

Date:

PLEASE READ TO CLIENT

We need to obtain information to provide you with a quotation.

In collecting this information we are not giving our opinion or recommendations on your insurance needs.

Once we have premiums for your insurance I will (or have someone) call back to discuss and to answer any of your questions.

Please ensure that you carefully consider your sums insured, as your broker we are not able to make any comment or recommendation regarding the value of your insured items.

Should you require any assistance with valuation please seek professional guidance.

Legal Name:

Trading As:

ABN: ACN:

Postal address:

Postcode:

Email Phone Fax

Period of Insurance to

Current Insurer:

Interested Parties: Nature of Interest:

Date of Birth

INSURANCE HISTORY

Proposal or Renewal Declined or special terms imposed? YES NO

Charged or convicted of a criminal offence in last 5 years? YES NO

Any claims last 5 years? YES NO

Any other facts that may affect an insurer's assessment? YES NO

Have you ever been placed in receivership or liquidation or declared bankrupt? YES NO

Details if Yes to Above

Address:

Do you require a quote for Flood cover:

Occupation:

Number of years in this occupation:

Owner Occupied or tenanted:

Year Constructed

Does your premise comply with fire & council regulations?

Construction Walls:

Construction Roof:

Construction Floor:

Does your premise contain any EPS (Expanded Polystyrene)?

What is the total % of EPS?

Any flammable goods stored on the premise:

Number of stories:

Fire Protection

Connected to Town water:

Permanently manned fire station:

Total Number of Extinguishers:

Number of Dry Chemical Extinguishers Number of BCF Extinguishers: Number of CO2 Extinguishers

Number of Water Extinguishers Number of foam Extinguishers Date of last service:

Fully Sprinklered: Partially Sprinklered: Hose Reels:

Fire Alarm – Local Fire Alarm – Back to Base Fire Alarm – To Brigade

Fire Alarm – Thermal Fire Alarm – Smoke Fire Hydrants:

Security

External Doors External Windows Alarms

Dead Locks Key Locks Local

Padlocks Bars / Grills Back to Base

How are the alarms activated:

Is the building in a fully enclosed shopping centre:

Is the building surrounded by a fence 2M minimum:

Is the premises randomly patrolled by security:

Is CCTV installed:

Sum Insured

Buildings:

Stock

Contents

Removal of Debris

Accidental Damage

Business Interruption **Cover Is Not Required For This Section**

Indemnity Period: Weeks

Gross Profit / Revenue: \$

Loss Of Rent: \$

Additional Increased Cost: \$

Claims Preparation Costs: \$

Book Debts / Accountant Fees: \$

Customers / Suppliers Premises Yes No

Details If Yes:

Voluntary Excess:

Other Details:

Glass Section **Cover Is Not Required For This Section**

Internal / External / Not Required

Additional Benefits:

Signs: \$

Stained Glass or Fancy Glass

Other:

Burglary **Cover Is Not Required For This Section**

Sum Insured	Notes
Contents	<input type="text"/>
Stock	<input type="text"/>
Combined CTS & STK	<input type="text"/>
Computers & Electronic	<input type="text"/>
Cigarettes & Tobacco	<input type="text"/>
Theft In Open Air	<input type="text"/>
Damage By Burglars	<input type="text"/>
Employees Property	<input type="text"/>
Voluntary Excess:	<input type="text"/>

Money Cover Is Not Required For This Section

Sum Insured

Notes

In Transit	<input type="text"/>	<input type="text"/>
During Business Hrs	<input type="text"/>	<input type="text"/>
Outside Business Hrs	<input type="text"/>	<input type="text"/>
In Private Residence	<input type="text"/>	<input type="text"/>
In Locked Safe	<input type="text"/>	<input type="text"/>
Damage To Safe	<input type="text"/>	<input type="text"/>
Voluntary Excess:	<input type="text"/>	<input type="text"/>

Liability Cover Is Not Required For This Section

Limit Of Indemnity

	\$5,000,000	\$10,000,000	\$20,000,000
Public Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Products Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Specify)			
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Goods In Care Custody & Control: \$

Description Of Goods:

Description Of Activities To Be Covered By This Section:

Products Manufactured, Hired, Sold:

Overseas Operations:

If Yes:

Import Details:

Export Details:

Annual Turnover:\$

Wages: \$

Number Of Staff:

Number Of Working Proprietors:

Subcontractors: Yes No

If Yes:

Details:

Extensions Required:

Road Testing Yes No

Unregistered Vehicles Yes No

Hold Harmless Agreement Yes No

Pressure Vessels Yes No

Asbestos Exposure Yes No

Watercraft Yes No

Aircraft Yes No

Treatment Risk Yes No

Other:

Employee Dishonesty Cover Is Not Required For This Section

Limit Of Indemnity

Any One Employee: \$

Any One Period Of Insurance: \$

Number Of:

Directors / Executives:

Employees Responsible For Money:

Employees Responsible For Stock:

Employees In Outdoor Sales & Delivery:

Employees Paid By Commission:

All Other Employees:

Is Cover Required For:

Agency Personnel Yes No

Loss By Unidentified Employees Yes No

Superannuation Funds Yes No

Welfare, Social, Sports Clubs Yes No

Other Details. Are

All:

- Monies Banked Daily Yes No
- Outdoor Sales, Deliveries, Collections Accounted Weekly Yes No
- Statements Sent Direct To Customers Yes No
- cash Books, Receipts, Bank Statements Independantly Checked Monthly Yes No
- Petty Cash & Wages Records Independantly Checked Each Month Yes No
- Wages Prepared & Checked By A Different Person Yes No
- Cheques Require Two Signatures Yes No
- Stocks Independantly Checked Regularly Yes No

If No: Details:

Machinery Breakdown Cover Is Not Required For This Section

Sums Insured

- 1) Machinery Breakdown \$ Any One Loss
- 2) Pressure Vessel Explosion \$ Any One Loss
- 3) Deterioration Of Stock \$ Any One Loss
- 4) Increased Cost Of Working \$ Indemnity Period Months

Specified Items

Sum Insured

Notes

Specified Items	Sum Insured	Notes
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Blanket Cover Schedule

Machine Description

Number

Machine Description

Number

Refrigeration Units Up To 4hp/3kw	<input type="text"/>	Glasswashers	<input type="text"/>
Airconditioning Units Up To 4hp/3kw	<input type="text"/>	Ice Machines	<input type="text"/>
Electronic Cash Registers	<input type="text"/>	Cloth Dryers & Extracters	<input type="text"/>
Microwave Ovens	<input type="text"/>	Electronic Scales	<input type="text"/>
Roof Mounted Evaporative Air Coolers	<input type="text"/>	Refrigeration Units Over 4hp/3kw	<input type="text"/>
Dishwashers	<input type="text"/>	Pressure Vessels	<input type="text"/>
Clothes Washing Machines	<input type="text"/>	Boilers	<input type="text"/>

Is The Equipment:

- Regularly Serviced Yes No
- Owned Yes No
- Registered (Pressure Vessels) Yes No
- More Than 20 Years Old Yes No
- Modified From Manufacturers Specification Yes No

Computer / Electronic Equipment Cover Is Not Required For This Section

Type Of Cover: Accidental Damage Defined Events

Section A) Material Damage

Item list	Sum Insured
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Portable / Movable Equipment (Incl Laptops)

Item list	Sum Insured
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Section B) Business Interruption

Item list	Sum Insured	Ind. Period
Increased Cost Of Working	<input type="text"/>	<input type="text"/>
Gross Income	<input type="text"/>	<input type="text"/>
Uninsured Working Expenses:	<input type="text"/>	<input type="text"/>
Reinstatement Of Data	<input type="text"/>	<input type="text"/>

General Property Cover Is Not Required For This Section

Type Of Cover: Accidental Damage Defined Events

Unspecified Tools Of Trade (Excl Mobile Phones) \$

Limit Any One Item \$

Your Duty of Disclosure – What you must tell the insurers

The law requires you to tell the insurer everything you know (or could reasonably be expected to know in the circumstances) which will be relevant for any insurer's decision on issuing cover. This duty applies before you enter into a contract with any insurer which includes before they receive a formal application and each time you alter or renew a policy. Each person named as the insured has the same duty.

Penalties for non Disclosure

If you do not disclose everything necessary, the insurer may Reduce or refuse to pay a claim or cancel your policy. If you act dishonestly the insurer may invalidate the policy from its beginning and not be bound by it.

You do not need to tell the insurer anything which;

Reduces the risk, is common knowledge, they already know or in the ordinary course of business should know or indicate they don't want to know. If you are not sure if something is relevant you should disclose it anyway.

The amount you are insured for and underinsurance

You are responsible for the amount you are insured for, as your broker we are not able to make any comment or recommendation regarding the value of your insured items. Underinsurance (also known as average clause or co insurance) is applicable in most insurance contracts and is a penalty to you if you are not insured for the correct value of your items. If you are not sure of the value of your items please consult professional guidance.

If you are not clear with underinsurance please do not sign this document and seek guidance from your Ausure Representative.

Signature and Declaration

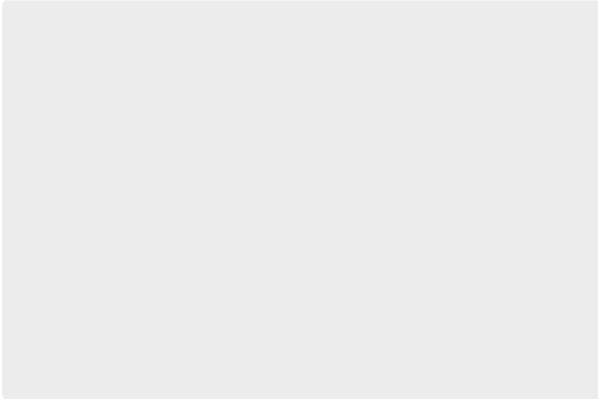
- 1.) I acknowledge the duty of disclosure, underinsurance and the penalties for non disclosure have been explained to me and are clear
- 2.) I have answered each question and statement in this document are true and accurate in every respect and no information has been withheld

Notes

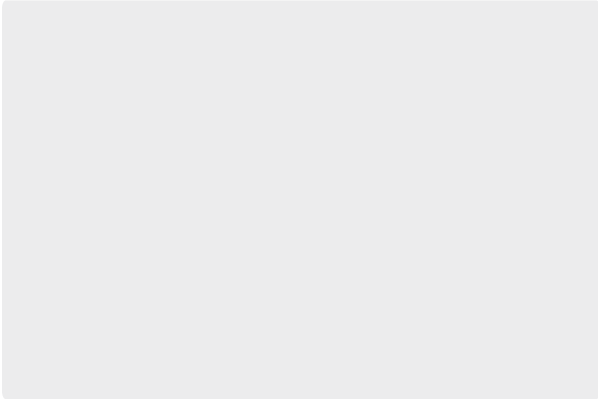
PREPARED BY:

CLIENT SIGNATURE:
(Where Appropriate)

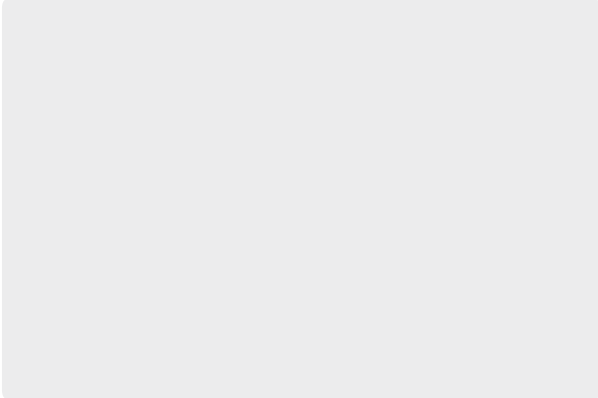
RISK REVIEW - SURVEY PHOTOS



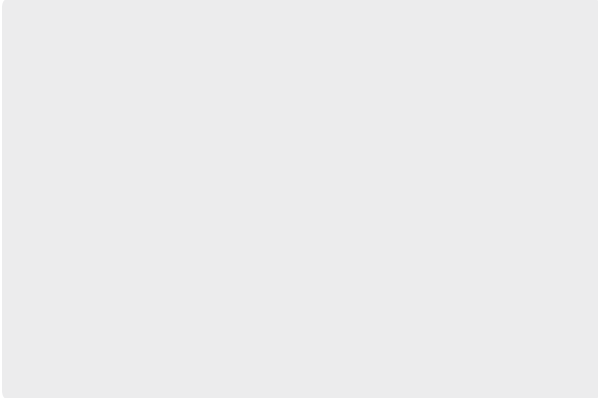
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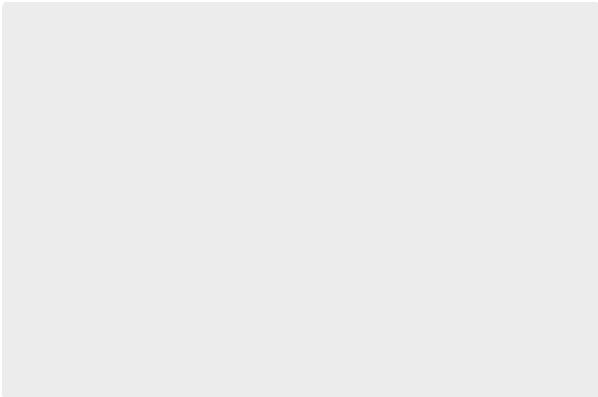
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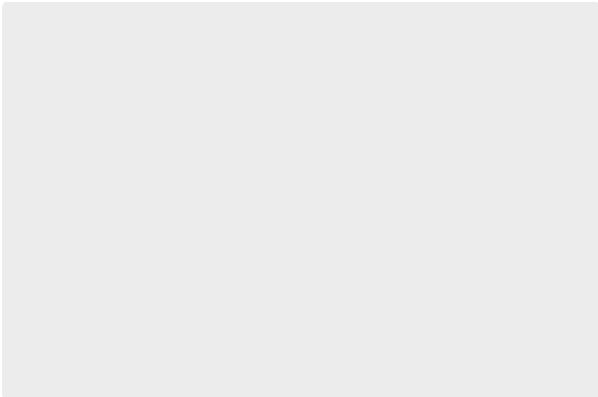
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Placeholder for photo 4 caption

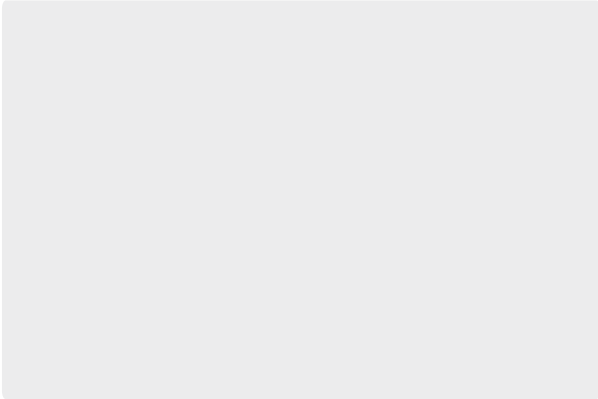


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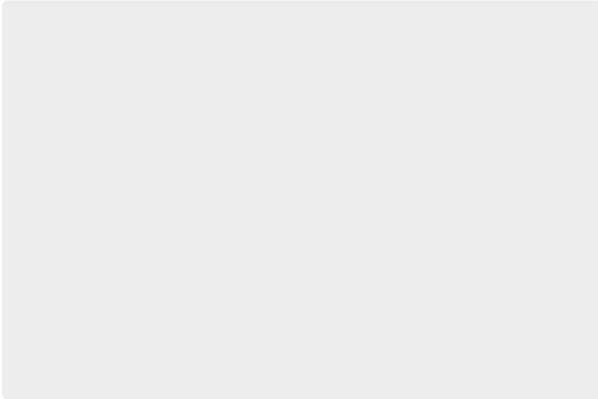


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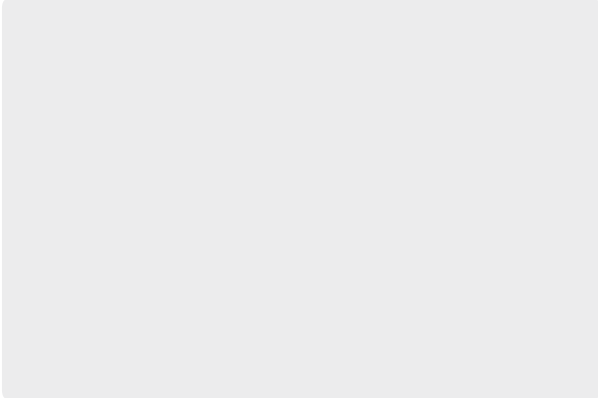
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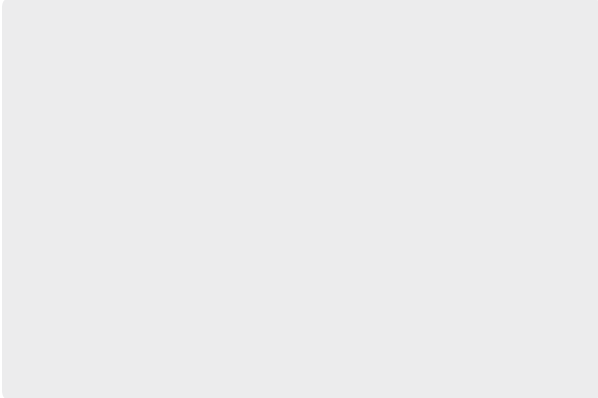
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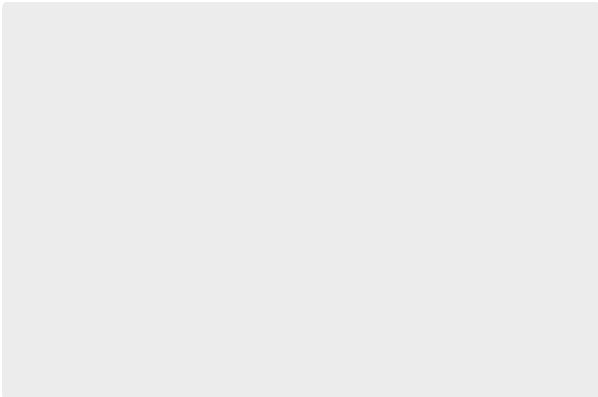
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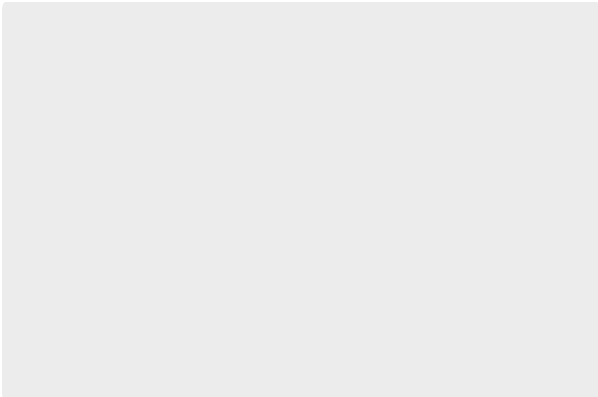
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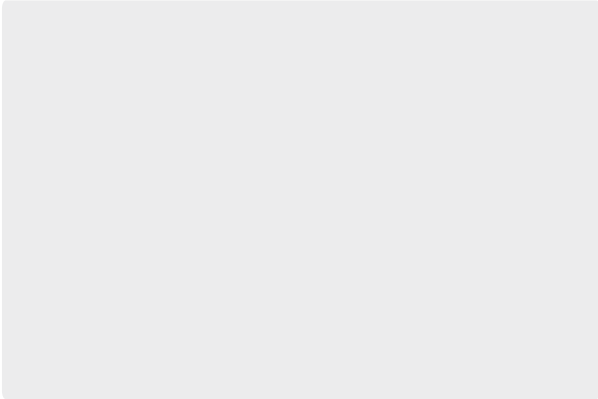


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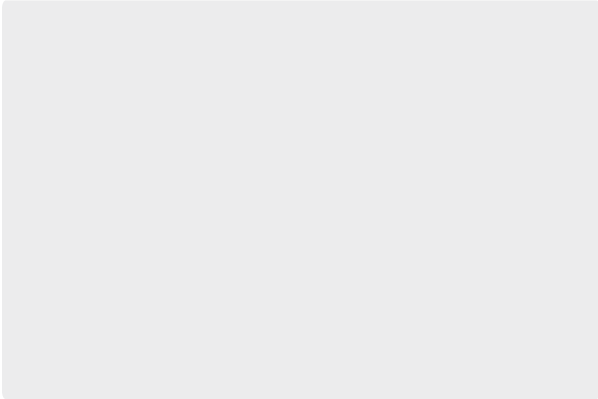


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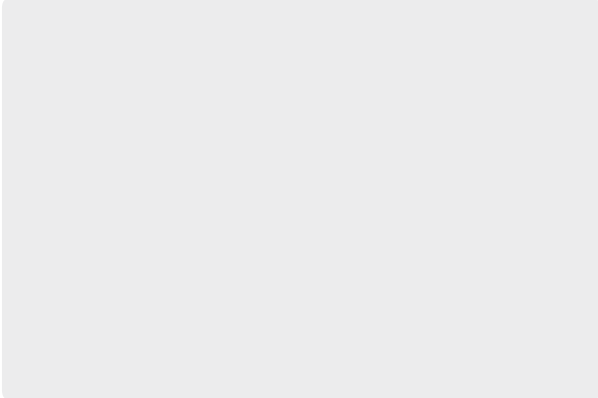
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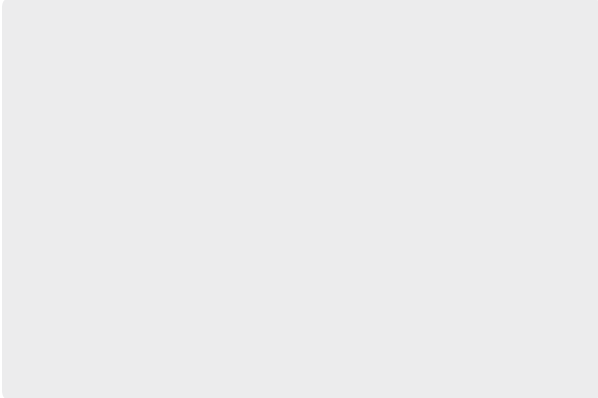
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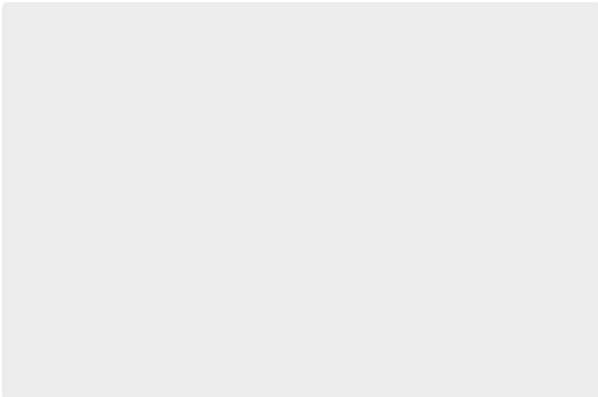
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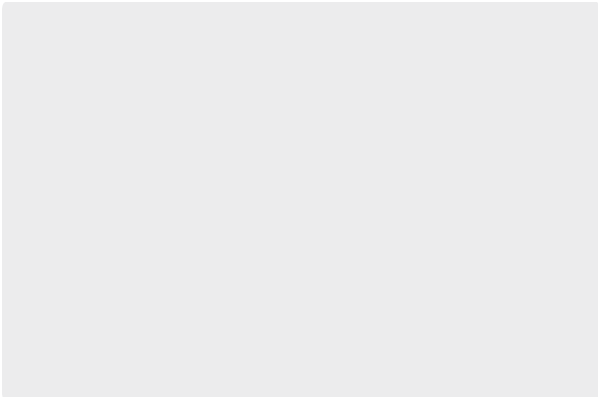
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