

# BUSINESS PACKAGE APPLICATION FOR INSURANCE

|               |                  |
|---------------|------------------|
| Intermediary  | Telephone Number |
|               | Fax Number       |
|               | E-Mail Address   |
| Contact Name: |                  |

## APPLICANT DETAILS

|                                  |                              |  |  |                         |
|----------------------------------|------------------------------|--|--|-------------------------|
| Period of Insurance Start Date   | Period of Insurance End Date | Type of Business   | Company                                | Sole Proprietorship     |
|                                  |                              |  | Partnership                            | Other (Please specify): |
| Full Legal Name - Trading Name   |                              |  |  |                         |
| Postal Address Number and Street |                              |  | City                                   | State / Territory       |
|                                  |                              |  |  | Postcode                |
| Telephone Number                 | Fax Number                   | Mobile Number  | E-Mail Address                         |                         |
| Year Business Established        | ABN                          | GST Registered?<br><input type="checkbox"/> Y / <input type="checkbox"/> N | Input Tax Credit %                     | Web Site URL            |
| Annual Turnover                  | Annual Rental Income         | Number of Full Time Employees  | Number of Casual / Part Time Employees | Number of Directors     |

## CURRENT INSURANCE DETAILS

|                                |                 |               |
|--------------------------------|-----------------|---------------|
| Holding Broker or Intermediary | Holding Insurer | Policy Number |
|--------------------------------|-----------------|---------------|

## INTERESTED PARTIES

| Int # | Name | Type of Interest | Physical Address | Phone Number |
|-------|------|------------------|------------------|--------------|
|       |      |                  |                  |              |
|       |      |                  |                  |              |
|       |      |                  |                  |              |

## PREMISES DETAILS (Attach ACORD 3823, Additional Situations Schedule, for multiple situations)

|  |   |  |   |   |   |
|--|---|--|---|---|---|
| Sit #  | Number and Street   | <input type="checkbox"/> Primary Situation   | City / Suburb   | State / Territory   | Postcode  |
| Occupation at Situation  |   |  | Describe any additional material activities, not reasonably expected for the occupation selected, conducted at or away from the situation |   |   |
| Owner of Premises<br><input type="checkbox"/> Y / <input type="checkbox"/> N | Occupied by Other Business<br><input type="checkbox"/> Y / <input type="checkbox"/> N | Describe Activities of Other Business  |   |   |   |
| Year Built   | Year Last Rewired (if older than 50 years)  | Premises Connected to Town Water?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known |   | Building Heritage Protected?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known |   |
| Locality   | Main Street<br><input type="checkbox"/> Shopping Centre (fully enclosed)              | Suburban Street<br><input type="checkbox"/> Office Block   | Remote / Rural<br><input type="checkbox"/> Industrial Estate  |   |   |
| Floor Construction   |   | Wall Construction  |   | Roof Construction   |   |
| <input type="checkbox"/> Concrete  | <input type="checkbox"/> Expanded Polystyrene (EPS)                                   | <input type="checkbox"/> Concrete  | <input type="checkbox"/> Expanded Polystyrene (EPS)   | <input type="checkbox"/> Concrete   | <input type="checkbox"/> Expanded Polystyrene (EPS) |
| <input type="checkbox"/> Iron / Steel  | <input type="checkbox"/> Mixed  | <input type="checkbox"/> Iron / Steel  | <input type="checkbox"/> Mixed  | <input type="checkbox"/> Iron / Steel   | <input type="checkbox"/> Wood                       |
| <input type="checkbox"/> Brick   | <input type="checkbox"/> Wood   | <input type="checkbox"/> Brick   | <input type="checkbox"/> Wood   | <input type="checkbox"/> Masonry  | <input type="checkbox"/> Mixed                      |
| Other (Describe):  |   | Other (Describe):  |   | <input type="checkbox"/> Tiles  | <input type="checkbox"/> Asbestos                   |
|  |   |  |   | Other (Describe):   |   |
| Fire Protection (Indicate ONLY if fully operational)                         |   |  | Security  |   |   |
| <input type="checkbox"/> None  | <input type="checkbox"/> Fire Alarm - Monitored                                       | <input type="checkbox"/> None  | <input type="checkbox"/> Locks on all External Windows without bars   | <input type="checkbox"/> Bollards in front of Glazing / Display Windows / Roller Shutters                                   |   |
| <input type="checkbox"/> Sprinklers  | <input type="checkbox"/> Hose Reels   | <input type="checkbox"/> Security Fencing  | <input type="checkbox"/> Electronic Key Pad / Swipe Card Access   | <input type="checkbox"/> Bars on Windows  |   |
| <input type="checkbox"/> Heat Detectors                                      | <input type="checkbox"/> Smoke Detectors - Not Monitored                              | <input type="checkbox"/> Deadlocks on Doors  | <input type="checkbox"/> External Lighting  | <input type="checkbox"/> Watchman Patrols   |   |
| <input type="checkbox"/> Fire Extinguishers                                  | <input type="checkbox"/> Fire Alarm - Not Monitored                                   | <input type="checkbox"/> Security Alarm - Monitored  | <input type="checkbox"/> Protection of Display Windows  |   |   |
| <input type="checkbox"/> Smoke Detectors - Monitored                         |   | <input type="checkbox"/> Local Alarm   | <input type="checkbox"/> CCTV System Installed  |   |   |
| Type of Monitored Alarm, if applicable                                       |   |  |   |   |   |
| <input type="checkbox"/> Dedicated Land Line                                 | <input type="checkbox"/> Digital with GSM Backup                                      | <input type="checkbox"/> Monitored Alarm with Line Interrogation and Security Patrol   | <input type="checkbox"/> Not Known  |   |   |
| <input type="checkbox"/> Dialler   | <input type="checkbox"/> Local - Not Monitored  | <input type="checkbox"/> Monitored Alarm with Security Patrol Response   |   |   |   |

## REMARKS



**COVER INFORMATION  
PROPERTY**

| Type of Cover                           | Sum Insured | Excess Amount | Type of Cover                | Sum Insured          | Excess Amount |
|---|-------------|---------------|------------------------------|----------------------|---------------|
| Building                                | \$          | \$            | Accidental Damage - sublimit | \$                   | \$            |
| Contents, including Plant and Machinery | \$          | \$            | Debris Removal               | \$                   | \$            |
| Stock, including Customers' Goods       | \$          | \$            | Rewriting of Records         | \$                   | \$            |
| Specified Items:                        |             |               |                              | Flood Cover Required | Y / N         |
| Category                                | Description |               |                              |                      | Value         |
|   |             |               |                              |                      | \$            |
|   |             |               |                              |                      | \$            |
|   |             |               |                              |                      | \$            |

**BUSINESS INTERRUPTION**

| Type of Cover                              | Sum Insured | Excess Amount | Type of Cover                        | Sum Insured              | Excess Amount |
|--|-------------|---------------|--------------------------------------|--------------------------|---------------|
| Gross Revenue<br>Weekly                    | \$          | \$            | Outstanding Accounts Receivable      | \$                       | \$            |
| Insured Gross Profit Standalone AICOW      |             |               | Loss of Rent Receivable              |                          |               |
| Claims Preparation Costs (incl prof. fees) | \$          | \$            | Insured Payroll                      | %                        | \$            |
| Additional Increase in Cost of Working     | \$          | \$            | Indemnity Period: (Number of Months) | Uninsured Work Expenses: |               |
| Customer and Suppliers:                    |             |               |                                      |                          |               |
| Name                                       | Address     |               |                                      | Country                  | Percentage    |
|  |             |               |                                      |                          |               |
|  |             |               |                                      |                          |               |

**PUBLIC AND PRODUCTS LIABILITY**

| Type of Cover                     | Limit       | Excess Amount          | Type of Cover                     | Limit              | Excess Amount                            |
|-----------------------------------|-------------|------------------------|-----------------------------------|--------------------|--|
| Limit of Liability                | \$          | \$                     | Goods in Care, Custody or Control | \$                 | \$                                       |
| Product Liability Sum Insured: \$ |             | Annual Turnover: \$    |                                   | Property Value: \$ |  |
| Import Goods                      | Y / N       | Export Goods           | Y / N                             |                    |  |
| Import / Export                   | Description |                        | Country                           | Turnover           |  |
|                                   |             |                        |                                   |                    |  |
|                                   |             |                        |                                   |                    |  |
| Property Owner Only?              | Y / N       | Engage Sub-Contractors | Y / N                             | Amount Paid: \$    | Labour Hire Y / N # of Wages: Work Type: |

**BURGLARY**

| Type of Cover                     | Sum Insured | Excess Amount | Type of Cover                | Sum Insured | Excess Amount |
|-----------------------------------|-------------|---------------|------------------------------|-------------|---------------|
| Contents including Stock          | \$          | \$            | Alcohol                      | \$          | \$            |
| Contents excluding Stock          | \$          | \$            | Tobacco and Cigarettes       | \$          | \$            |
| Stock, including Customers' Goods | \$          | \$            | Theft without Forcible Entry | \$          | \$            |
| Specified Items:                  |             |               | Theft in the Open Air        | \$          | \$            |
| Category                          | Description |               |                              |             | Value         |
|                                   |             |               |                              |             | \$            |
|                                   |             |               |                              |             | \$            |
|                                   |             |               |                              |             | \$            |

**MONEY**

| Type of Cover  | Sum Insured | Excess Amount | Type of Cover                        | Sum Insured | Excess Amount |
|--|-------------|---------------|--------------------------------------|-------------|---------------|
| Blanket - All Specified Covers included                            | \$          | \$            | On Premises Locked Safe / Strongroom | \$          | \$            |
| In transit   | \$          | \$            | Private Residence / Personal Custody | \$          | \$            |
| On Premises during business hours                                  | \$          | \$            | Damage to Safe / Strongroom          | \$          | \$            |
| On Premises outside business hours Not in Locked Safe / Strongroom | \$          | \$            |                                      |             |               |

**GLASS**

|   |           |              |               |             |       |                |
|---|-----------|--------------|---------------|-------------|-------|----------------|
| Internal Glass                                  | Y / N     | Single Front | Y / N         | Multi Front | Y / N | % above Ground |
| External Glass                                  | Y / N     | Double Front | Y / N         |             |       | %              |
| Type of Cover                                   | Max Limit |              | Excess Amount |             |       |                |
| Glass or Electric Illuminated Advertising Signs | \$        |              | \$            |             |       |                |

**GENERAL PROPERTY**

|  |   |                    |                   |                           |                     |
|--|---|--------------------|-------------------|---------------------------|---------------------|
| Unspecified Items  | Theft of Property in the Open Air included                                    |                    | Fire Cover only   | Fire and Theft Cover only | Fire Cover deleted  |
| Worldwide Cover included   | Unspecified Damage restricted to collision or overturning of carrying vehicle |                    |                   |                           | Flood Cover deleted |
| Basis of Settlement  | Indemnity   | Limit any One Item | Total Sum Insured | Excess Amount             |                     |
|  | Reinstatement   | \$                 | \$                | \$                        |                     |
| Please Specify Individual Items above Unspecified Limit You Wish to Insure |   |                    |                   |                           |                     |
| Number   | Description   | Model              | Serial Number     | Sum Insured               | Excess Amount       |
|  |   |                    |                   | \$                        | \$                  |
|  |   |                    |                   | \$                        | \$                  |
|  |   |                    |                   | \$                        | \$                  |
|  |   |                    |                   | \$                        | \$                  |

**COVER INFORMATION (continued)**  
**MACHINERY BREAKDOWN**

| Type of Cover                       | Limit Any One Loss | Excess Amount | Type of Cover                       | Limit Any One Loss | Excess Amount |
|-------------------------------------|--------------------|---------------|-------------------------------------|--------------------|---------------|
| Machinery Blanket Cover # of Items: | \$                 | \$            | Deterioration of Refrigerated Goods | \$                 | \$            |
| Loss / Damage to Refrigerated Goods | \$                 | \$            |                                     |                    |               |
| Item                                | Description        |               |                                     | Number of Units    | Value         |
| Air Compressor                      |                    |               |                                     |                    | \$            |
| Air Conditioning Plant              |                    |               |                                     |                    | \$            |
| Auto Workshop Equipment             |                    |               |                                     |                    | \$            |
| Car Wash Equipment                  |                    |               |                                     |                    | \$            |
| Escalators                          |                    |               |                                     |                    | \$            |
| Generators                          |                    |               |                                     |                    | \$            |
| Lifts                               |                    |               |                                     |                    | \$            |
| Mobile Plant                        |                    |               |                                     |                    | \$            |
| Office Machines                     |                    |               |                                     |                    | \$            |
| Refrigeration Equipment             |                    |               |                                     |                    | \$            |
| Other Specified Machinery           |                    |               |                                     |                    | \$            |
| Other Specified Machinery           |                    |               |                                     |                    | \$            |
| Other Specified Machinery           |                    |               |                                     |                    | \$            |
| Other Specified Machinery           |                    |               |                                     |                    | \$            |

**ELECTRONIC EQUIPMENT**

| Type of Cover                             | Limit Any One Loss | Excess Amount | Type of Cover                      | Limit Any One Loss | Excess Amount |
|---|--------------------|---------------|------------------------------------|--------------------|---------------|
| Computer and Electronic Devices Breakdown | \$                 | \$            | Loss of Income                     | \$                 | \$            |
| Cost of Data Restoration                  | \$                 | \$            | Increased Cost of Work             | \$                 | \$            |
| Claims Preparation Cost                   | \$                 | \$            | Indemnity Period - # Months: _____ |                    |               |
| Item                                      | Description        |               |                                    | Number of Units    | Value         |
| Computer                                  |                    |               |                                    |                    | \$            |
| Laptop                                    |                    |               |                                    |                    | \$            |
| Mobile Phone                              |                    |               |                                    |                    | \$            |
| A/V Equipment                             |                    |               |                                    |                    | \$            |
| Other Specified Equipment                 |                    |               |                                    |                    | \$            |
| Other Specified Equipment                 |                    |               |                                    |                    | \$            |

**EMPLOYEE FRAUD**

|   | Full Time | Casual / Part Time |   | Limit | Excess Amount |
|---|-----------|--------------------|---|-------|---------------|
| Total Employees                                     |           |                    | Limit Any One Employee                            | \$    | \$            |
| Employees (Internal) Handle Cash / Negotiable Instr |           |                    | Limit Any One Period of Insurance                 | \$    | \$            |
| Employees (External) Handle Cash / Negotiable Instr |           |                    |   |       |               |
| Operate Tab Services or Poker Machines (Internal)   | Y / N     |                    | Operate Tab Services or Poker Machines (External) | Y / N |               |

**OTHER INSURANCE DETAILS**

| Explain all "YES" Responses  | Y / N |
|--|-------|
| 1. Have you or any Director / Partner / Manager of the business ever had insurance declined or cancelled?  |       |
| 2. Have you or any Director / Partner / Manager of the business ever had an insurer cancel, refuse or non invite renewal, impose special conditions or deny any claim? |       |
| 3. Have you or any Director / Partner / Manager of the business ever been declared bankrupt or put into receivership or liquidation?                                   |       |
| 4. Have you or any Director / Partner / Manager of the business ever been charged with or convicted of a criminal offence?   |       |

**CLAIMS HISTORY**

| In the last three (3) years, have you sustained a loss or damage (insured or not) of a type against for which cover is now being sought? (If "YES", complete the following) |         |             |         | Y / N |
|---|---------|-------------|---------|-------|
| Date  | Insurer | Loss Amount | Details |       |
|   |         |             |         |       |
|   |         |             |         |       |
|   |         |             |         |       |

**DECLARATIONS**

|           |      |           |      |
|-----------|------|-----------|------|
|           |      |           |      |
| SIGNATURE | DATE | SIGNATURE | DATE |