

# Community Broker Network

## 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

Tax Audit

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

- |                          |                               |                          |                       |
|--------------------------|-------------------------------|--------------------------|-----------------------|
| <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              | <input type="checkbox"/> | Employee Dishonesty   |
| <input type="checkbox"/> | Tax Audit                     |                          |                       |

### 2.2. Business Details

Business

Concrete Footpath Construction

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

### 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"/> | Shipping Container   |
| <input type="checkbox"/> | Market  | <input type="checkbox"/> | Other  |

Is premises connected to town water?

Yes  No

Type Of Fire Brigade

<input type="checkbox"/> Professional Manned 24 hours	<input type="checkbox"/> Professional Manned part time
<input type="checkbox"/> Own on site staff fire brigade Manned 24 hours	<input type="checkbox"/> Own on site staff brigade Manned part time
<input type="checkbox"/> Rural or country volunteer brigade	<input type="checkbox"/> 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

<input type="checkbox"/> Business Property	<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
<input type="checkbox"/> Employee Dishonesty	<input type="checkbox"/> Goods In Transit
<input type="checkbox"/> Tax Audit	<input type="checkbox"/> Management Liability

Name

Nature of Interest

<input type="checkbox"/> 1st Mortgagee	<input type="checkbox"/> 2nd Mortgagee	<input type="checkbox"/> 3rd Mortgagee
<input type="checkbox"/> Local Government Authority	<input type="checkbox"/> Hire Purchase	<input type="checkbox"/> Landlord
<input type="checkbox"/> Lease	<input type="checkbox"/> Premium Funder	<input type="checkbox"/> Principal
<input type="checkbox"/> Other		

Address Line 1

Address Line 2

Suburb

State

Post Code

### 3. Public and Products Liability

#### 3.1. 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

#### 3.2. 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

#### 3.3. Excess

Please indicate the Excess you prefer for Property Damage

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

#### 3.4. Details of the Business

Property Owner Liability only?

Yes

No

#### 3.5. 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?

#### 3.6. 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?

### 3.7. Imported Goods

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

If Yes, **Specified Item #**

Product

Country

Turnover

### 3.8. 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

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

What is the percentage of turnover from "hot work" away from own premises?

up to 5%  6%-10%  11%-15%  16%-20%  21%+

### 3.9. 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

### 3.10. Other Details

Does the business install/construct formwork or conduct steel fixing exceeding 2 metres in depth or more than 10 metres above the ground or does formwork represent more than 50% of the turnover advised to Us?  Yes  No

Has or does the business knowingly provide products or services intended for use in the following industries:-

- aviation
- marine (including underwater activities)
- mining (including oil and gas exploration)
- chemical
- automotive
- railway
- medical/pharmaceutical
- defence/munition
- petrochemical plants or refineries
- public utilities
- public infrastructure (including roads, bridges and tunnels)

Yes  No

Does the business carry out any restumping, reblocking, underpinning or piling?

Yes  No

What is the maximum depth of underground/excavation work in metres?

Under 2  2 - 5  Above 5

### 3.11. Optional Extensions

## 4. General Property

### 4.1. Unspecified Business Items Sum Insured

Unspecified Business items

#### Specified Item #

Description

Type

- |  |  |
|--|--|
| <input type="checkbox"/> Laptops/Portable elect. equip(excl mob phones/PDAs) | <input type="checkbox"/> Mobile phones & PDAs                                |
| <input type="checkbox"/> Tools of Trade excl left on building site overnight | <input type="checkbox"/> Tools of Trade when left on building site overnight |
| <input type="checkbox"/> Stock in Trade of Tradesman                         | <input type="checkbox"/> Household Goods in Storage                          |
| <input type="checkbox"/> Traveller Samples                                   | <input type="checkbox"/> Other Specified Items                               |

Sum Insured

### 4.2. Excess

Please indicate the Excess you prefer for General Property

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

## 5. Your Contact Details

Your Name

Address

Suburb  State  Post Code

Mobile  Phone  Email

Preferred Contact Method

How did you hear about us?

- |  |  |
|--|--|
| <input type="checkbox"/> Web Search      | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Word of Mouth   | <input type="checkbox"/> Tradeshow     |
| <input type="checkbox"/> Company Website | <input type="checkbox"/> 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?

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Your Business                                | <input type="checkbox"/> Car      |
| <input type="checkbox"/> General and Products Liability               | <input type="checkbox"/> Home     |
| <input type="checkbox"/> Management Liability                         | <input type="checkbox"/> Landlord |
| <input type="checkbox"/> Corporate Travel and Group Personal Accident | <input type="checkbox"/> Travel   |
| <input type="checkbox"/> Workers Compensation                         | <input type="checkbox"/> Boat     |
| <input type="checkbox"/> Commercial Motor Vehicles                    | <input type="checkbox"/> Caravan  |

## 6. 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