Business Pack Insurance Application Form

- Please answer all questions. Blanks and/or dashes, or answers "known to underwriters or brokers" or "N/A" are not acceptable and will delay processing of this application.
- If there is insufficient room to complete a question, please attach a signed & dated addendum.
- Any documents attached to the proposal form part of this application.
- Where appropriate, please tick the yes or no box which best indicates your reply.

1. Your Details

1.1. Period Insurance

Start Date | Expiry Date | Effective Date

1.2. Insured

Insured Name

Trading Name

What is your web site address?

What is your Input Tax Credit?

What is your ABN?

Are you exempt from stamp duty? ☐ Yes ☐ No If Yes, specify number:

Address Line 1

Address Line 2

Suburb | State | Post Code

1.3. Duty of Disclosure

Have you or any partner(s) or director(s) of the business:

(1) Ever had an insurance policy cancelled, declined or terms imposed? ☐ Yes ☐ No

Date | Description

(2) Ever been declared bankrupt? ☐ Yes ☐ No

Date | Description

(3) Ever been involved in a company or business which became insolvent or subject to any form of insolvency or voluntary administration (e.g. liquidation or receivership)? ☐ Yes ☐ No

Date | Description

(4) Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)? ☐ Yes ☐ No

Date ☐ Description

(5) Been liable for any civil offence or pecuniary penalty (exceeding $5,000)? ☐ Yes ☐ No

Date ☐ Description

(6) Any other matters you should disclose? ☐ Yes ☐ No

Date ☐ Description

1.4. Claims Experience

Have you had any claims in the last 3 years under the sections to be insured? ☐ Yes ☐ No

Claim #

Sections

- ☐ Business Property
- ☐ Business Interruption
- ☐ Theft
- ☐ Money
- ☐ Machinery Breakdown
- ☐ Electronic Equipment
- ☐ Public and Products Liability
- ☐ Glass
- ☐ General Property
- ☐ Employee Dishonesty
- ☐ Goods In Transit
- ☐ Tax Audit
- ☐ Management Liability

Date Of Loss

Amount of Claim

Please provide a brief description of the claim

Preventative/Corrective action details

2. Situation Details

Situation:

2.1. Sections

Please select the sections you want to cover for this situation

- ☐ Business Property
- ☐ Business Interruption
- ☐ Theft
- ☐ Money
- ☐ Machinery Breakdown
- ☐ Electronic Equipment
- ☐ Public and Products Liability
- ☐ Glass
- ☐ General Property
- ☐ Goods In Transit
- ☐ Tax Audit
- ☐ Management Liability

2.2. Business Details

Business

Describe Business if different from above

What is your estimated turnover for the next twelve months

Total number of staff – Full Time

Total number of staff – Part time / Casual

2.3. Situation Details

Address Line 1

Address Line 2

Suburb State Post Code

Construction

Multiple Buildings on site ☐ Yes ☐ No

Year built (yyyy)

Year last rewired (yyyy)

How much Expanded Polystyrene (EPS) does the premises contain (e.g. Foam insulation)?

Building Details

No. of Storeys

Floors

- [ ] Concrete
- [ ] Brick
- [ ] Other/Mixed(Non Combustible)
- [ ] Tile
- [ ] Iron / Steel
- [ ] Wood
- [ ] Other/Mixed (Full/Partial Combustible)

Walls

- [ ] Concrete / Stone
- [ ] Iron/Steel/Aluminium on steel
- [ ] Brick
- [ ] Expanded Polystyrene (EPS)
- [ ] Mixed < 75% Brick/Concrete/Iron on steel
- [ ] Glass
- [ ] Polystyrene
- [ ] Concrete Tilt Slab
- [ ] Iron/Steel/Aluminium on wood
- [ ] Masonry
- [ ] Wood
- [ ] Mixed > 75% Brick/Concrete/Iron on steel
- [ ] Metal
- [ ] Other

Roof

- [ ] Concrete
- [ ] Tiles / Slate
- [ ] Fibro
- [ ] Iron/Steel/Aluminium on wood
- [ ] Wood
- [ ] Glass
- [ ] Other/Mixed (Full/Partial Combustible)
- [ ] Masonry
- [ ] Asbestos
- [ ] Iron/Steel/Aluminium on steel
- [ ] Expanded Polystyrene (EPS)
- [ ] Polystyrene
- [ ] Other/Mixed (Non Combustible)

Fire Protection

Fire Protection Provided

- [ ] None
- [ ] Hose Reels
- [ ] Smoke Detectors - Monitored
- [ ] Heat Detectors
- [ ] Monitored base alarm
- [ ] Fire Extinguishers
- [ ] Sprinklers
- [ ] Smoke Detectors - Non Monitored
- [ ] Fire alarm
- [ ] Fire Blankets

Sprinkler Type

100% Coverage	☐ Yes	☐ No
Water Supply	☐ Dual	☐ Single
Conforms to Australian Standards	☐ Yes	☐ No

Security

Security Protection Provided

☐ None	☐ Bars on windows
☐ Deadlocks on doors	☐ Protection of Display Windows
☐ Electronic key pad/swipe card access	☐ Security fencing
☐ Locks on all external windows without bars	☐ CCTV system installed
☐ Bollards infront of glazing/display windows/roller shutters	☐ External Lighting
☐ Local alarm	☐ Roller Shutters
☐ Watchman patrols	☐ Monitored base alarm

If applicable, please specify the type of monitored alarm:

☐ Class 2 e.g. Digital Dialler	☐ Class 2 e.g. Digital Dialler + GSM Cellular phone back-up polled daily
☐ Class 3 e.g. Multi-path GPRS polled < 120 sec	☐ Class 4 + 5 e.g. Direct Line or Multi-path Ethernet /GPRS polled < 60 sec

Other Details

Is there an ATM on premises?	☐ Yes	☐ No

2.4. Other Situation Details

Where are the premises located?

☐ Main or Suburban street	☐ Wholly within a shopping centre (No external openings to outside centre)
☐ Within a shopping centre (With external openings)	☐ Within an Industrial Complex
☐ Within an Office Block (incl Ground or 1st floor)	☐ Within an Office Block (2nd floor or above)
☐ Outside Metropolitan, regional or town boundaries	☐ Shipping Container
☐ Market	☐ Other

Is premises connected to town water?

☐ Yes ☐ No

Type Of Fire Brigade

☐ Professional Manned 24 hours	☐ Professional Manned part time
☐ Own on site staff fire brigade Manned 24 hours	☐ Own on site staff brigade Manned part time
☐ Rural or country volunteer brigade	☐ Other

Store Flammable Goods?

☐ Yes ☐ No

If Yes

What quantity

Store substances in accordance with Australian Standards and local/ state government regulations?

☐ Yes ☐ No

If Yes, are goods stored in approved cabinets/bunded storage facilities?

☐ Yes ☐ No

2.5. Interested Parties

Do you wish to note any interested parties?

☐ Yes ☐ No

If Yes, **Interested Party #**

Sections

- ☐ Business Property
- ☐ Money
- ☐ Electronic Equipment
- ☐ Glass
- ☐ Goods In Transit
- ☐ Management Liability
- ☐ Theft
- ☐ Machinery Breakdown
- ☐ Public and Products Liability
- ☐ General Property
- ☐ Tax Audit

Name

Nature of Interest

- ☐ 1st Mortgagee
- ☐ 2nd Mortgagee
- ☐ 3rd Mortgagee
- ☐ Local Government Authority
- ☐ Hire Purchase
- ☐ Landlord
- ☐ Lease
- ☐ Premium Funder
- ☐ Principal
- ☐ Other

Address Line 1

Address Line 2

Suburb State Post Code

3. Business Property

3.1. Business Property Information

Is your premises more than 50% vacant? ☐ Yes ☐ No

Is the building heritage or national trust listed? ☐ Yes ☐ No

Is there storage of waste material? ☐ Yes ☐ No

If Yes, is waste removal conducted on a regular basis, under contract and kept away from the walls of the building? ☐ Yes ☐ No

Does your premises contain a restaurant or bar?

☐ No ☐ Restaurant ☐ Bar ☐ Both

Are there any deep fryers or any wok cooking?

☐ No ☐ Deep Frying ☐ Wok Cooking ☐ Both

If Yes, what is the total number of litres of oil used for deep frying? ☐

If Yes, does the capacity of single vat or twin vat deep fryers exceed 10 litres? ☐ Yes ☐ No

If Yes, do all Deep Fryers have an automatic suppression unit and exhaust extraction system?

☐ No ☐ Auto Suppression ☐ Exhaust Extraction ☐ Both

3.2. Sum Insured

Do you require Strata title mortgagee(s) interest cover only? ☐ Yes ☐ No

Building(s) ☐ ☐ Replacement ☐ Indemnity

Contents ☐ ☐ Replacement ☐ Indemnity

Stock ☐

Specified Item ☐ Sum Insured ☐

Category

☐ Antique
☐ Container contents
☐ Floating stock
☐ Stock of caravans
☐ Stock of watercraft
☐ Other
☐ Customer vehicles
☐ Customer goods
☐ Floating stock and/or contents
☐ Stock of petrol
☐ Work of art

Total Sum Insured ☐

3.3. Additional Cover

Extra Cost of Reinstatement ☐ Wording Coverage ☐ Other Amount

If Other Amount, specify amount ☐

Removal of Debris ☐ Wording Coverage ☐ Other Amount

If Other Amount, specify amount ☐

Rewriting of Records ☐ Wording Coverage ☐ Other Amount

If Other Amount, specify amount

Playing Surfaces ☐ Wording Coverage ☐ Other Amount

If Other Amount, specify amount

Flood ☐ Yes ☐ No

3.4. Excess

Please indicate the Excess you prefer for Business Property

☐ $ 100 ☐ $ 250 ☐ $ 500 ☐ $ 750

☐ $ 1,000 ☐ $ 2,000 ☐ $ 5,000 ☐ $ 7,500

3.5. Other Information

Do you wish to provide any additional information ? ☐ Yes ☐ No

4. Business Interruption

4.1. Sum Insured

Business Interruption

Type

☐ Insurable Gross Profit ☐ Annual Revenue

☐ Weekly Revenue ☐ AICOW Only

Additional Increase in Cost of Working ☐ Wording Coverage ☐ Other Amount

If Other Amount, specify amount

Accounts Receivable ☐ Wording Coverage ☐ Other Amount

If Other Amount, specify amount

Claims Preparation Costs ☐ Wording Coverage ☐ Other Amount

If Other Amount, specify amount

Loss of Rent Receivable

Indemnity Period

☐ 6 months ☐ 12 Months ☐ 18 Months ☐ 24 Months ☐ 36 months

☐ 26 Weeks ☐ 52 Weeks

4.2. Additional Benefit

Documents ☐ Wording Coverage ☐ Other Amount

If Other Amount, specify amount

4.3. Optional Benefit

Goodwill

4.4. Uninsured Working Expenses

Purchases | Discounts Allowed | Bad Debt

Other | Enter %

4.5. Specified Customers and Suppliers

Do you wish to specify any Customers or Suppliers? ☐ Yes ☐ No

Customer / Supplier #

Type ☐ Supplier ☐ Customer

Name

Address Line 1

Address Line 2

Suburb | State | Post Code

Country

Goods Supplied | Percentage of Dependency

4.6. Other Information

Do you wish to provide any additional information ? ☐ Yes ☐ No

5. Public and Products Liability

5.1. Limits of Liability

Limit of Liability - Public & Products Liability

☐ $ 5,000,000 ☐ $ 10,000,000 ☐ $ 15,000,000 ☐ $ 20,000,000 ☐ Other

If Other Amount, specify amount

5.2. Additional Cover

Property in Physical & Legal Control - Limit ☐ Wording Coverage ☐ Other Amount

If Other Amount, specify amount

USA / Canada Exports ☐ Yes ☐ No

If Yes, Product Turnover

5.3. Excess

Please indicate the Excess you prefer for Property Damage

☐ $ 100 ☐ $ 250 ☐ $ 500 ☐ $ 750 ☐ $ 1,000

☐ $ 2,000 ☐ $ 5,000 ☐ $ 7,500 ☐ $ 10,000

5.4. Details of the Business

Property Owner Liability only? ☐ Yes ☐ No

5.5. Contractors and Subcontractors

Do you engage contractors and/or subcontractors in your business? ☐ Yes ☐ No

If Yes:

Do you ensure that contractors and/or subcontractors have their own liability and where necessary, Workers Compensation insurance? ☐ Yes ☐ No

Estimate of the amount to be paid to contractors and subcontractors in the next 12 months:

Labour only $

Labour and plant $

Labour, plant and materials $

What type(s) of work do contractors and/or subcontractors perform for you?

5.6. Labour Hire

Do you engage labour hire or hired in labour in your business? ☐ Yes ☐ No

Estimate the amount to be paid to labour hire firms in the next 12 months $

What type(s) of work do staff from labour hire firms perform for you?

5.7. Designated Contracts

Do you have any contracts to be designated? ☐ Yes ☐ No

If Yes, Description

5.8. Imported Goods

Do you, or do you intend to import goods? ☐ Yes ☐ No

If Yes, **Specified Item #**

Product

Country

Turnover

5.9. Hazardous Activities and Substances

Do you, or do you intend to use, store or handle hazardous substances? ☐ Yes ☐ No

Do you discharge waste or hazardous material into the atmosphere, sewer or elsewhere? ☐ Yes ☐ No

5.10. Hire Out Equipment or Staff

Do you hire out equipment and/or staff? ☐ Yes ☐ No

If Yes:

Is there a Hire Agreement with a disclaimer or legal waiver in place that the hirer signs before hiring? ☐ Yes ☐ No

Is all equipment checked and maintained after each hire? ☐ Yes ☐ No

Equipment hired out

Turnover

5.11. Other Details

Are you authorised by your local government authority to place outdoor furniture (comprising tables and chairs) and/or signs in a public place such as a footpath? ☐ Yes ☐ No

5.12. Optional Extensions

5.13. Other Information

Do you wish to provide any additional information ? ☐ Yes ☐ No

6. Glass

6.1. Cover

External Glass ☐ Yes ☐ No

Internal Glass ☐ Yes ☐ No

Do you wish to add any specified glass items? ☐ Yes ☐ No

If Yes, Description

6.2. Additional Benefit

Signs ☐ Wording Coverage ☐ Other Amount

If Other Amount, specify amount

6.3. Excess

Please indicate the Excess you prefer for Glass

☐ $ 100 ☐ $ 250 ☐ $ 500 ☐ $ 750 ☐ $ 1,000 ☐ $ 2,000

6.4. Other Information

Do you wish to provide any additional information ? ☐ Yes ☐ No

7. Your Contact Details

Your Name

Address

Suburb State Post Code

Mobile Phone Email

Preferred Contact Method

How did you hear about us?

☐ Web Search ☐ Advertisement

☐ Word of Mouth ☐ Tradeshow

☐ Company Website ☐ Other

If Other, how else did you hear about us?

Would you also like to obtain more information or quotations for other types of insurance?

☐ Your Business
☐ General and Products Liability
☐ Management Liability
☐ Corporate Travel and Group Personal Accident
☐ Workers Compensation
☐ Commercial Motor Vehicles
☐ Car
☐ Home
☐ Landlord
☐ Travel
☐ Boat
☐ Caravan

8. Notice

We draw your attention to the Important Notice accompanying this Application form. You must read the Important Notice carefully. If you do not understand the content of Important Notice, please contact us immediately.

If any of the statements in this Application form are untrue, and you have suppressed or mis-stated any facts and/or should any information given by you alter between the date of this Application form and the inception date of the insurance to which this Application form relates you must immediately notify us.

You authorise us to collect or disclose any personal information relating to this insurance to any insurer or insurance reference service. Where you have provided information about another individual (for example, a relative, employee or client), you have or you will make the individual aware of that fact and the section in the Policy on "The way we handle your personal information".

You agree that you have read and understood this notice by doing any of the following:

(a) Signing and returning a copy of this form; or

(b) Providing the information requested and returning the form to us; or

(c) Providing us with instructions to place the policy.

Signature of Applicant(s)		
Position held		
Date		