

**ZURICH[®]**

Zurich Electronic Equipment Insurance

Proposal form

Completing the Proposal form

1. This application must be completed in full including all required attachments.
2. If more space is needed to answer a question, please attach a separate sheet with details.
3. The terms proposer, whenever used in this proposal form shall mean the insured listed and all subsidiary companies of the insured for which coverage is proposed under this proposal.
4. The terms insured and subsidiaries have the same meaning in this proposal form as in the policy.

Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty under the Insurance Contracts Act 1984 (Cth) to disclose to us every matter you know, or could reasonably be expected to know, is relevant to our decision whether to insure you and, if so, on what terms. This applies to all persons to be covered under this contract of insurance.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance. Your duty however, does not require disclosure of a matter that:

- diminishes the risk to be insured;
- is of common knowledge;
- we know or in the ordinary course of our business we ought to know;
- we indicate to you that we do not want to know.

Non-disclosure or Misrepresentation

If you make a misrepresentation to us, or if you do not comply with your duty of disclosure and we issue your policy with terms and conditions that are different to the terms and conditions that would have been issued had there not been any misrepresentation, or your duty of disclosure had been complied with, then:

- we may reduce the cover provided so that we are placed in the same position as we would have been in, had there not been any misrepresentation and your duty of disclosure had been complied with; and
- we may also cancel your policy; or
- we may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive Information ('Information'), you should know that:

We collect, use, process and store Personal Information and, in some cases, Sensitive Information about you in order to comply with our legal obligations, assess your application and, if your application is successful, to administer the products or services provided to you, to enhance customer service and/or product options or manage a claim ('purposes').

If you do not agree to provide us with the Information, we may not be able to process your application, administer your policy or assess your claims.

By providing us or your intermediary with your Information, you consent to our use of this Information which includes us disclosing your Information where relevant for the purposes, to your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners or as required by law within Australia or overseas.

Zurich may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – www.zurich.com.au, contact us by telephone on 132 687 or email us at Privacy.Officer@zurich.com.au

All questions in this proposal form must be answered

1 Period of insurance

From / / To / / at 4pm

2 Details of those proposed to be insured

Full name of proposer(s)

| | |
|------------------------------|-----|
| Company name (if applicable) | ABN |
|------------------------------|-----|

| Postal address | State | Postcode |
|----------------|-------|----------|
|----------------|-------|----------|

Contact details Business () Fax ()

Mobile Email

Trade or business

| Situation of Equipment | State | Postcode |
|------------------------|-------|----------|
|------------------------|-------|----------|

Other financial interested parties

| Address | State | Postcode |
|---------|-------|----------|
|---------|-------|----------|

| Nature of interest | Percentage of respondents |
|--------------------|---------------------------|
| Academic | 100% |
| Commercial | 0% |
| Other | 0% |

3 Complete this section for Equipment proposed for insurance

Is the Equipment proposed for insurance in satisfactory working condition with no known defects?

Yes ☐ No ☐ If 'No', state areas of deficiency

Has the Equipment sustained loss or damage during this past five years?

Yes ☐ No ☐ If 'Yes', please give full details, including dollar amounts

Is the Equipment currently insured against breakdown or has it been previously insured? Yes ☐ No ☐

If 'Yes', please state: Name of insurer _____ Expiry date _____ / _____ / _____

Has an insurer ever cancelled, declined to accept insurance or imposed special terms on the Equipment to be insured?

Yes ☐ No ☐ If 'Yes', please give full details

Are there any other relevant facts relating to this insurance or the persons making this proposal which should be disclosed to enable a true assessment of your proposal to be made before acceptance?

Yes ☐ No ☐ If 'Yes', please give full details

4 Equipment insured: Computers and/or Electronic Equipment to be insured

Indicate type of cover required (please specify)

- ☐ Equipment Breakdown only ☐ Equipment 'Fire and Specified Perils' only
☐ Equipment combine Breakdown and 'Fire and Specified Perils' only

Please list Equipment to be covered and their new replacement values

| Item | Year of manufacture | Description of Equipment / Make / Model / Serial number | Sum Insured (Replacement value) |
|--|---------------------|---|---------------------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| If space insufficient, please attach list. | | | Total Sum Insured \$ |

Is a Power Surge/Lightning Protection system installed?

Yes ☐ No ☐

If 'Yes', please specify system type, make and model

Are there Comprehensive Maintenance Agreements in force covering the Equipment?

Yes ☐ No ☐

Note: If Breakdown cover is required a Comprehensive Maintenance Agreement must be current on all Computers/Electronic Equipment with individual values in excess of \$100,000.

Only complete the following questions if 'Fire Specified Perils' is included in the cover

Fire protection at the situation(s)

Are portable fire extinguishers installed?

Yes ☐ No ☐

Are sprinklers installed?

Yes ☐ No ☐

Is there a smoke detection system installed (ie. single point or VESDA)?

Yes ☐ No ☐

If 'Yes', please specify type and whether the system is monitored 'Back to Base' by an accredited monitoring firm

Is a fire suppression system installed (ie. CO2)?

Yes ☐ No ☐

If 'Yes', please specify system type

Security at the situation(s)

Are door deadlocks and window locks installed on all external openings?

Yes ☐ No ☐

Are grills or bars installed on all external openings?

Yes ☐ No ☐

Is a local burglar alarm installed?

Yes ☐ No ☐

4 Equipment insured: Computers and/or Electronic Equipment to be insured (continued)

Is a monitored 'Back to Security Base' burglary alarm installed?

Yes ☐ No ☐

If 'Yes', please specify type of alarm installed and name of security firm

.....

Are security night patrols carried out?

Yes ☐ No ☐

If 'Yes', please specify how often and by whom

.....

.....

Option A – Electronic Data Restoration Costs (Loss of information)

Do you require this extension? Yes ☐ No ☐

Sum insured required \$

Note: The sum insured must represent the estimated cost of re-collecting and preparing the data in the appropriate form. The cost includes any additional expenses for the hire of personnel, premises or data preparation machines.

How frequently are your duplicate files updated? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other

Are on-site duplicate copies kept in a fire proof cabinet?

Yes ☐ No ☐

Are duplicate copies of the updated files kept off-site?

Yes ☐ No ☐

If 'Yes', please specify the address of the off-site

.....

Note: Duplicate copies of updated operating systems, application programs and data media must be stored off-site at alternative premises. We have no liability for any loss or damage to data media, information or records where duplicate copies are not kept, or updated at intervals of not greater than 30 days.

Option B – Increased Cost of Working

Do you require this extension? Yes ☐ No ☐

Sum Insured required \$

Note: The sum insured must represent the amount you would have to pay during the indemnity period for the use of substitute items of insured equipment of similar performance to the items specified in the policy schedule. It should also include the cost of additional personnel and transportation incurred in using the substitute items of insured equipment.

Indemnity Period required Months

Excess Period required Days

What contingency plan is in place for the use of substitute equipment in the event of Insured Damage to your Equipment?

.....

.....

.....

Has the above contingency plan been formalised in a written agreement?

Yes ☐ No ☐

If 'Yes', with whom

.....

.....

.....

.....

4 Equipment insured: Computers and/or Electronic Equipment to be insured (continued)

Option C – Moveable equipment

Do you require this extension? Yes ☐ No ☐

Please list equipment to be covered, along with their individual new replacement values

| Item | Year of manufacture | Description of Equipment / Make / Model / Serial number | Sum Insured (Replacement value) |
|--|---------------------|---|---------------------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| If space insufficient, please attach list. | | | Total Sum Insured \$ |

Territorial limits, please specify

5 Declaration

I/We declare that:

1. I/We have told Zurich all information which may be material to this application;
2. All information provided on this proposal is correct;
3. All sums insured represent the full value of the item(s) insured;
4. This proposal, together with the policy shall form the basis of the contract of insurance between me/us and Zurich.

| Signature of proposer(s) | Date |
|--------------------------|------|
| X | / / |
| X | / / |

Office use only

| Premium | Term | Annual |
|--|-----------|-----------|
| Base Electronic Equipment | \$ | \$ |
| Option A – Electronic Data Restoration Costs | \$ | \$ |
| Option B – Increased Cost of Working | \$ | \$ |
| Option C – Moveable Equipment | \$ | \$ |
| FSL | \$ | \$ |
| GST | \$ | \$ |
| Stamp Duty | \$ | \$ |
| TOTAL ANNUAL PREMIUM | \$ | \$ |

| Policy number | Intermediary |
|---------------|--------------|
| | |