

Trade Insurances Needs Analysis Date:

Insured's Name:							
Trading Name:							
Contact Name:				ABN:			
Postal Address:						P/C:	
Location (If different):						P/C	
Ph: B/H		Fax No:		Mobile Phone:			
Occupation:		Qualifications:		Experience Years:			
Email:		Web page:		New Venture: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Current Insurer:		Current Broker:		Expiry Date:			
Has any insurer in respect of any insurance policy held by you, your partners and/or directors ever:							
(a) Refused to renew / cancelled or terminated a policy						YES <input type="checkbox"/> NO <input type="checkbox"/>	
(b) Refused a claim or required an increased premium under the policy?						YES <input type="checkbox"/> NO <input type="checkbox"/>	
(c) Imposed special conditions under the policy?						YES <input type="checkbox"/> NO <input type="checkbox"/>	
(d) Have you been convicted on any criminal offence or been declared bankrupt?						YES <input type="checkbox"/> NO <input type="checkbox"/>	
(f) Have you had any claims in the past 5 Years?						YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES to any of the above, please give details below,							
SECTION 1 – PUBLIC AND PRODUCTS LIABILITY							
Limit of indemnity		\$5,000,000 <input type="checkbox"/>		\$10,000,000 <input type="checkbox"/>		\$20,000,000 <input type="checkbox"/>	
Do you require tenants/lease liability?				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Goods care custody & control				\$			
Turnover \$		Wages \$		Number of employees			
Sub contractors: YES <input type="checkbox"/> NO <input type="checkbox"/>				Welding/Hot work YES <input type="checkbox"/> NO <input type="checkbox"/>			
Estimated wages Sub Contractors:							
PERSONAL ACCIDENT/ILLNESS – Income 100% <input type="checkbox"/> 75% <input type="checkbox"/> Other <input type="checkbox"/> INCOME PROTECTION - YES <input type="checkbox"/> NO <input type="checkbox"/>							
Name	DOB	Hgt/Wgt	Gender	Death	Accident	Illness	Smoker
1.			M/F	\$	\$	\$	Y/N
2.			M/F	\$	\$	\$	Y/N
3.			M/F	\$	\$	\$	Y/N
Period of benefit 52 <input type="checkbox"/>		104 Weeks <input type="checkbox"/>		Waiting period 7days <input type="checkbox"/>		14 days <input type="checkbox"/>	
						30 days <input type="checkbox"/>	
Any Health or accident disclosure: Y/N				Details:			

PORTABLE ITEMS (Outside Premises) Tools of Trade - YES <input type="checkbox"/> NO <input type="checkbox"/>	
Description Specified Items - \$500 or more: Value:	
\$	
\$	
\$	
Unspecified /Under \$500: \$	
TOTAL:	
\$	
(1) Cover Fire, Flood, Collision O/T Theft following forced Entry	<input type="checkbox"/> Off/On Parking at night:
(2) Multi risks (Theft only if Securely Locked in Building/Vehicle)	<input type="checkbox"/>
WORKER'S COMPENSATION - YES <input type="checkbox"/> NO <input type="checkbox"/>	
Existing Company:	
Wages	Claims:
OTHER INSURANCE REQUIREMENTS	
Travel, Contract Works, Life, Motor, Goods in Transit, Director & Officers, Super, Tax Audit, Fraud, Professional Indemnity,	
Key Man, Premises cover – Fire, Business Interruption, Burglary, Money, Glass,	

General Comments:

We act only as broker in relation to the above selected insurance covers. Should you wish to obtain a quotation on any other insurance please do not hesitate to contact our office on 02 9482 7422

Name : _____

Date: _____