WARREN SAUNDERS
INSURANCE BROKERS

CARWASH PROPOSAL

DATE:

COMPLETE AND RETURN TO
FAX: 02 9587 3442
EMAIL: theteam@wsib.com.au

INTRODUCING BROKER:

CONTACT NAME:

EMAIL ADDRESS:

PHONE NUMBER:

MOBILE NUMBER:

FAX NUMBER:

CLIENT NAME:

TRADING NAME:

ADDRESS FOR NOTICES:

LOCATION:

STATE/POSTCODE:

PERIOD OF INSURANCE: FROM   TO

INTERESTED PARTIES:

ELIGIBILITY CRITERIA

Description of Business: eg Car Wash Operator/Property Owner/Pet Wash:

| |
| |

Car Wash type: eg manual, self wash or automatic car:

| |
| |

	YES	NO
Is your car wash attached to a service station?	YES	NO
Do you have a pet wash facility?	YES	NO
Do you own the building?	YES	NO
Is there any deep frying in any café facility?	YES	NO
Is the building more than 60 years old and hasn't been rewired, replumbed or refurbished in the past 10 years or been thermographically scanned in the last 2 years with no defects recorded?	YES	NO
Have you, the Insured had any insurance contract denied, cancelled, Application rejected, renewal refused, claim rejected, special conditions or excess imposed by an Insurer in the last 5 years?	YES	NO
In the past 5 years have you or any partners, shareholders or directors of the Business declared bankruptcy, insolvency or been convicted of any criminal offence or been liable for any civil offence or pecuniary penalties exceeding $5,000?	YES	NO

CONSTRUCTION:

WALLS:	FLOOR:	ROOF:

DETAILS/ADDITIONAL INFORMAITON:

| |
| |

CLAIMS IN THE PAST 5 YEARS:

Date of Loss	Details	Amount	Excess	Insurer

COVERS REQUIRED

Property Limits & Declared Values

Building/s	$	
Stock	$	
Contents	$	
Removal of Debris	$100,000 automatically	
Extra Costs of Reinstatement	$100,000 automatically	

Fire Protection

Sprinklers	YES	NO
Extinguishers	YES	NO
Active Alarm System Type		
Hose Reels	YES	NO

Other - *please specify*

Consequential Loss / Business Interruption

Indemnity Period	12 Months	
Gross Profit/Turnover	$	
Claims Prep Costs	$	
Additional Increased Costs	$	

Machinery Breakdown

Description	Serial Number	Value
	Total $	

Electronic Equipment

Specified Items	$	
Restoration of Data	$	
Increased Cost of Working	$	

General Property

Description	Serial Number	Value
	Total $	

Employee Dishonesty	$	
Glass Breakage	YES	NO

Theft

Theft other than Money	$	
Theft from Open Air	$	

Security

Deadlocks all doors	YES	NO
Key locks/bars on windows	YES	NO
Active Alarm system type		
Security Patrol	YES	NO

Other (eg metal shutter, guard dogs, security cameras, bollards - *please specify*)

Money	(Blanket) $		
Public & Products Liability	(Limit either $10M or $20M)		
Annual Turnover	$		
Annual Wages	$		
Number of Staff			
Driving Risk	(5 km radius) (Limit $250,000)	YES	NO
Pet Wash	(Limit $5,000)	YES	NO
Years in Operation			

NON-DISCLOSURE
If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its under the contract in respect of a claim or may cancel the contract. If your non-disclosure was fraudulent, the insurer may also have the option of avoiding the contract from its beginning.
YOUR DUTY OF DISCLOSURE
Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose every matter that you know or could be reasonably expected to know, is relevant to the underwriters decision whether to accept the risk of insurance and if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

DECLARATION
Please Note: Signing the Declaration does not bind You or the Insurer to complete this insurance. I declare that I have made all necessary inquiries into the accuracy of the responses given in this application and confirm that the statements and particulars given in this application are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that should any of the information given by me alter between the date of this application and the inception date of the insurance to which this application relates, I will give immediate notice thereof to the insurer.

NAME		TITLE	
SIGNATURE		DATE	