

Industrial Special Risks 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 are part of this application.
- Where appropriate, please tick the yes or no box which best indicates your reply.

Applicant Details

1.1 Period Insurance

Start Date End Date

1.2 Name

(a) Full legal name of each natural person & incorporated body to be insured

(b) What is your web site URL?

(c) Are you registered for GST purposes? Yes No

(d) What is your Input Tax Credit?

(e) What is your ABN?

(f) Year business was established

(g) Are you exempt from stamp duty? Yes No If Yes, specify number:

1.3 Interested Parties

(a) Please list any interested parties

1.4 Duty of Disclosure

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

- (a) Ever been declared bankrupt? Yes No
- (b) 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
- (c) Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)? Yes No
- (d) Been liable for any civil offence or pecuniary penalty (exceeding \$5,000)? Yes No
- (e) Any other matters you should disclose? Yes No

2. Principal Location

2.1 Street Address

Suburb

State

Post Code

2.2 Occupation at Situation

(a) Occupation

(b) Describe Occupation

2.3 General Building Details

(a) Number of Stories

(b) Year Built

(c) Year Last Rewired

(d) Size (m²)

(e) Is premises connected to town water?

Yes No Not Known

(f) Is the building heritage protected?

Yes No Not Known

(g) Multiple buildings on site?

Yes No

(h) Estimated % of Expanded Polystyrene (EPS)

%

(i) Do you store flammable goods?

Yes No Not Known

If Yes - what quantity?

(j) Is there a Non-Smoking Policy in force?

Yes No Not Known

(k) Waste Disposal Procedures

(l) Nearest Fire Brigade

2.4 Floor Construction

Concrete Iron/Steel Brick Expanded Polystyrene (EPS)
 Wood Mixed Other

If construction is mixed please give details:

Construction	Percentage
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

Upper Floors Construction

Concrete Iron/Steel Brick Expanded Polystyrene (EPS)
 Wood Mixed Other

If construction is mixed please give details:

Construction	Percentage
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

2.5 Wall Construction

Concrete Iron/Steel Brick Masonry Expanded Polystyrene (EPS) Mixed Other

If construction is mixed please give details:

Construction	Percentage
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

2.6 Roof Construction

Concrete Masonry Tiles Asbestos Iron/Steel
 Expanded Polystyrene (EPS) Wood Mixed Other

If construction is mixed please give details:

Construction	Percentage
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

2.7 Fire Protection

- | | | |
|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Hose Reels |
| <input type="checkbox"/> Sprinklers | <input type="checkbox"/> Smoke Detectors - Monitored | <input type="checkbox"/> Smoke Detectors - Non Monitored |
| <input type="checkbox"/> Heat Detectors | <input type="checkbox"/> Fire alarm | <input type="checkbox"/> Monitored base alarm |

If applicable, please provide sprinkler details:

- | | | | |
|----------------------------------|---------------------------------|-------------------------------|------------------------------------|
| 100% Coverage | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Known |
| Water Supply | <input type="checkbox"/> Single | <input type="checkbox"/> Dual | <input type="checkbox"/> Not Known |
| Conforms to Australian Standards | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Known |

2.8 Security

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Local alarm |
| <input type="checkbox"/> Monitored base alarm | <input type="checkbox"/> Bars on windows |
| <input type="checkbox"/> Locks on all external windows without bars | <input type="checkbox"/> Deadlocks on doors |
| <input type="checkbox"/> Protection of Display Windows | <input type="checkbox"/> External Lighting |
| <input type="checkbox"/> Bollards in front of glazing/display windows/roller shutters | <input type="checkbox"/> CCTV system installed |
| <input type="checkbox"/> Security fencing | <input type="checkbox"/> Watchman patrols |
| <input type="checkbox"/> Electronic key pad/swipe card access | |

If applicable, please specify the type of monitored alarm:

- | |
|--|
| <input type="checkbox"/> Class 2 e.g. Digital Dialler |
| <input type="checkbox"/> Class 2 e.g. Digital Dialler + GSM Cellular phone back-up polled daily |
| <input type="checkbox"/> Class 3 e.g. Multi-path GPRS polled < 120 sec |
| <input type="checkbox"/> Class 4 + 5 e.g. Direct Line or Multi-path Ethernet /GPRS polled < 60 sec |
| <input type="checkbox"/> Not Known |

2.9 Adjoining Premises

(a) North	<input type="text"/>
(b) South	<input type="text"/>
(c) East	<input type="text"/>
(d) West	<input type="text"/>

2.10 Declared Values for this Location

(a) Building	<input type="text"/>	
(b) Contents	<input type="text"/>	
(c) Stock	<input type="text"/>	
(d) Removal Of Debris	<input type="text"/>	
e) Extra Cost of Reinstatement	<input type="text"/>	
(f) Rewriting of Records	<input type="text"/>	
(g) Custom	<input type="text"/>	<input type="text"/>
(h) Custom	<input type="text"/>	<input type="text"/>
(i) Total	<input type="text"/>	
(j) Percentage of Total Turnover at location	<input type="text"/>	%

3. Total Declared Values

3.1 Section 1 - Total Declared Value

(a) Material Loss or Damage

3.2 Section 2 - Total Declared Value

(a) Income Gross Profit Gross Revenue Gross Earnings

(b) Is payroll included in Gross Profit? Yes No

(c) Insured Payroll

(d) Additional Increased Cost of Working

(e) Claims Preparation Fees

(f)

(g)

3.3 Section 2 - Indemnity Period

(a) Indemnity Period Months

3.4 Section 2 - Dual Basis Payroll

(a) 100% for weeks

(b) % remaining for indemnity period %

(c) Consolidation Period %

3.5 Section 2 - Uninsured Working Expenses

(a) Purchases %

(b) Discounts allowed %

(c) Bad Debt %

(d) Other Percentage %

%

%

%

3.6 Staff

(a) Number of Managerial

(b) Number of Sales / Service

(c) Number of Secretarial

(d) Number of Storeman

(e) Number of Representatives

(f) Shift Workers Yes No If Yes, what is the Shift Duration? hours

(g) Number of Days Operation

4. Limits of Liability

4.1 Limits of Liability

(a) Section 1 - Material Loss or Damage

(b) Section 2 - Business Interruption

(c) Combined single limit (any one loss / any one situation)

4.2 Sub-Limits of Liability for Section 1 - Material Loss of Damage

(a) Accidental Damage (as defined)

(b) Burglary and Theft of property (other than money)

(c) Theft in Open Air

(d) Money (Blanket cover)

(e) Damage to Property in Open Air

(f) Removal of debris

(g) Rewriting of records

(h) Employees' / Directors' personal property (per person)

(i) Employees' / Directors' personal property (aggregate of all persons)

(j) Glass

(k) Liability to Make Enquiries

(l) Unpacking Expenses

(m) Expediting Expenses

(n) Cost of Clearing Drains

- (o) Liability for Duty
- (p) Landscaping
- (q) Extra cost of reinstatement
- (r) Loss of land value
- (s) Custom
- (t) Custom

(t) Additional Sub-Limits

Description	Value
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

4.3 Sub-Limits of Liability for Section 2 - Business Interruption

- (a) Professional fees and claims preparation costs
- (b) Additional increase in cost of working
- (c) Accounts Receivable
- (d) Public Utilities
- (e) Customers and Suppliers
- (f) Human Infectious Disease

4.4 Flood

- (a) Is flood cover required? Yes No

4.5 Specified Customers and Suppliers

Do you want to specify customers and/or suppliers in excess of the Steadfast automatic cover?

Yes No

Customer / Supplier #1

Type

Name

Street Address 1

Street Address 2

Suburb

State

Post Code

Country

Goods Supplied

Percentage of Dependency

Customer / Supplier #2

Type

Name

Street Address 1

Street Address 2

Suburb

State

Post Code

Country

Goods Supplied

Percentage of Dependency

Customer / Supplier #3

Type

Name

Street Address 1

Street Address 2

Suburb

State

Post Code

Country

Goods Supplied

Percentage of Dependency

4.6 Deductible

(a) Section 1 - Basic Excess

(b) Section 1 - Employees'/Directors' Personal Property

(c) Section 2 - Business Interruption

Days

Hours

(d) Other Perils

Deductible

5. Insurance History

5.1 Claims Experience

Have you had any claims in the last 3 years?

Yes No

If yes, please specify claims as at

Event #1

Date of Loss

Paid

Outstanding

Incurred

Description

Preventative Actions

Event #2

Date of Loss

Paid

Outstanding

Incurred

Description

Preventative Actions

Event #3

Date of Loss

Paid

Outstanding

Incurred

Description

Preventative Actions

5.2 Previous Deductible in last 3 Years

Current Year

Prior Year 2

Prior Year 3

5.3 Other Underwriting Information

6. 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 and the section in the Policy on "The way we handle your personal information".

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