

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

1.2. Insured

Insured Name

Trading Name

What is your web site address?

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) shareholder(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 #

Risks

Business Property

Business Interruption

Theft

Money

Machinery Breakdown

Electronic Equipment

Public and Products Liability

Glass

General Property

Date Of Loss

Amount of Claim

Please provide a brief description of the claim

Preventative/Corrective action details

2. Situation Details

Situation:

2.1. Risks

Please select the risks you want to cover for this situation

- | | |
|--|--|
| <input type="checkbox"/> Business Property | <input type="checkbox"/> Business Interruption |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Money |
| <input type="checkbox"/> Machinery Breakdown | <input type="checkbox"/> Electronic Equipment |
| <input type="checkbox"/> Public and Products Liability | <input type="checkbox"/> Glass |
| <input type="checkbox"/> General Property | |

2.2. Business Details

Business

Woodworking Machinery Or Equipment Wholesaling

Describe Business if different from above

What is your estimated turnover / gross income 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

2.4. Other Situation Details

Where are the premises located?

- | | |
|--|---|
| <input type="checkbox"/> Main or Suburban street | <input type="checkbox"/> Wholly within a shopping centre (No external openings to outside centre) |
| <input type="checkbox"/> Within a shopping centre (With external openings) | <input type="checkbox"/> Within an Industrial Complex |
| <input type="checkbox"/> Within an Office Block (incl Ground or 1st floor) | <input type="checkbox"/> Within an Office Block (2nd floor or above) |
| <input type="checkbox"/> Outside Metropolitan, regional or town boundaries | <input type="checkbox"/> 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

If Rural Brigade, Distance to Nearest Fire Brigade Km

If Other, Nearest Fire Brigade Details (including distance)

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. Seasonal Increases

Seasonal Increase periods will apply to Property, Theft, Money and Machinery Deterioration of Stock Sections only

Do you wish to change the Seasonal Increase periods?

Yes No

If Yes

First Period: From To

Second Period: From To

2.6. Interested Parties

Do you wish to note any interested parties?

Yes No

If Yes, **Interested Party #**

Risks

Name

Nature of Interest

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

Address Line 1

Address Line 2

Suburb

State

Post Code

3. Business Property

3.1. Business Property Information

Does your premises contain multiple occupancy of tenants? Yes No

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

If No, please provide details

Does your business process involve spray painting? Yes No

If Yes, how is it controlled?

Approved spray booth Ventilated Enclosure General Work Area

Specify storage height?

Less than 3.5m 3.5m - 4m
 4m - 6m Greater than 6m

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 Architects and Surveyors fees

- | | |
|---|--|
| <input type="checkbox"/> Customer vehicles | <input type="checkbox"/> Container contents |
| <input type="checkbox"/> Customer goods | <input type="checkbox"/> Floating stock |
| <input type="checkbox"/> Floating stock and/or contents | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Stock of caravans | <input type="checkbox"/> Stock of petrol |
| <input type="checkbox"/> Stock of watercraft | <input type="checkbox"/> Additional temporary protection |
| <input type="checkbox"/> Work of art | <input type="checkbox"/> Other |

Total Sum Insured

3.3. Additional Cover

- Additional Accidental Damage (as defined)
- Extra Cost of Reinstatement
- Additional Removal of Debris
- Additional Rewriting of Records
- Additional Playing Surfaces
- Flood Yes No

3.4. Excess

Please indicate the Excess you prefer for Defined Events (other than Accidental Damage)

- | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$ 100 | <input type="checkbox"/> \$ 250 | <input type="checkbox"/> \$ 500 | <input type="checkbox"/> \$ 750 |
| <input type="checkbox"/> \$ 1,000 | <input type="checkbox"/> \$ 2,000 | <input type="checkbox"/> \$ 5,000 | <input type="checkbox"/> \$ 7,500 |

Please indicate the Excess you prefer for Accidental Damage

- | | | | |
|---------------------------------|---------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> \$ 100 | <input type="checkbox"/> \$ 250 | <input type="checkbox"/> \$ 500 | <input type="checkbox"/> \$ 1,000 |
|---------------------------------|---------------------------------|---------------------------------|-----------------------------------|

3.5. Other Information

Do you wish to provide any additional information ? Yes No

4. Business Interruption

4.1. Sum Insured

Business Interruption

Type

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Insurable Gross Profit | <input type="checkbox"/> AICOW Only |
|---|-------------------------------------|

Additional Increase in Cost of Working

Accounts Receivable

Claims Preparation Costs

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

4.3. Optional Benefit

Goodwill

4.4. Uninsured Working Expenses

Purchases

Discounts Allowed

Bad Debt

Other

Enter %

4.5. Unspecified / 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. Theft

5.1. Sum Insured

Contents - including stock

Contents - excluding stock

Stock in Trade

Cigarettes / Tobacco

Alcohol

Do you wish to add any specified items?

Yes

No

If Yes, **Specified Item #**

Description

Category

Floating stock and/or contents

Additional loss of keys

Antique

Customer goods

Customers vehicles

Stock of vehicles

Stock of caravans

Stock of petrol

Stock of watercraft

Trees/Shrubs/Plants

Work of art

Other

Sum Insured

5.2. Additional Benefits

Additional Damage to Premises

Theft (limited) Without Forcible and Violent Entry- Item (B) only

5.3. Optional Benefit

Theft Without Forcible and Violent Entry

5.4. Excess

Please indicate the Excess you prefer for Theft

\$ 100

\$ 250

\$ 500

\$ 750

\$ 1,000

\$ 2,000

\$ 5,000

\$ 7,500

5.5. Other Information

Do you wish to provide any additional information ?

Yes

No

6. Money

Blanket Cover

Money in transit

Money on Business Premises - during business hours

Money on Business Premises - outside business hours

Money on Business Premises - locked safe or strongroom

Money in private residence

6.1. Optional Benefit

6.2. Excess

Please indicate the Excess you prefer for Money

\$ 100

\$ 250

\$ 500

\$ 750

\$ 1,000

\$ 2,000

6.3. Other Information

Do you wish to provide any additional information ?

Yes

No

7. Machinery Breakdown

7.1. Blanket Plant and Machinery Details

Blanket Plant and Machinery

Machinery Type

Size/Capacity/Power

No. of Units

Limit any one loss

Printed date 24/01/12

<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 10,000	<input type="checkbox"/> \$ 15,000	<input type="checkbox"/> \$ 20,000	<input type="checkbox"/> \$ 25,000
<input type="checkbox"/> \$ 30,000	<input type="checkbox"/> \$ 40,000	<input type="checkbox"/> \$ 50,000	<input type="checkbox"/> Other	

If Other

Specified Item #

Description

Category

<input type="checkbox"/> Laser cutting machinery	<input type="checkbox"/> Mobile plant
<input type="checkbox"/> Woodworking extraction system	<input type="checkbox"/> Lathe
<input type="checkbox"/> Other	

Sum Insured

7.2. Additional Cover

Deterioration of stock

7.3. Excess

Please indicate the Excess you prefer for Machinery Breakdown

<input type="checkbox"/> \$ 100	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 750	<input type="checkbox"/> \$ 1,000	<input type="checkbox"/> \$ 2,000
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7.4. Other Information

Do you wish to provide any additional information ?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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8. Electronic Equipment

Specified Item #

Description of Item

Classification

<input type="checkbox"/> Mobile Equip Anywhere in Aust(excl. laptop)	<input type="checkbox"/> Laptop
<input type="checkbox"/> Computer & Word Processors	<input type="checkbox"/> Electro-Medical Equipment
<input type="checkbox"/> Diagnostic & Therapeutic X-Ray Equip	<input type="checkbox"/> Office Equipment
<input type="checkbox"/> Microwave Ovens	<input type="checkbox"/> Communication Systems
<input type="checkbox"/> Electronic Scales	<input type="checkbox"/> Audio/Visual Equipment

Video Games(excl. domestic situation)

Sum Insured

8.1. Cover Options

Electronic Data and Electronic Data Media

Yes No

If Yes:

Electronic Data

Electronic Data Media

Additional Increase in Cost of Working

Yes No

If Yes:

Sum Insured

Indemnity Period (months)

3 6 12 18 24 36

Excess (days)

8.2. Excess

Please indicate the Excess you prefer for Electronic Equipment

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

8.3. Other Information

Do you wish to provide any additional information ?

Yes No

9. Public and Products Liability

9.1. Details of the Business

Property Owner Liability only?

Yes No

9.2. 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 \$

9.3. 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?

9.4. Designated Contracts

Do you have any contracts to be designated? Yes No

If Yes, Description

9.5. Imported Goods

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

9.6. Hazardous Activities and Substances

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

Describe the hazardous materials used and/or the hazardous waste produced

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

If Yes, please provide details

Do you carry out any of the following: Use of explosives, bridge construction/maintenance, demolition activities, construction or maintenance work involving chemical works, defence, mines, offshore platforms, aircraft or aviation risks, utilities, gas production, petrochemical plants, power stations, rail, ships or marine risks? Yes No

If Yes, Please give details

Do you perform "hot work" away from own premises that involves the use of cutting, welding, grinding or soldering equipment? Yes No

9.7. Hire Out Equipment or Staff

Do you hire equipment or 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

9.8. Other Details

In the last 6 years or in the future, do you intend to undertake business or export to any of the following countries - Belarus, Burma (Myanmar), Cote d'Ivoire, Cuba, The Democratic Republic of the Congo, Iran, Iraq, Liberia, North Korea, Sudan, Syria or Zimbabwe?

Yes No

If Yes, please provide details

Do you, or do you intend to export goods?

Yes No

If Yes, please provide details

9.9. Limits of Liability

Limit of Liability - Public & Products Liability

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

Limit of Liability - Public Liability Only

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

9.10. Additional Cover

Additional Property in Physical & Legal Control - Limit

USA / Canada Exports

Yes No

If Yes, Product

Turnover

9.11. Optional Extensions

9.12. Excess

Please indicate the Excess you prefer for Property Damage

\$ 100 \$ 250 \$ 500 \$ 750 \$ 1,000
 \$ 2,000 \$ 5,000 \$ 7,500 \$ 10,000

9.13. Other Information

Do you wish to provide any additional information ?

Yes No

10. Glass

10.1. Cover

External Glass Yes No

Internal Glass Yes No

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

If Yes, Description

10.2. Optional Benefit

Increased Cover on Signs

10.3. Excess

Please indicate the Excess you prefer for Glass

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

10.4. Other Information

Do you wish to provide any additional information ? Yes No

11. General Property

11.1. Unspecified Business Items Sum Insured

Unspecified Business items

Specified Item

Description

Type

Laptops/Portable elect. equip(excl mob phones/PDAs)

Mobile phones & PDAs

Tools of Trade excl left on building site overnight
 Stock in Trade of Tradesman
 Traveller Samples

Tools of Trade when left on building site overnight
 Household Goods in Storage
 Other Specified Items

Sum Insured

11.2. Excess

Please indicate the Excess you prefer for General Property

\$ 100 \$ 250 \$ 500 \$ 1,000 \$ 2,000

11.3. Cover Extensions

Worldwide Cover

Yes No

11.4. Cover Limitations

Fire Excluded

Yes No

Fire, Theft and Collision of the conveying vehicle

Yes No

11.5. Other Information

Do you wish to provide any additional information ?

Yes No

12. Declaration

I/We hereby declare that:

My/Our attention has been drawn to the Important Notice accompanying this Application form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature/s below.

The above statements are true, and I/we have not suppressed or mis-stated any facts and should any information given by me/us alter between the date of this Application form and the inception date of the insurance to which this Application relates I/we shall give immediately notice thereof.

I/We authorize Paul Donnelly Insurance Brokers Pty Ltd to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service. Where I/we have provided information about another individual (for example, an employee, or client), I/we declare that the individual has been or will be made aware of that fact.

I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Application form and I/we complete this Application form on their behalf.

To be signed by the Chairman/President/Managing Partner/Managing Director/Principal of the association/partnership/company/practice/business.

Signature	Date	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

