



Business Pack

Proposal Form

THE APPLICANT

Applicant(s) name

Trading as

Has this Business/property been insured previously?

Yes No

Name of insurer(s)

PERIOD OF INSURANCE

From To

 / / / /

Cover Note number

Date of expiry

 / /

DETAILS OF THE BUSINESS/DETAILS OF THE RISK ADDRESS

What are the premises You wish to insure?

Address

Suburb

State

Postcode

Nature of Your Business: Property Owner only an Owner Occupier or a Tenant

Details of the occupation of Your Business/what are the premises used for:

Estimated Gross Annual Business Turnover

 \$

No. of employees

Interested parties

Name of interested party

Type of interest

Address

Suburb

State

Postcode

Do You store hazardous chemicals, flammable liquid and/or gases at the premises?

Yes No

If yes, please give details of type(s), storage arrangements and quantity below:

The premises – location type: (✓ please tick one box)

Main street frontage Industrial estate Shopping Mall (outdoor)

Rural/out of town/remote Suburban street Shopping centre (no street frontage)

What floor are You on?

Number of storeys/floors

Number of units (if available)

Are the premises shared with other occupants? Yes No

How long have You been conducting this Business or owned this property:

At these premises Elsewhere

What is the roof made of? What are the walls made of?

What is the floor made of? What is the age of the premises? years

Are the premises connected to mains water supply? Yes No

If the Premises are >50 years old has the Premises been fully rewired since 1975? Yes No

Is the building at the premises subject to a heritage or national trust listing, urban conservation order or any local ordinance requiring conditional re-instatement or redevelopment? Yes No

If yes, please give details

What protection is installed on Your premises? (✓ please tick)

Security:

- Deadlocks
- Keyed window locks
- Bars/grilles/padlocks on windows/skylights
- Local burglar alarm
- Monitored burglar alarm

Fire protection:

- Extinguishers
- Hydrants
- Hose reels
- Monitored fire alarm
- Fully sprinklered: Single water supply
 Dual water supply

Method of burglar alarm monitoring

Describe any other security precautions at the premises

Is there any commercial cooking done on these premises? Yes No

If yes, please specify the numbers and type of cooking: (insert number in box)

Wok Oven Stove Hot plate/grill Deep frying

Other cooking methods

If deep frying, total no. of litres

Are deep fryers fitted with thermostat cut off? Yes No

If wok cooking, is any deep frying carried out in a Wok? Yes No

Do You provide entertainment? Yes No

If yes, please provide details

Are You licensed to serve alcohol? Yes No

What is the latest time You trade to? am/pm

SECTION 1 PROPERTY DAMAGE

This Section provides cover for physical loss or damage to the Business' property at the Risk Address. It does not cover loss or damage to the Business' property caused by theft (refer to Section 3 Burglary) nor loss of or damage to money (refer to Section 4 Money).

Is cover required?

Yes No

	Sum Insured
1. Buildings	\$ <input type="text"/>
2. Contents	\$ <input type="text"/>
3. Stock	\$ <input type="text"/>
4. Contents & Stock	\$ <input type="text"/>
5. Cost of Rewriting Documents (replacing the standard \$50,000 cover)	\$ <input type="text"/>
6. Removal of Debris (replacing the standard \$100,000 cover)	\$ <input type="text"/>
7. Other Items:	
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

SECTION 2 BUSINESS INTERRUPTION

This Section covers a reduction in the income of the Business as a result of loss or damage to the Business' property.

Is cover required?

Yes No

	Sum Insured
1. Gross Income Indemnity Period <input type="text"/> months	\$ <input type="text"/>
(being money payable to You for goods sold/electrical power generated/services rendered/Gross Rentals received less the purchase cost of stock/Uninsured Working Expenses/Wages (if Wages is insured separately))	
2. Weekly Income Indemnity Period <input type="text"/> weeks	\$ <input type="text"/> per week
(being money payable to You for goods sold/services rendered or rentals received, less the purchase cost of stock)	
3. Gross Rentals Indemnity Period <input type="text"/> months	\$ <input type="text"/>
(being rentals received including contributions to outgoings)	
4. Wages Wages Indemnity Period <input type="text"/> months	\$ <input type="text"/>
5. Additional Increased Costs of Working (in addition to the automatic \$25,000 cover)	\$ <input type="text"/>
6. Accounts Receivable (replacing the standard \$7,500 cover)	\$ <input type="text"/>
7. Additional Claims preparation costs (in addition to the standard \$25,000 cover)	\$ <input type="text"/>
Uninsured Working Expenses:	
<input type="text"/>	
<input type="text"/>	

SECTION 3 BURGLARY

This Section provides cover for Property Damage to the Business' property at the Risk Address caused by theft.

Is cover required?

Yes No

	Sum Insured
1. Contents	\$ <input type="text"/>
2. Stock in Trade (excluding Tobacco Products)	\$ <input type="text"/>
3. Contents and Stock in Trade (excluding Tobacco Products)	\$ <input type="text"/>
4. Tobacco Products (consisting of cigarettes, tobacco, and cigars)	\$ <input type="text"/>

SECTION 4 MONEY

This Section provides cover for physical loss or damage to the Business' Money. Money covered includes cash, credit card vouchers, cheques, telephone cards, metropolitan transit tickets and also lottery tickets (for their purchase cost only) but excludes bullion. Please see policy wording for full definition of 'Money'.

Is cover required? Yes No

Sum Insured

1. Money in transit or in a Bank night safe \$

2. Money at the Risk Address during Normal Business Hours \$

3. Money in a locked Safe or Strongroom \$

4. Money in Your private residence (or the residence of Your authorised representative) \$

5. Money at the Risk Address outside Normal Business Hours (but not in a locked Safe or Strongroom) \$

OR

6. Combined Money \$
(covering items 1 to 5 above. Note: cover for Money at the Risk Address outside Normal Business Hours (but not in a locked Safe or Strongroom) is limited to \$2,500).

Optional Benefit

Taxation Audit Costs. Cover required: (4 please tick one box)

\$10,000 \$20,000 \$30,000 \$40,000 \$50,000

SECTION 5 GLASS

This Section provides cover for Breakage of glass at the Risk Address.

Is cover required? Yes No

Glass cover You require: (✓ please tick)

Fixed External Glass

Fixed Internal Glass

Sum Insured

Damage to signs (replacing the standard \$8,000 cover) \$

Additional Benefits 1 to 5 total limit any one Period of Insurance (replacing of the standard \$10,000 cover) (Additional Benefits include such covers as temporary shuttering, signwriting, etc.) \$

SECTION 6 BROADFORM LIABILITY

This Section provides cover for the Business' legal liability for Personal Injury to another person (other than Employees) or damage to property not belonging to the Business or Advertising Liability, which happens during the Period of Insurance and which is caused by an Occurrence in connection with the Business.

Is cover required? Yes No

Legal Liability cover Required: (✓ please tick one box)

\$5,000,000 \$10,000,000 \$15,000,000 \$20,000,000

Property in physical or legal control cover required (replacing the standard \$250,000 cover) \$

Optional Extension

Road Risk Cover (covering Property Damage You are legally liable for, to or caused by customers' Vehicles whilst in Your control for the purpose of repairs, service or maintenance). Sum Insured required \$

Details of Your Business/Products

Do You engage contractors, subcontractors or staff from labour hire firms?

Yes No

If yes, please indicate:

1. Do You ensure that contractors and subcontractors have their own liability insurance?
2. Estimated amount to be paid in the next twelve months to contractors, subcontractors and labour hire firms
3. Type of work done by contractors, subcontractors and staff from labour hire firms

Yes No

\$

Products means any goods, products or property (including any components, packaging or container for any of these) after they have ceased to be in Your possession or under Your control which are or are deemed by law to have been manufactured, grown, extracted, produced, processed, assembled, constructed, erected, repaired, serviced, installed, treated, sold, supplied, distributed, imported or exported by You in the course of Your Business.

Please provide details of Your Products, their intended use and estimated annual turnover of each Product.

Do You: (✓ please tick)

- | | | | | |
|--------------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> export | <input type="checkbox"/> import | <input type="checkbox"/> repack | <input type="checkbox"/> re-label | |
| <input type="checkbox"/> manufacture | <input type="checkbox"/> assemble | <input type="checkbox"/> recondition | <input type="checkbox"/> process | <input type="checkbox"/> carry out any installation |

If You selected any of the above, please give full details, including estimated annual turnover for that process, and for imports/exports, please detail the countries of origin/delivery.

SECTION 7 TRANSIT

This Section provides cover for physical loss or damage to the Business' property whilst in transit. Transit means the transportation of Property Insured by Watercraft, aircraft, postal service, rail or motor vehicle including whilst the Property Insured is in storage in the ordinary course of transit.

Is cover required?

Yes No

How many Vehicle(s) will be used to convey the Property Insured?

State all types of goods to be covered and the number of Vehicles that will be used:

Sum Insured

\$

SECTION 8 ELECTRONIC EQUIPMENT BREAKDOWN

This Section provides cover for the Business' computer and Electronic Equipment at the Risk Address against Breakdown.

Is cover required? Yes No

Please list equipment to be covered:

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"/>

Additional Benefits

Sum Insured

Restoration of Data (replacing the standard \$15,000 cover)?

\$

Increased Costs of Working (replacing the standard \$15,000 cover)?

\$

SECTION 9 MACHINERY BREAKDOWN

This Section provides cover for the Business' Machinery at the Risk Address against Breakdown. Some types of Machinery are excluded from cover, such as lifts, escalators and other people moving devices. Cover is also available for Boilers and Pressure Plant against Breakdown, Collapse or Explosion.

Is cover required? Yes No

Unspecified Machinery (Limit any one event = \$20,000)

Please indicate the number of all Unspecified Machinery at the Risk Address by type: (insert number in boxes)

Refrigerators Freezers Cool rooms Air-conditioning units

Other types of units. Description:

Specified Machinery

Unit name/type of use	Serial number	kw or hp	Age (yrs)	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"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Boilers and Pressure Plant

Unit name/type of use	Serial number	kw or hp	Age (yrs)	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"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Deterioration of Refrigerated Stock cover required?

Yes No

If yes, Sum Insured

\$

Details of Your Machinery, Boilers and Pressure Plant

Are there any apparent known defects in any of the items of Machinery or Boilers and Pressure Plant? Yes No

If yes, please specify

Do any of the items insured require a certificate of inspection? Yes No

If yes, please specify

Are there any items of Machinery and Boilers and Pressure Plant that are subject to a maintenance agreement? Yes No

If yes, please specify

Are there items of Machinery, Boilers and Pressure Plant that are more than 15 years old? Yes No

If yes, please specify

SECTION 10 GENERAL PROPERTY

This Section covers physical loss or damage to portable items of the Business' property anywhere in the world, including loss or damage to property caused by theft.

Is cover required? Yes No

Sum Insured

\$

Unspecified Items – limit any one claim

Note: items worth more than \$2,500 should be specified.

Specified Items

Item description	Serial number (if applicable)	Sum Insured
<input style="width: 95%; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 95%; height: 25px; border: 1px solid black;" type="text"/>	\$ <input style="width: 80%; height: 25px; border: 1px solid black;" type="text"/>
<input style="width: 95%; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 95%; height: 25px; border: 1px solid black;" type="text"/>	\$ <input style="width: 80%; height: 25px; border: 1px solid black;" type="text"/>
<input style="width: 95%; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 95%; height: 25px; border: 1px solid black;" type="text"/>	\$ <input style="width: 80%; height: 25px; border: 1px solid black;" type="text"/>
<input style="width: 95%; height: 25px; border: 1px solid black;" type="text"/>	<input style="width: 95%; height: 25px; border: 1px solid black;" type="text"/>	\$ <input style="width: 80%; height: 25px; border: 1px solid black;" type="text"/>

ADDITIONAL QUESTIONS

All of the following questions must be answered.

Have You, Your partners, any other office-holders, or if a corporation, any of its directors proposed to be insured under this Policy, either alone or jointly:

1. had any insurance declined, cancelled or refused renewal, had any special conditions/warranty imposed, or declined or refused a claim in the last 5 years?

Yes No (✓please tick) If yes, please give full details

2. suffered any loss, destruction or damage and/or made a claim on any insurer for any event whether insured or otherwise or had any claims made against You in the last 5 years?

Yes No (✓please tick) If yes, please give full details

3. been charged with or convicted of any criminal offences in the past 10 years (other than minor traffic convictions)?

Yes No (✓please tick) If yes, please give full details

4. been declared bankrupt or ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation, receivership or voluntary administration)?

Yes No (✓please tick) If yes, please give full details

DECLARATION

Duty of Disclosure Before you enter this policy with us, you have a duty, under the Insurance Contracts Act, to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate this policy.

Your duty however does not require disclosure of a matter:

- a) that diminishes the risk undertaken by us;
- b) that is of common knowledge;
- c) that we know or, in the ordinary course of our business, ought to know; or
- d) as to which compliance with your duty is waived by us.

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under your policy in respect of a claim or we may cancel the policy or do both. If your non-disclosure is fraudulent, we may also have the option of avoiding the policy from the beginning.

General Questionnaire

If more than one person, director, company or entity is to be insured, these answers apply to all persons, directors, companies and entities.

1. Has any insurer declined an application from you, or cancelled or refused to renew a policy of yours, or imposed special terms on your insurance? YES/NO
2. Has any insurer declined or refused a claim? YES/NO
3. Have you, in the last five years, suffered or claimed for any loss or damage to property? YES/NO
4. Have you, in the last five years, received any demand or writ for personal injury or damage to property? YES/NO
5. In the last 10 years, have you or any person who will receive insurance protection under the proposed policy, been charged or convicted of any criminal offence relating to arson, drugs, burglary, housebreaking, theft, robbery, receiving stolen goods, fraud, dishonesty of any kind, malicious damage, damage to property, injury or assault to anyone? YES/NO
6. in the last 12 months have you been bankrupt or had a receiver or administrator appointed? YES/NO

Applicant 2 - Signature

Date

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