



ZURICH®

Business expenses claim form

This form is to be completed by the life insured and their accountant.

To avoid delays, check that all questions have been answered fully.

Please use BLOCK LETTERS.



LCBUSEX

Policy Number

Claim Reference Number

Period being claimed: From / / to / /

1 Life insured details

Title Surname

Given names Date of birth / /

Address State Postcode

Contact numbers Work Home Mobile

Fax Email

2 Eligible business expenses

Monthly revenue

Total Monthly Revenue	\$
Cost of Goods sold	\$
Gross Profit	\$

Please list below your share of business expenses actually incurred during the period being claimed.

Monthly expenses

		Date of invoice	Monthly expenses
Premises	Cleaning	/ /	\$
	Insurance of premises	/ /	\$
	Interest and fees on loan to finance premises	/ /	\$
	Property rates/taxes	/ /	\$
	Rent	/ /	\$
	Repairs and maintenance	/ /	\$
	Security costs	/ /	\$
Services	Electricity	/ /	\$
	Fixed telephone and fax lines	/ /	\$
	Gas	/ /	\$
	Cleaning	/ /	\$
	Internet service provider	/ /	\$
	Mobile telephone	/ /	\$
	Postage and couriers	/ /	\$
	Water and sewerage	/ /	\$

2 Eligible business expenses (continued)

Monthly expenses

		Date of invoice	Monthly expenses
Equipment	Depreciation	/ /	\$
	Motor vehicle leasing (excluding taxi)	/ /	\$
	Insurance of vehicles and equipment	/ /	\$
	Registration of vehicles	/ /	\$
	Repairs and maintenance	/ /	\$
Salaries and related costs	Salaries of employees who do not generate any business income	/ /	\$
	Payroll tax on above salaries	/ /	\$
	Superannuation Contributions (SGC) for the above salaries	/ /	\$
Other eligible expenses	Account keeping fees	/ /	\$
	Accounting and auditing fees	/ /	\$
	Bank fees and charges	/ /	\$
	Business insurances	/ /	\$
	Professional association membership/fees	/ /	\$
	Regular advertising costs	/ /	\$
TOTAL			\$

What percentage of these expenses are you responsible for?

3 Business details

Details of all partners

Name	Duties	Monthly remuneration	% Interest in business

Name of the business

Address

State

Postcode

Names of employees **who do not** generate income and their role in the business

Name	Position title	Monthly remuneration

Names of employees **who do** generate income and their role in the business

Name	Position title	Monthly remuneration

4 Declaration

I declare that the information provided is true, correct and complete. I understand that any false or fraudulent statements or concealment of material facts may result in the policy being cancelled or cause a benefit not to be payable.

Signature of life insured

Date

X

/ /

Name of registered accountant

Company name

Address

State

Postcode

Signature of registered accountant

Date

X

/ /

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at www.zurich.com.au or contact the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au.

Any questions?

Call 131 551 or email life.claims@zurich.com.au

Please return completed form to:

Zurich Australia Limited

Life Risk Claims

Locked Bag 994

North Sydney NSW 2059