-Conditioning, Refrigeration Units, Clothes Washers and Dryers, Cooking Area Exhaust Canopies, Dish Washers, Electric Motors, Electronic Cash Registers and Scales, Food Mixers and Cutters, Ice Makers, Microwave Ovens, Pumps and Air Compressors, Roof Mounted Evaporator Coolers.		
Group 2 - Guest room air-conditioners and refrigerators	No. of Units _____	\$5,000 Per Unit
Group 3 - Rated power 3 to 10 kilowatts per unit	No. of Units _____	\$5,000 Per Unit
Group 4 - Rated power 10 to 30 kilowatts per unit	No. of Units _____	\$10,000 Per Unit

Part B - Boiler (All units must be registered) Sum Insured \$ _____

Type, Make and Model of Boiler _____

Power of each Boiler

1. _____ Kilowatt

2. _____ Kilowatt

3. _____ Kilowatt

Part C - Refrigerated Stock

No. of refrigerated units _____ Sum Insured \$ _____

Section 8 - Electronics

Please show the Make and Model of Equipment to be covered

Sum Insured

1. _____	Sum Insured \$ _____
2. _____	Sum Insured \$ _____
3. _____	Sum Insured \$ _____
4. _____	Sum Insured \$ _____

Optional Extensions

1. Cover anywhere in Australia. Please list the item numbers _____

Section 9 - Employee Theft

How many people do you employ? _____

Sum Insured \$ _____

How many of those handle money? _____

Section 10 - Portable Items

What type of Cover do you want?

Option 1 - Standard Cover

Yes No

Option 2 - Extended Cover

Yes No

Sum Insured

Stock \$ _____

All other Property - Other than mobile phones \$ _____

Mobile Phones \$ _____

Specified items _____ \$ _____

Optional Extensions (Note: These extensions may not be available for some risks)

1. Theft Yes No

2. World Wide Cover Yes No

Section 11 - Transit

Please list the goods you want covered

How do you want the goods valued?

Purchase price plus freight and insurance

Yes No

Sale price of the goods

Yes No

What type of cover do you want?

Option 1 - Standard Cover

Yes No

Option 2 - Extended Cover

Yes No

Limit any one load (highest value carried)

\$ _____

Limit any one item per package

\$ _____

Expected annual sendings (total annual carry)

\$ _____

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:

- 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:
 - To offer You cover, and
 - The terms and the cost of such cover.
- If You ask for the cover to be renewed, extended, altered or reinstated You must tell Us:
 - If there have been any changes in what is covered, and
 - 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;

- That reduces the chances of a claim. But, if You do, it may let Us offer You better terms.
- That is common knowledge.
- That we should know as a normal part of Our business.
- 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:

- Reduce the amount that We have to pay for a claim. This may mean that We would pay You nothing.
- 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:

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

Please sign below

Signature

Date

____ / ____ / ____

Title/Position
