

## 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.

You have this duty until We agree to insure You.

### 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

\_\_\_\_\_