

# Business Pack proposal

## Important Notices.

Policy Number

### Please read this section before completing this proposal

**Your Duty of Disclosure:** Before You enter into this insurance contract with Us for the first time, the Insurance Contracts Act 1984 requires You to provide Us with the information We need to enable Us to decide whether and on what terms Your proposal for insurance is acceptable and to calculate how much premium is required for Your insurance.

You will be asked various questions when You apply for this policy. When You answer these questions, You must:

- give Us honest and complete answers;
- tell Us everything You know; and
- tell Us everything that a reasonable person in the circumstances could be expected to tell Us.

You do not need to tell Us about any matter:

- that diminishes Our risk;
- that is of common knowledge;
- that We know or should know as an insurer; or
- that We tell you We do not need to know.

**Who does the duty apply to?** Everyone who is insured under the policy must comply with the duty.

**What happens if You or they do not comply with the duty?** If You or they do not comply with the duty, We may cancel the policy or reduce the amount We pay if You make a claim. If fraud is involved, We may treat the policy as if it never existed and pay nothing.

**Duty on renewals, variations and reinstatements:** A different duty applies for any variation, renewal or reinstatement of the policy. Please refer to Your Policy Document (Product Disclosure Statement) for this duty.

**Privacy Legislation** requires Us to tell You that as an insurer We collect your personal information (including sensitive information) in order to:

- decide whether to issue a policy;
- administer and maintain the policy;
- determine the terms and conditions of Your policy;
- assess and verify Your current and subsequent insurance applications and details;
- conduct market research on Our products and services;
- compile data; and
- handle claims.

We disclose personal information to third parties who We deal with in providing Our services and products to You. For example, in handling claims, We may have to disclose Your personal information to third parties such as other insurers, reinsurers, loss adjusters, Your employer, external claims data collectors, investigators and agents or other parties as required by law.

You have the right to seek access to Your personal information and to correct it at any time. Please contact Us on 13 2664, EST 8am-6pm, Monday-Friday and advise Us of any changes. If You do

not provide Us with the required personal information then unfortunately We will be unable to process Your proposal.

**How to fill out this proposal:** For questions with multiple choice answers, please tick the box in front of the correct answer. For other questions, please write the information requested in the spaces provided.

Make sure You have read the Policy Document We have given to You. If You require another copy of the Policy Document or any assistance, please contact Your insurance broker or agent.

If there is inadequate space to answer any questions, please use the additional space at the rear of the proposal or attach a separate sheet of paper. Show the page number and question number before the information You wish to add, e.g. Page 3, Question 6. Construction of floors – levels 1 and 2 – concrete, levels 3 and 4 – timber.

### Definitions:

**"We", "Our", "Us" or "Allianz"** means Allianz Australia Insurance Limited AFS Licence No. 234708 ABN 15 000 122 850 (except in the declaration).

**"You", "Your"** means the person proposing for this insurance and any person seeking to be named on the Schedule.

**"Excess"** means either the amount of money specified in the schedule or otherwise stated in the policy for each applicable section that You must contribute as the first payment for all claims arising out of one event, or the period specified in the schedule or otherwise stated in the policy for which no payment will be made by Us.

There is a special Excess which applies to loss or damage caused by an earthquake. The Excess is the lesser of \$20,000 or an amount equal to 1% of the total sum insured for all property insured at the situation under Section 1. The Excess applies to all loss or damage occurring within the 72-hour period immediately after the earthquake.

This proposal uses words that have a special meaning. The definitions of these words can be found in the Policy Document.

**Underinsurance:** The Fire and Perils, Business Interruption, Machinery Breakdown and Computer/Electronic Equipment Sections of this contract contain underinsurance clauses. It is important in these sections that You insure the full value of property, average income/gross profit and declare the total number of machines. If You do not do so, You will be underinsured and We will not pay Your claim in full.

(Office Use Only) Date Proposal received \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_ AM / PM Policy number

Broker/agent  Broker/agent account number

Cover note number  Replacing Policy number  State

**Period of Insurance.**

From \_\_\_\_\_ am/pm on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ to 4pm on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Proposer/s general information.**

- 1. Your name: \_\_\_\_\_ Mr/Mrs/Miss/Ms/Dr: \_\_\_\_\_  
 Company name: \_\_\_\_\_ ABN: \_\_\_\_\_  
 Are You registered for GST?  Yes  No What is Your ITC percentage? \_\_\_\_\_ %
- 2. Phone: business: ( ) \_\_\_\_\_ home: ( ) \_\_\_\_\_ mobile: \_\_\_\_\_
- 3. List all subsidiary companies \_\_\_\_\_
- 4. Notices to: \_\_\_\_\_
- 5. Postal address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_
- 6. Describe Your business in full: \_\_\_\_\_
- 7. How many years have You been in: this business? \_\_\_\_\_ any similar business? \_\_\_\_\_
- 8. Interested parties in Your building(s) and/or contents: \_\_\_\_\_  
 Nature of their interest: Mortgage  Owner  Lessor  Bill of Sale  Other
- 9. Interested parties' addresses: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

**Underwriting Criteria.**

Have You alone, in partnership, jointly with any other party or, if a corporation, jointly with any of its directors:

- 1. suffered any loss(es) (insured or otherwise) totalling more than \$5,000 in the last 12 months or totalling more than \$10,000 in the last three years or had two or more claims in any one policy year?  Yes  No
- 2. in the last five years had any insurer decline any claim or proposal, cancel or refuse to renew a policy, increase premium or impose special terms, conditions or restrictions on a policy?  Yes  No
- 3. in the last five years been placed in receivership or liquidation or declared bankrupt?  Yes  No
- 4. in the last 10 years been convicted of or had any fines or penalties imposed for any crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property?  Yes  No

If You have answered 'Yes' to any of these questions, please provide full details in the space provided at the back of this proposal.

**Claims History.**

Have You ever claimed under an insurance policy or had any uninsured losses in respect of the proposed covers?  Yes  No

If "Yes", please detail all insurance claims made in the last five years together with any uninsured losses. (If insufficient room, please continue in the space provided at the back of this proposal.)

Date	Insurer	Amount Paid	Excess	Details of Loss
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

**Premises.**

1. Location of premises:

Building 1: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Building 2: \_\_\_\_\_ Postcode: \_\_\_\_\_

	Building 1	Building 2
2. Do You own the building(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Year building(s) built?	_____	_____
4. Connected to town water and in the area of a permanently staffed fire service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Construction of external walls:	_____	_____
6. Construction of floors:	_____	_____
7. Number of storeys (expressed as Ground + number ie G+1):	_____	_____
8. For what purposes is the building(s) occupied:	(a) by You? _____ (b) by others? _____	_____
9. Describe the full activities and the processes involved:	_____ _____ _____ _____	_____ _____ _____ _____
10. Is there any:		
(a) commercial cooking performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes", detail capacity and number of deep fryers. _____ _____	
	Do You have a service contract in force for the cleaning of cooking range hood, filters and ducting? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cleaning interval _____ months	Cleaning interval _____ months
(b) flammable/toxic/explosive substance(s) used or stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes", describe the material and quantity held at any one time and how it is stored. _____ _____	
(c) hazardous process(es) involved at the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes", describe the hazardous process(es). _____ _____	
(d) foam panel construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If "Yes", what percentage of the Sum Insured? _____ %	
11. How are the premises protected against fire and theft?		
(a) fire sprinkler system?		
i) single water supply	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> None	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> None
ii) double water supply		
(b) automatic fire detection equipment connected to the fire brigade – smoke or thermal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) hosereels capable of covering all floor area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) extinguishers in the number recommended by the fire protection company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(e) Indicate building security measures:

Building 1 (cont.)

- Deadlocks all external doors
- Key lock/bars on accessible windows
- Back to base alarm
- Digital dial       Direct dial
- Fully monitored     Local alarm
- Random security patrols A/H
- Fence higher than 2m enclosing premises
- Exterior lighting
- Bollards to prevent ram attacks
- Taped closed circuit TV
- Bars on all accessible external windows
- Other – describe

Building 2 (cont.)

- Deadlocks all external doors
- Key lock/bars on accessible windows
- Back to base alarm
- Digital dial       Direct dial
- Fully monitored     Local alarm
- Random security patrols A/H
- Fence higher than 2m enclosing premises
- Exterior lighting
- Bollards to prevent ram attacks
- Taped closed circuit TV
- Bars on all accessible external windows
- Other – describe

(f) Are there any display windows?

Yes     No

Yes     No

If "Yes", are they protected?

Yes     No

Yes     No

(g) Are your premises contained wholly within a shopping complex (without external access)?

Yes     No

Yes     No

(h) Is all fire and theft protection equipment fully maintained and serviced?

Yes     No

Yes     No

Note: It is a condition of Section 3 – Theft of this Policy that any burglar alarm **must** at all times be maintained in good and efficient working order and made operative whenever the premises are left unoccupied.

**1 Fire and Perils.**

Do You require this section?

Yes     No

**Additional benefits** – provided the total sum insured at the situation has not been otherwise exhausted, this section automatically provides benefits in respect of removal of debris, fire extinguishment costs, temporary protection, professional fees, government fees, rewriting of records, directors' and employees' personal property, landscaping, loss of land value and removal to avoid damage costs. Details are contained in the Policy Document. You may choose higher sums insured so as to have full coverage.

**Fusion** may only be insured as part of Section 10 – Machinery Breakdown.

	<b>Building 1 Sums Insured</b>	<b>Building 2 Sums Insured</b>
1. On buildings including landlord's fixtures and fittings:	\$ _____	\$ _____
2. On contents (excluding money):	\$ _____	\$ _____
3. On stock in trade including work in progress, customers' goods and items held on trust or consignment:	\$ _____	\$ _____
<b>Subtotal of items 2 and 3:</b>	\$ _____	\$ _____
4. On demolition and removal of debris:	\$ _____	\$ _____
5. On the cost of restoration and rewriting of office records:	\$ _____	\$ _____
6. On professional fees:	\$ _____	\$ _____
7. On landscaping:	\$ _____	\$ _____
8. Others – please specify:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>Total</b>	\$ _____	\$ _____
<b>Total Sum Insured for Building 1 and Building 2</b>		\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>

**Accidental Damage**

Accidental Damage (as specified in the Policy Document) is included as a defined event under this section to an amount of \$50,000.

If you require a higher **accidental damage** limit please specify:

**Building 1**

**Building 2**

Note: A higher Excess applies.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Reinstatement or replacement** cover on buildings and contents is provided unless otherwise specified below.

Is indemnity cover only required?

Yes     No

Yes     No

**Seasonal stock increases** – Stock sums insured are automatically increased by 30% from 60 days before and 20 days after Christmas Day and for the 30 days up to and 20 days following Easter Sunday. You may choose alternative periods during which this benefit will apply (not exceeding 130 days).

If alternative periods are required, please specify: (day/month)

\_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ and \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

**2 Business Interruption** (Following an admissible claim under Sections 1, 3, 4 or 6)

Do You require this Section?  Yes  No If "Yes", choose either Part A, Part B or Part C

**Part A  Business Income Protection**

Providing a weekly amount while Your business is interrupted.

A1. Declared Average Weekly Income (Gross weekly receipts less purchases – adjusted for trends): \$ \_\_\_\_\_  
 Payable for:  13 weeks  26 weeks  52 weeks  104 weeks  156 weeks

A2. Claims preparation expenses – Sum Insured \$ \_\_\_\_\_

A3. **Additional expenses** necessarily incurred as defined (limited to 50% of 2A1).

Relocation costs:	\$ _____	Accounts receivable:	\$ _____
Increased costs of working:	\$ _____	Professional fees:	\$ _____
Additional costs of working:	\$ _____	Costs of recreating records:	\$ _____
Expediting expenses:	\$ _____	Total sum insured for additional expenses:	\$ _____

**Part B  Consequential Loss of Profits**

B1. Indemnity period:  6 months  12 months  24 months  36 months **Sums Insured**

B2. Annual gross income – being the money payable to You for goods sold and/or services rendered less the net cost of purchase i.e. working expenses \$ \_\_\_\_\_

B3. Payroll (including payroll tax, bonuses, holiday pay, workers' compensation insurance premiums, accident compensation levies, superannuation, pension funds and the like) \$ \_\_\_\_\_

**Uninsured working expenses in respect to Part B**, please list below those working expenses You do NOT wish to insure.

- Note: 1. Please consult your business adviser or broker if you are unsure how to answer this question.  
 2. **Uninsured Working Expenses** are those expenses you will NOT incur should you cease trading such as contractors' wages, stock.

**Part C  Revenue Protection**

C1. Indemnity period:  6 months  12 months  24 months  36 months **Sum Insured**

C2. Annual gross revenue (money payable to You for services provided/stock sold (if any)) \$ \_\_\_\_\_

**Optional benefits to Part B or Part C**

1. Claims preparation expenses for Part B or Part C:	<b>Sums Insured</b>
2. Additional increase in cost of working:	\$ _____
3. Loss of rent:	\$ _____
4. Accounts receivable:	\$ _____

**3 Theft.**

Do You require this section?  Yes  No

	<b>Declare Full Total Value</b>	<b>Building 1 Sums Insured</b>	<b>Building 2 Sums Insured</b>
1. On tobacco and cigarettes:	\$ _____	\$ _____	\$ _____
2. On stock (work in progress, customers' goods and items held in trust or on commission for which you are held liable) excluding tobacco and cigarettes as described in 3.1:	\$ _____	\$ _____	\$ _____
3. On contents excluding money, cigarettes and stock as described in 3.1 and 3.2:	\$ _____	\$ _____	\$ _____
4. On all contents (including the stock described in 3.2) excluding money, tobacco and cigarettes as described in 3.1:	\$ _____	\$ _____	\$ _____
5. On directors' and employees' tools and clothing not otherwise insured:	\$ _____	\$ _____	\$ _____
6. On other items excluding stock, contents, tobacco and cigarettes:	\$ _____	\$ _____	\$ _____
	<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>
		<b>Total Sum Insured</b>	<b>\$ _____</b>

**Seasonal stock increases** – Sums insured for stock described in 3.1, and other stock are automatically increased by 30% from 60 days before and 20 days after Christmas Day and for the 30 days up to and 20 days following Easter Sunday. You may choose alternative periods during which this benefit will apply, not exceeding 130 days in total. If alternative periods are required, please specify.

From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ and from \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ (day/month)

#### 4 Money.

Do You require this section?  Yes  No

	Sums Insured
1. On money in transit:	\$ _____
2. On money contained in the business premises:	
(a) during business hours:	\$ _____
(b) outside business hours:	\$ _____
(c) only whilst contained in a securely locked safe:	\$ _____
3. On money in the personal custody of proprietors and authorised employees whilst contained in private residences:	\$ _____
4. On damage to safes:	\$ _____
Make, type and age of safe: _____	
Is the safe fixed or free-standing? _____	

#### Seasonal Money increases

Sums insured under items 4.1, 4.2(a), 4.2(c) and 4.3, are automatically increased by 30% from 60 days before and 20 days after Christmas Day and the 30 days up to and 20 days following Easter Sunday. You may choose alternative periods during which this benefit will apply, not exceeding 130 days in total. If alternative periods are required, please specify.

From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ and from \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ (day/month)

#### 5 General Property.

Do You require this Section?  Yes  No

If "Yes", choose either Part A or Part B

##### Part A Accidental damage

Any sudden or unexpected or unforeseen occurrence not otherwise excluded.

Specify items:

	Sums Insured
(a) _____	\$ _____
(b) _____	\$ _____
(c) _____	\$ _____

Please use space at rear of proposal if you have additional items.

**Total Sum Insured** \$ \_\_\_\_\_

##### Part B Restricted cover

(a) collision and/or overturning of the conveying vehicle.

(b) Flood.

##### Situation of the property insured – anywhere in Australia.

Description of property insured:

	Sums Insured
1. Unspecified items or tools relating to your trade or profession (excluding stock, jewellery, mobile phones, photographic equipment and computer equipment) – maximum value any one item \$2,000.	\$ _____
2. Stock	\$ _____
3. Specified items:	
(a) _____	\$ _____
(b) _____	\$ _____
(c) _____	\$ _____

Please use space at rear of proposal if you have additional items.

**Total Sum Insured** \$ \_\_\_\_\_

Note: when either alternative Part A or Part B is chosen, fire cover for the property insured is automatically provided under Section 1 – Fire and Perils. If you have not selected Section 1, you may select the optional benefit below.

##### Optional benefit

Do you require the optional fire benefit?

Yes  No

## 6 Glass.

Do You require this section?  Yes  No

If "Yes", indicate cover required.

- |                          |   |                                     |
|--------------------------|---|-------------------------------------|
| <input type="checkbox"/> | 1. Covering fixed external glass  | Sums Insured<br>\$ Replacement Cost |
| <input type="checkbox"/> | 2. Covering fixed internal glass, fixed and hanging mirrors, wash basins, lavatory pans and cisterns. | \$ Replacement Cost                 |

Note: The cover under either 1 or 2, includes up to \$5,000 in any one period of insurance for damage to window or door frames, tiled shop fronts, stock in trade, illuminated signs including perspex and plastic signs, the cost of temporary shuttering and security, signwriting, ornamentation, reflective materials and alarm tapes.

- |                          |   |    |
|--------------------------|---|----|
| <input type="checkbox"/> | 3. Covering glass mounted signwriting and glass mounted alarm tapes and protective devices (additional to 1 and 2). | \$ |
| <input type="checkbox"/> | 4. Covering illuminated signs (additional to 1 and 2).  | \$ |
| <input type="checkbox"/> | 5. Covering damage to stock in trade, resulting directly from glass breakage (additional to 1 and 2).               | \$ |

Do You have:  fancy, curved or bent glass?

Are premises:  located fully on first floor or above?  single fronted?  double fronted?  fully contained in a shopping complex?  
 other (please describe below)? \_\_\_\_\_ % Percentage of glass located on first floor or above?

## 7 Public and Products Liability.

Do You require this section?  Yes  No

If Your business is clerical, professional or retail where You do not directly import goods, You need only answer Part A for this section. For other occupations please complete Part A and Part B.

### Part A

1. State **limit of indemnity** required:  \$5,000,000  \$10,000,000  \$20,000,000

Note: This is the maximum amount We will pay in respect of any one Occurrence provided that, for all legal liability directly or indirectly arising out of Your products, Our total aggregate liability during any one period of insurance will not exceed the Limit of indemnity.

2. Do You require cover as the **property owner only**?  Yes  No

If property owners' liability is required please supply the following details:

Location	Occupied by	Occupants' business	Floor area	Annual gross rent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. **Business turnover**

Please indicate:

Annual turnover:		\$
Annual turnover from operations/activities in Canada and USA:		\$
Number of staff (including working proprietors):		_____
Annual wages:		\$

4. **Professional or other services**

Do You provide any professional, technical, consultancy, advisory or like services either for a fee or as an ancillary service to your business?  Yes  No

If "Yes", give details of such services and to whom such services are offered. **Note: Professional indemnity is excluded in this policy.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Public and Products Liability (continued)**

**5. Description of contractual liability exposure**

- (a) Have You assumed any obligations under any contracts or agreements, including hold harmless or indemnification agreements?  Yes  No
- (b) If "Yes", and You require cover for any such contracts or agreements entered into, these must be listed below. Such exposures are excluded in this policy, unless specifically noted in the schedule.

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**6. Unregistered vehicles**

Please supply number and type of unregistered vehicles.

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**7. Optional extensions:**

**1. Property in Your physical or legal control**

Indemnity required: \$ \_\_\_\_\_ (This policy provides automatic cover to a limit of \$25,000, unless otherwise advised)

Note: A higher Excess applies.

**Description of property in Your physical or legal control**

- (a) (i) List all non-owned premises, e.g. real property occupied under lease or rental agreements.

Location	Type of property	Approximate value
_____	_____	_____
_____	_____	_____
_____	_____	_____

- (ii) List all property of others in Your care, physical or legal control (include details of all goods, merchandise or equipment being leased, repaired, serviced, treated or on consignment or bailment):

Location	Type of property	Approximate value
_____	_____	_____
_____	_____	_____
_____	_____	_____

- (b) Have any hold harmless or indemnification agreements been executed which relate to destruction of or damage to the property listed above? If "Yes", please attach copies of such agreements.  Yes  No
- (c) Does any other person (financier, lessor, etc) have any interest in the property and/or goods stated in (a) above? If "Yes", please supply full details.  Yes  No

**2. Hairdresser's and beautician's treatment risk extension**

Do You require this optional benefit?  Yes  No

This benefit is subject to an Excess of \$500 for personal injury and property damage claims.

**3. Driving risk extension**

Is the driving risk extension required?  Yes  No

If "Yes", limit of indemnity required (if more than \$100,000 required) \$ \_\_\_\_\_

**If Your business is clerical, professional or retail where You do not directly import goods, You need not answer Part B for this section. For other occupations complete Part A and Part B.**

**Part B**

**1. Products**

- (a) Please describe fully the types of products manufactured, sold, handled, treated, hired out and/or the type of services that are performed for others:

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**Public and Products Liability (continued)**

- (b) Do You design parts of completed components for others?  Yes  No
- (c) Do You manufacture to the designs, formulae, plans and/or specifications of others?  Yes  No
- (d) Have product brochures been published?  Yes  No
- (e) IMPORTS: Please supply details of all imported goods, including the use of such goods and the country(s) of origin?

Percentage of turnover derived from such goods: \_\_\_\_\_ %

- (f) EXPORTS: Please supply details of all exported goods, include description of goods and the country(s) of destination?

Turnover from exports to Canada & USA: \$ \_\_\_\_\_ Total turnover derived from exports: \$ \_\_\_\_\_

**2. Quality control procedures**

- (a) Do You have a quality control manual?  Yes  No
  - (b) If the answer to (a) is "Yes", how long has this manual been in use? \_\_\_\_\_
  - (c) When was this manual last reviewed? \_\_\_\_\_
  - (d) Is any person responsible for quality control?  Yes  No
- If "Yes", please supply name and title: \_\_\_\_\_

**3. Outside operations**

Supply details of operations away from the premises including contracting, servicing/maintenance, building and/or plant erection and machinery installation.

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**4. Foreign operations/companies**

- Do You have any foreign operations/companies?  Yes  No
- If "Yes", please supply details of locations and occupation.

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**8 Personal Accident and Sickness.**

Not available if Steadfast, IBNA or Austbroker agreed Business Pack Policy Wordings are being used.

Do You require this section?  Yes  No

**1. Indicate cover and benefit period required**

- (a) Cover:  Accident Only  Accident and Sickness  Capital Accident and Sickness
- (b) Benefit period:  26 weeks  52 weeks  104 weeks

**Specify benefits required: Capital Sum:**

Capital benefit sum insured \$ \_\_\_\_\_

**Weekly Benefits:**

Accident \$ \_\_\_\_\_ per week

Sickness \$ \_\_\_\_\_ per week

**2. Excess**

Note: A standard Excess of 14 days applies to this section.

For a premium reduction do You wish to increase the Excess period?  Yes  No

If "Yes" select  21 days  28 days

Note: Sickness cover commences 28 days after We accept Your proposal.

**Personal Accident and Sickness (continued)**

**3. Insured person(s)**

Person 1

Person 2

- (a) Full names of insured person(s)
- (b) Date of birth\*
- (c) Height
- (d) Weight
- (e) Sex


\* To be eligible for cover, the insured person must be aged between 16 years and 55 years.

- (f) List diseases, sicknesses and injuries suffered by insured person and when:


- (g) Tick the box(es) which most accurately describe the occupation of the insured person

<input type="checkbox"/> Employer	<input type="checkbox"/> Employer
<input type="checkbox"/> Employee	<input type="checkbox"/> Employee
<input type="checkbox"/> Self employed	<input type="checkbox"/> Self employed
<input type="checkbox"/> Performing manual work	<input type="checkbox"/> Performing manual work
<input type="checkbox"/> Supervising manual work	<input type="checkbox"/> Supervising manual work
<input type="checkbox"/> Using powered machinery	<input type="checkbox"/> Using powered machinery

**4. (a) Does the insured person have or have they ever suffered from:**

- (i) high or low blood pressure, cancer, tuberculosis, diabetes, ulcers, paralysis, arthritis, rheumatism, AIDS or an AIDS-related condition; or
- (ii) any disorders of the mental, respiratory, nervous, genito-urinary, digestive or circulatory systems, or the heart, liver, spine, eyes or back; or
- (iii) any physical impairment or deformity; or
- (iv) any other sickness or injury not listed?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- (b) Does the insured person engage in or are they intending to engage in any of the following:

aviation or ballooning (other than as a fare paying passenger), boxing, bungy-jumping, canoeing, diving (underwater), hang-gliding, martial arts, motor sports, mountaineering (including rock climbing or abseiling), ocean sailing, parachuting, para-skiing, power boat racing, professional sports, rodeo, rock fishing or any other hazardous pursuits?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------	------------------------------	-----------------------------

- (c) Is the insured person currently using any medication (other than for colds or influenza)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- (d) Has any insurance company refused, applied loadings or exclusions to a proposal for the insured person's superannuation, sickness, accident, trauma, lump sum disablement or disability insurance?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- (e) Has the insured person ever made a claim or is the insured person currently receiving benefits for any type of trauma, sickness, accident, war service, unemployment, workers' compensation, common law or third party benefit?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- (f) Is the insured person contemplating seeking any medical advice, investigation or treatment including surgery in the near future?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- (g) Is there any reason why the insured person would say that they are not in good health now?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------	------------------------------	-----------------------------

- (h) Has the insured person had surgical advice or treatment or been hospitalised or suffered from any accident or illness resulting in seven or more days disablement within the last five years?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------	------------------------------	-----------------------------

If the answer to any of the above questions is "Yes", please give full details below. If insufficient room, continue in the space at the end of this proposal.

Date	Full Details
/ /	
/ /	
/ /	

**Personal Accident and Sickness (continued)**

5. Name and address of insured person's doctor:

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6. Do You require any of the following optional benefits?

- (a) Guaranteed renewability  One year  Two years  No
- (b) Business expenses \$ \_\_\_\_\_ weekly expenses  Yes  No
- (c) Voluntary workers  Yes  No
- Or, would You prefer to limit this section as follows?
- (d) Leisure time only  Yes  No
- (e) Transport only  Yes  No

**9 Employee Dishonesty.**

Note: Supplementary information will be required for businesses with more than 10 staff.

Do You require this section?  Yes  No

Money and Accounts

Inventory of Stock/Merchandise

- Please state frequency of audits/stocktakes in respect to: \_\_\_\_\_
  - By whom are all audits performed?  
(e.g. public accountants or staff auditor) \_\_\_\_\_
  - How often are bank accounts reconciled? \_\_\_\_\_
  - Do all financial transactions of \$1,000 or more require two signatories and/or authorisation by two or more people?  Yes  No
  - State number of employees:
 

(a) Having responsibility for money, stock and/or accounts: **Number of employees**

(i) Indoor (eg. executives, managers, cashiers): \_\_\_\_\_

(ii) Outdoor (eg. commercial travellers, salesmen): \_\_\_\_\_

(b) Not having responsibility for money, stock and/or accounts:

(i) Office staff: \_\_\_\_\_

(ii) All other employees: \_\_\_\_\_
  - Limit of indemnity (sum insured) required: **Sum Insured**
- Any one employee: \$ \_\_\_\_\_
- Overall amount for all employees in any one period of insurance: \$ \_\_\_\_\_

**10 Machinery Breakdown.**

Do You require this section?  Yes  No

- Blanket machinery cover**  Yes  No  
(under this cover, all machinery at the situation is covered, unless otherwise excluded by the policy)  
Specify the total number of units at the situation in the space provided. If there are none state "NIL".

Machine Type	Size / Capacity / Power	No. of Units
Air compressors	Less than 5 hp	
	5 to 7.5 hp	
	Over 7.5 to 10 hp	
Cash registers	All Units	
Centrifugal pumps	Less than 2 hp	
	2 to 7.5 hp	
	Over 7.5 to 15 hp	
Commercial microwaves	All Units	
Domestic fridges & freezers	All Units	
Domestic microwaves	All Units	
Electric motors	Less than 2 hp	
	2 to 10 hp	
	Over 10 to 20 hp	
Electronic scales	Over 20 to 40 hp	
	All Units	

**Machinery Breakdown (continued)**

Machine Type	Size / Capacity / Power	No. of Units
Generator sets	Less than 2 kVA	
Hot water boilers	Less than 25 kW	
	25 kW to 75 kW	
LPG cylinders	Less than 25 kg	
	25 to 100 kg	
	Over 100 kg	
Mincers	All Units	
Pressure vessels	Less than 2 metres long	
	From 2 to 5 metres long	
Refrigeration and air conditioners	Up to 5.5 hp	
Submersible pumps	Less than 1 hp	
Sewerage pumps	All Units	
Spa/swimming pool pumps	All Units	
Glass washers	All Units	
Dishwashers	All Units	
Clothes dryers	All Units	
Clothes washers	All Units	
Bar coding scanners	All Units	
Range exhaust fans	Less than 1 hp	
Evaporative coolers	Less than 5 hp	

Other

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Specify limit required for any one loss any one unit \$ \_\_\_\_\_

Note: This section has an 'undeclared property insured' condition and claims will be reduced if all machines are not insured.

**2. Specified machinery cover**

(under this cover, only the selected machinery detailed below, will be covered)

Yes  No

Note: On **specified machinery** the sum insured must represent the new replacement value of the unit.

Description (make, type, capacity, serial number, etc.)

**Sum Insured**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Sum Insured</b>	<b>\$ _____</b>

**3. Deterioration of stock**

Do You require cover for deterioration of stock?

Yes  No

If "Yes", complete section below.

Note: available only if plant is insured under this section. Maximum total cover available \$10,000.

**Description of stock**

**Sums Insured**

(a) Frozen meat, frozen fish, frozen vegetables, frozen cakes and pastries, cheese:	\$ _____
(b) Chilled meats, chilled poultry, cooked meats, chilled vegetables:	\$ _____
(c) Ice cream, chilled fish, dairy products excluding cheese:	\$ _____
(d) _____	\$ _____
<b>Total Sum Insured for deterioration of stock</b>	<b>\$ _____</b>

## 11 Computer/Electronic Equipment.

Do You require this section?  Yes  No

If "Yes", choose either Part A and/or Part B

**Part A**  Accidental damage excluding breakdown (see Policy Document for full description of cover).

**Part B**  Breakdown only.

Note: All equipment must be maintained and serviced in accordance with manufacturers' specifications, otherwise breakdown cover does not apply.

Describe each item including make, model, serial number, date of manufacture.

Replacement cost of equipment

(a) _____	\$ _____
(b) _____	\$ _____
(c) _____	\$ _____
<b>Total Sum Insured for equipment</b>	<b>\$ _____</b>

**Optional benefits – only covered when Part A is selected.**

1. Restoration of data	\$ _____
2. Increase in cost of working (Note: 48 hour Excess applies)	\$ _____
<b>Total Sum Insured</b>	<b>\$ _____</b>

**Situation** This section provides cover at the premises only. Do You require the cover to be extended to anywhere in Australia?  Yes  No

## 12 Transit.

Do You require this section?  Yes  No

Sums Insured

Please choose one of the three parts below:

Part 'A' – Fire, collision and overturning

Part 'B' – Fire, collision and overturning and theft

Part 'C' – All risks

1. Limit of indemnity (sum insured) required per conveyance? (maximum sum insured is \$7,500).	\$ _____
2. Will goods in transit include cigarettes, tobacco or alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. State number of goods-carrying vehicles operating:	_____ vehicles
4. Describe in full the nature of goods normally carried: _____	
5. What is the estimated annual value of all shipments?	\$ _____

Note: Cover is restricted to transit within the Commonwealth of Australia.

## Declaration.

Note: This declaration applies to all the insurance You are applying for in this proposal.

**I/we declare and agree:**

- that I/we have received or have been offered a copy of the Policy Document (Product Disclosure Statement);
- that I/we have read the information concerning the duty of disclosure and other important notices;
- that I/we have answered every question fully and frankly, have been truthful and accurate in completing this form and declaration and have not withheld any information likely to affect the acceptance of this insurance;
- that I/we have either completed this form personally or, if it has been completed by somebody else, have checked that the questions have been fully and accurately answered;
- to make the premises available for inspection by Allianz if so requested;
- upon acceptance, this insurance shall be subject to the Business Package Policy;
- that I/we have the consent of all other persons covered by this policy to provide personal and sensitive information on their behalf;
- that I/we have read and understood the Privacy Legislation information and consent to the collection, storage, use and disclosure of the personal and sensitive information of all persons covered by this proposal with their approval.

**If anything happens during the period of insurance which alters any of the information provided, I/we will promptly inform the insurer.**

**I/we realise that if I/we have not complied with the duty of disclosure, any claims may not be met.**

**Declaration continued over page**

**Declaration (continued)**

Proposer 1 signature: \_\_\_\_\_

Date: \_\_\_\_\_

Proposer 2 signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please check that this document has been fully completed.  
.....

**Premium Rating Summary (Internal use only)**

ANZSIC Code \_\_\_\_\_

	Premium	FSL	GST	Stamp Duty	Total	Excess
<b>1. Fire and Perils</b>						
Building 1	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Building 2	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>2. Business Interruption</b>						
Building 1	\$ _____		\$ _____	\$ _____	\$ _____	\$ _____
Building 2	\$ _____		\$ _____	\$ _____	\$ _____	\$ _____
<b>3. Theft</b>						
Building 1	\$ _____		\$ _____	\$ _____	\$ _____	\$ _____
Building 2	\$ _____		\$ _____	\$ _____	\$ _____	\$ _____
<b>4. Money</b>						
Building 1	\$ _____		\$ _____	\$ _____	\$ _____	\$ _____
Building 2	\$ _____		\$ _____	\$ _____	\$ _____	\$ _____
<b>5. General Property</b>						
Building 1	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Building 2	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>6. Glass</b>						
Building 1	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Building 2	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>7. Public and Products Liability</b>						
Building 1	\$ _____		\$ _____	\$ _____	\$ _____	\$ _____
Building 2	\$ _____		\$ _____	\$ _____	\$ _____	\$ _____
<b>8. Personal Accident and Sickness</b>						
Person 1	\$ _____		\$ _____	\$ _____	\$ _____	\$ _____
Person 2	\$ _____		\$ _____	\$ _____	\$ _____	\$ _____
<b>9. Employee Dishonesty</b>						
Building 1	\$ _____		\$ _____	\$ _____	\$ _____	\$ _____
Building 2	\$ _____		\$ _____	\$ _____	\$ _____	\$ _____
<b>10. Machinery Breakdown</b>						
Building 1	\$ _____		\$ _____	\$ _____	\$ _____	\$ _____
Building 2	\$ _____		\$ _____	\$ _____	\$ _____	\$ _____
<b>11. Computer/Electronic Equipment</b>						
Building 1	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Building 2	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>12. Transit</b>						
Building 1	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Building 2	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____



