



Business Pack Insurance Quote Form

Preferred method of correspondence Email Mail

1. Your Details

1.1. Period Insurance

Start Date

Expiry Date

1.2. Insured

Current Insurer

Policy Number:

Insured Name

Trading Name

What is your web site address?

E-mail

What is your ABN?

Address Line 1

Address Line 2

Suburb

State

Post Code

Are you exempt from stamp duty?

Yes

No

If Yes, specify number:

1.3. Duty of Disclosure

Have you or any partner(s) shareholder(s) or director(s) of the business:

(1) Ever had an insurance policy cancelled, declined or terms imposed?

Yes

No

Date

Description

(2) Ever been declared bankrupt?

Yes

No

Date

Description

(3) Ever been involved in a company or business which became insolvent or subject to any form of insolvency or voluntary administration (e.g. liquidation or receivership)?

Yes

No

Date

Description

(4) Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?

Yes

No

Date

Description

(5) Been liable for any civil offence or pecuniary penalty?

Yes

No

Date

Description

(6) Any other matters you should disclose?

Yes

No

Date

Description

1.4. Claims Experience

Have you had any claims in the last 3 years under the sections to be insured?

Yes

No

Claim

Sections

Business Property

Business Interruption

Theft

Money

Machinery Breakdown

Electronic Equipment

Public and Products Liability

Glass

General Property

Employee Dishonesty

Goods In Transit

Tax Audit

Management Liability

Date Of Loss

Amount of Claim

Please provide a brief description of the claim

Preventative/Corrective action details

2. Situation Details

Address

Suburb

Post Code

2.1. Sections

Please select the sections you want to cover for this situation

Business Property

Business Interruption

Theft

Money

Machinery Breakdown

Electronic Equipment

Public and Products Liability

Glass

General Property

Employee Dishonesty

Goods In Transit

Tax Audit

Management Liability

2.2. Business Details

Business Description

What is your estimated turnover / gross income for the next twelve months

Total number of staff – Full Time

Total number of staff – Part time / Casual

Construction

Multiple Buildings on site

Yes

No

Year built (yyyy)

Year last rewired (yyyy)

How much Expanded Polystyrene (EPS) does the premises contain (e.g. Foam insulation)?

Is there any asbestos present?

Yes

No

Building Details

No. of Stories

Floors

Concrete

Iron / Steel

Brick

Wood

Other/Mixed(Non Combustible)

Other/Mixed (Full/Partial Combustible)

Tile

Walls

Concrete / Stone

Concrete Tilt Slab

Iron/Steel/Aluminium on steel

Iron/Steel/Aluminium on wood

Brick

Masonry

Expanded Polystyrene (EPS)

Wood

Mixed < 75% Brick/Concrete/Iron on steel

Mixed > 75% Brick/Concrete/Iron on steel

Glass

Metal

Polystyrene

Other

Roof

Concrete	Masonry
Tiles / Slate	Asbestos
Fibro	Iron/Steel/Aluminium on steel
Iron/Steel/Aluminium on wood	Expanded Polystyrene (EPS)
Wood	Polystyrene
Glass	Other/Mixed (Non Combustible)
Other/Mixed (Full/Partial Combustible)	

Fire Protection

Fire Protection Provided

None	Fire Extinguishers
Hose Reels	Sprinklers
Smoke Detectors - Monitored	Smoke Detectors - Non Monitored
Heat Detectors	Fire alarm
Monitored base alarm	Fire Blankets

Sprinkler Type

Multiple Buildings on site	Yes	No
Water Supply	Dual	Single
Conforms to Australian Standards	Yes	No

Security

Fire Protection Provided

None	Bars on windows/Non-opening windows
Deadlocks on doors	Protection of Display Windows
Electronic key pad/swipe card access	Security fencing
Locks on all external windows without bars	CCTV system installed
Bollards in front of glazing/display windows/roller shutters	External Lighting
Local alarm	Roller Shutters
Watchman patrols	Monitored base alarm

If applicable, please specify the type of monitored alarm:

Class 2 e.g. Digital Dialler	Class 2 e.g. Digital Dialler + GSM Cellular phone back-up polled daily
Class 3 e.g. Multi-path GPRS polled < 120 sec	Class 4 + 5 e.g. Direct Line or Multi-path Ethernet / GPRS polled < 60 sec

Other Details

Is there an ATM on premises?	Yes	No
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2.4. Other Situation Details

Where are the premises located?

Main or Suburban street

Wholly within a shopping centre (No external openings to outside centre)

Within a shopping centre (With external openings)

Within an Industrial Estate

Within an Office Block (incl Ground or 1st floor)

Within an Office Block (2nd floor or above)

Outside Metropolitan, regional or town boundaries

Shipping Container

Market

Other

Is premises connected to town water?

Yes

No

Type Of Fire Brigade

Professional Manned 24 hours

Professional Manned part time

Own on site staff fire brigade Manned 24 hours

Own on site staff brigade Manned part time

Rural or country volunteer brigade

Other

Store Flammable Goods?

Yes

No

If Yes

What quantity

Store substances in accordance with Australian Standards and local/ state government regulations?

Yes

No

If Yes, are goods stored in approved cabinets/bunded storage facilities?

Yes

No

2.5. Seasonal Increases

Seasonal Increase periods will apply to Property, Theft, Money and Machinery/Electronic Equipment Deterioration of Stock Sections only

Do you wish to change the Seasonal Increase periods?

Yes

No

If Yes

First Period: From

To

First Period: From

To

2.6. Interested Parties

Do you wish to note any interested parties?

Yes

No

If Yes, please specify

Sections

Business Property

Theft

Money

Machinery Breakdown

Electronic Equipment

Public and Products Liability

Glass

General Property

Employee Dishonesty

Goods In Transit

Tax Audit

Management Liability

Name

Nature of Interest

1st Mortgagee

2nd Mortgagee

3rd Mortgagee

Local Government Authority

Hire Purchase

Lease

Premium Funder

Principal

Other

Address Line 1

Address Line 2

Suburb

State

Post Code

3. Business Property

3.1. Business Property Information

Does your premises contain multiple occupancy of tenants? Yes No

Is your premises more than 50% vacant? Yes No

Is the building heritage or national trust listed? Yes No

Have you, or any directors or officers entered into and SIGNED any contractual or Hold Harmless agreements that may affect our rights of recovery against other parties?* other than the following types of contracts; Yes No

1. A contract which releases any government, semi-government or municipal authority body from any liability,
2. contracts for storage of goods or merchandise;
3. lease agreements for the occupancy of any building or part of a building or lease or hire of property.

Please provide details.

3.2. Sum Insured

Do you require Strata title mortgagee(s) interest cover only? Yes No

Building(s) Replacement Indemnity

Contents Replacement Indemnity

Stock

Specified Item Sum Insured

Category

Antique

Architects and Surveyors fees

Customer vehicles

Container contents

Customer goods

Floating stock

Floating stock and/or contents

Rent

Stock of caravans

Stock of petrol

Stock of watercraft

Additional temporary protection

Work of art

Other

Total Sum Insured

Limit of Liability

Additional Cover

Accidental Damage (as defined)

Wording Coverage

Other Amount

If Other Amount, specify amount

Extra Cost of Reinstatement

Removal of Debris

Wording Coverage

Other Amount

If Other Amount, specify amount

Rewriting of Records

Wording Coverage

Other Amount

If Other Amount, specify amount

Playing Surfaces

Wording Coverage

Other Amount

If Other Amount, specify amount

Flood

Yes

No

3.3. Excess

Please indicate the Excess you prefer for Business Property

\$ 100

\$ 250

\$ 500

\$ 750

\$ 1,000

\$ 2,000

\$ 5,000

\$ 7,500

3.4. Other Information

Do you wish to provide any additional information ?

Yes

No

4. Business Interruption

4.1. Sum Insured

Business Interruption

Type

Insurable Gross Profit

Annual Revenue

Weekly Revenue

Additional Increased in Cost of Working Only

Additional Increase in Cost of Working

Accounts Receivable

Claims Preparation Costs

Loss of Rent Receivable

Indemnity Period

6 months

12 Months

18 Months

24 Months

36 months

4.2. Additional Benefit

Documents

Wording Coverage

Other Amount

If Other Amount, specify amount

4.3. Optional Benefit

Goodwill

4.4. Uninsured Working Expenses

Purchases

Discounts Allowed

Bad Debt

Other

Enter %

4.5. Unspecified / Specified Customers and Suppliers

Do you wish to specify any Customers or Suppliers?

Yes

No

Customer / Supplier

Type

Supplier

Customer

Name

Address Line 1

Address Line 2

Suburb

State

Post Code

Country

Goods Supplied

Percentage of Dependency

4.6. Other Information

Do you wish to provide any additional information ?

Yes

No

5. Theft

5.1. Sum Insured

Contents - including stock

Contents - excluding stock

Stock in Trade

Cigarettes / Tobacco

Alcohol

Do you wish to add any specified items?

Yes

No

If Yes, Specified Item
Description

Category

Floating stock and/or contents	Additional loss of keys
Antique	Customer goods
Customers vehicles	Stock of vehicles
Stock of caravans	Stock of petrol
Stock of watercraft	Trees/Shrubs/Plants
Work of art	Other

Sum Insured

5.2. Additional Benefits

Damage to Business Premises	Wording Coverage	Other Amount
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If Other Amount, specify amount

Damage to Rented Premises	Wording Coverage	Other Amount
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If Other Amount, specify amount

Theft Without Forcible and Violent Entry - Item (A) only	Wording Coverage	Other Amount
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If Other Amount, specify amount

Theft (limited) Without Forcible and Violent Entry - Item (B) only / Theft Without Forcible and Violent Entry - Item (B) only	Wording Coverage	Other Amount
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If Other Amount, specify amount

5.3. Optional Benefit

Theft Without Forcible and Violent Entry / Theft of property insured in the open air	Wording Coverage	Other Amount
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If Other Amount, specify amount

5.4. Excess

Please indicate the Excess you prefer for Theft

\$ 100	\$ 250	\$ 500	\$ 750
\$ 1,000	\$ 2,000	\$ 5,000	\$ 7,500

5.5. Other Information

Do you wish to provide any additional information ?	Yes	No
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6. Money

Blanket Cover

Money in transit

Money on Business Premises - during business hours / Money in the Building - during business hours

Money on Business Premises - outside business hours / Money in the Building - outside business hours

Money on Business Premises - locked safe or strongroom / Money in the Building - locked safe or strongroom

Money in private residence / Money in Custody

6.1. Optional Benefit

Is money left over night?	Yes	No						
Is money kept in a locked safe?	Yes	No						
Number of banking days a week?	1	2	3	4	5	6	7	
Who banks money?	Staff	Certified carrier (Chubb)						

6.2. Excess

Please indicate the Excess you prefer for Money

\$ 100 \$ 250 \$ 500 \$ 750 \$ 1,000 \$ 2,000

6.3. Other Information

Do you wish to provide any additional information ? Yes No

7. Machinery Breakdown

7.1. Blanket Plant and Machinery Details

Blanket Plant and Machinery

Machinery Type	Size/Capacity/Power	No. of Units
Air Compressor	Less than 5 HP (< 3.7 kw)	
Air Compressor	Over 5 to 7.5 HP (3.7kw - 5.6kw)	
Air Compressor	Over 7.5 to 10 HP (>5.6kw - 7.5kw)	
Air Conditioners - Split System	Up to 5 HP (3.7kw)	
Air Conditioners - Window/Wall Type	Up to 5 HP (3.7kw)	
Auto Car Wash (Conveyer)	All Units	

Machinery Type	Size/Capacity/Power	No. of Units
Auto Car Wash (not dryer)	All Units	
Bandsaws	All Units	
Bar Coding Scanners	All Units	
Bottle/Display Cabinets	All Units	
Car Hoist - 2 & 4 Post	All Units	
Cash Registers	All Units	
Centrifugal Pump	Less than 2 HP (< 1.5kw)	
Centrifugal Pump	Over 2 to 7.5 HP (1.5kw - 5.6kw)	
Centrifugal Pump	Over 7.5 to 15 HP (>5.6kw - 11.2kw)	
Centrifugal Pump	Over 15 to 25 HP (>11.2kw - 18.6kw)	
Clothes Dryers	All Units	
Clothes Washers	All Units	
Coffee Machines	All Units	
Cold/Freezer Rooms Less than 3 HP	All Units	
Computer controlled lathes	All Units	
Deep Freezers	up to 2m long	
Deep Freezers	over 2m long	
Dish Washers	All Units	
Domestic Fridges	All Units	
Domestic Freezers	All Units	
Electric Motors	Less than 2 HP (< 1.5kw)	
Electric Motors	Over 2 to 10 HP (1.5kw - 7.5kw)	
Electric Motors	Over 10 to 20 HP (>7.5kw - 14.9kw)	
Electric Motors	Over 20 to 40 HP (> 14.9kw - 29.8kw)	
Electronic Scales	All Units	
Engine Diagnostic Unit	All Units	
Evaporative Coolers	Less than 3 HP (2.24kw)	
Generator Sets	Less than 2 kva	
Glass Washers	All Units	
Hair Dryers	All Units	
Hot Water Boiler	Less than 25 KW	
Hot Water Boiler	Over 25 KW to 75 KW	

Machinery Type	Size/Capacity/Power	No. of Units
Ice Maker/Storage Bin	All Units	
LPG Cylinders	Less than 25 KG	
LPG Cylinders	Over 25 KG to 100 KG	
LPG Cylinders	Over 100 KG	
Meat Display Cabinets	All Units	
Meat Slicers	All Units	
Microwave - Commercial	All Units	
Microwave - Domestic	All Units	
Mincers	All Units	
Other Auto Workshop Machinery (noc)	All Units	
Post Mix Machine	All Units	
Pressure Vessels	Less than 2 mtrs	
Pressure Vessels	From 2 to 5 mtrs	
Range Exhaust Fans	Less than 1 HP (0.75kw)	
Refrigeration up to 5 HP	All Units	
Sausage Machines	All Units	
Sewerage Pumps	All Units	
Silent Cutter/Mixers	All Units	
Soft Serve Ice Cream Machines	All Units	
Spa/ Swimming Pool Pumps	All Units	
Submersible Pumps	Less than 1 HP (0.75kw)	
Temprites/Beer Coolers	All Units	
Vacuum Cleaners	All Units	
Wheel Aligner	All Units	
Wheel Balancer	All Units	

Limit any one loss

\$ 10,000

\$ 15,000

\$ 20,000

\$ 25,000

\$ 30,000

\$ 40,000

\$ 50,000

Other

If Other

Specified Item

Description

Category

Laser cutting machinery

Mobile plant

Woodworking extraction system

Lathe

Other

Sum Insured

7.2. Additional Cover

Deterioration of stock

Increase in Cost of Working

7.3. Excess

Please indicate the Excess you prefer for Machinery Breakdown

\$ 250

\$ 500

\$ 750

\$ 1,000

\$ 2,000

Deterioration of stock : 10% of claim or \$500 whichever is greater (AIG only)

Deterioration of stock Excess

\$ 250

\$ 500

\$ 750

\$ 1000

\$ 2,000

Increased cost of working excess (days) (Zurich only)

1

2

3

4

5

6

7

8

9

7.4. Other Information

Do you wish to provide any additional information ?

Yes

No

8. Electronic Equipment

Limit any one loss

Specified Item

Description of Item

Classification

Mobile Equip Anywhere in Aust(excl. laptop)

Laptop/Tablet

Computer & Word Processors

Electro-Medical Equipment

Diagnostic & Therapeutic X-Ray Equip

Office Equipment

Microwave Ovens

Communication Systems

Electronic Scales

Audio/Visual Equipment

Video Games(excl. domestic situation)

Sum Insured

8.1. Cover Options

Electronic Data and Electronic Data Media

Yes

No

If Yes:

Electronic Data

Electronic Data Media

Additional Increase in Cost of Working

Yes

No

If Yes:

Sum Insured

Indemnity Period (months)

3

6

12

18

24

36

Excess (days)

Restoration of Computer Data

Wording Cover

Other Amount

If Other Amount, specify amount

Increased Cost of Working

Wording Cover

Other Amount

If Other Amount, specify amount

Indemnity Period (months)

3

6

12

18

24

36

Excess (days)

8.2. Excess

Please indicate the Excess you prefer for Electronic Equipment

\$ 100

\$ 250

\$ 500

\$ 750

\$ 1,000

8.3. Other Information

Do you wish to provide any additional information ?

Yes

No

9. Public and Products Liability

9.1. Details of the Business

Property Owner Liability only?

Yes

No

9.2. Contractors and Subcontractors

Do you engage contractors and/or subcontractors in your business? Yes No

If Yes:

Do you ensure that contractors and/or subcontractors have their own liability and where necessary, Workers Compensation insurance? Yes No

Estimate of the amount to be paid to contractors and subcontractors in the next 12 months:

Labour only \$

Labour and plant \$

Labour, plant and materials \$

Do the contractors and/or subcontractors account for more than 25% of your total turnover? Yes No

Contractor and subcontractor turnover

9.3. Labour Hire

Do you engage labour hire or hired in labour in your business? Yes No

Estimate the amount to be paid to labour hire firms in the next 12 months \$

What type(s) of work do staff from labour hire firms perform for you?

Does the labour hire or hired labour account for more than 25% of your total turnover? Yes No

Labour hire and hired labour turnover

9.4. Designated Contracts

Do you have any contracts to be designated? Yes No

If Yes, Description

9.5. Hazardous Activities and Substances

Do you, or do you intend to use, store or handle hazardous substances? Yes No

Describe the hazardous materials used and/or the hazardous waste produced

Do you discharge waste or hazardous material into the atmosphere, sewer or elsewhere? Yes No

If Yes, please provide details

9.6. Hire Out Equipment or Staff

Do you hire equipment or hire out equipment and/or staff? Yes No

If Yes:

Is there a Hire Agreement with a disclaimer or legal waiver in place that the hirer signs before hiring? Yes No

Is all equipment checked and maintained after each hire?

Yes

No

Equipment hired out

Turnover

Does the business hire out any of the following:

- electrical or powered tools / equipment
- self-propelled machinery without an operator
- trailers or caravans
- medical or surgical equipment
- sporting / recreational equipment
- watercraft

Yes

No

9.7. Other Details

In the last 6 years or in the future, do you intend to undertake business or export to any of the following countries - Belarus, Burma (Myanmar), Cote d'Ivoire, Cuba, The Democratic Republic of the Congo, Iran, Iraq, Liberia, North Korea, Sudan, Syria or Zimbabwe?

Yes

No

If Yes, please provide details

Do you, or do you intend to export goods?

Yes

No

If Yes, please provide details

Have you, or any directors or officers entered into and SIGNED any contractual or Hold Harmless agreements that may affect our rights of recovery against other parties?* other than the following types of contracts;

Yes

No

1. A contract which releases any government, semi-government or municipal authority body from any liability,
2. contracts for storage of goods or merchandise;
3. lease agreements for the occupancy of any building or part of a building or lease or hire of property.

Please provide details.

9.8. Limits of Liability

Limit of Liability - Public & Products Liability

\$ 10,000,000

\$ 15,000,000

\$ 20,000,000

Other

If Other Amount, specify amount

Limit of Liability - Public Liability Only

\$ 10,000,000

\$ 15,000,000

\$ 20,000,000

Other

If Other Amount, specify amount

9.9. Additional Cover

Property in Physical & Legal Control - Limit

Wording Cover

Other Amount

If Other Amount, specify amount

USA / Canada Exports

Yes

No

If Yes, Product

Turnover

9.10. Optional Extensions

Consumer Protection Liability cover

Not Insured

Victorian Plumbers

Queensland Electricians

Licensed name

Licence number

9.11. Excess

Please indicate the Excess you prefer for Property Damage

\$ 100

\$ 250

\$ 500

\$ 750

\$ 1,000

\$ 2,000

\$ 5,000

\$ 7,500

\$ 10,000

9.12. Other Information

Do you wish to provide any additional information ?

Yes

No

10. Glass

10.1. Cover

External Glass

Yes

No

Internal Glass

Yes

No

Do you wish to add any specified glass items?

Yes

No

If Yes, Description

10.2. Optional Benefit

Signs

Wording Coverage

Other Amount

If Other Amount, specify amount

10.3. Excess

Please indicate the Excess you prefer for Glass

\$ 100

\$ 250

\$ 500

\$ 750

\$ 1,000

\$ 2,000

10.4. Other Information

Do you wish to provide any additional information ?

Yes

No

11. General Property

11.1. Unspecified Business Items

Specified Item

Description (List items if necessary)

Type

Laptops/Portable elect. equip(excl mob phones/PDAs)

Mobile phones & PDAs

Tools of Trade excl left on building site overnight

Tools of Trade when left on building site overnight

Stock in Trade of Tradesman

Household Goods in Storage

Traveller Samples

Other Specified Items

Sum Insured

11.2. Excess

Please indicate the Excess you prefer for General Property

\$ 100

\$ 250

\$ 500

\$ 1,000

\$ 2,000

11.3. Cover Extensions

Worldwide Cover

Yes

No

11.4. Cover Limitations

Fire Excluded

Yes

No

Fire, Theft and Collision of the conveying vehicle Only

Yes

No

Fire, theft, collision and other specified perils Only

Yes

No

11.5. Other Information

Do you wish to provide any additional information ?

Yes

No

12. Employee Dishonesty

12.1. Sum Insured

Employee Dishonesty

\$ 10,000

\$ 25,000

\$ 50,000

\$ 75,000

\$ 100,000

Other

If Other, specify limit

12.2. Excess

Please indicate the Excess you prefer for Employee Dishonesty

\$ 0	\$ 100	\$ 250	\$ 500	\$ 750
\$ 1,000	\$ 2,500	\$ 5,000	\$ 7,500	

12.3. Other Information

Do you wish to provide any additional information ? Yes No

13. Goods in Transit

13.1. Details of the Business

Do you transport temperature controlled goods? Yes No

Estimated value of annual sendings

What type of goods are you sending?

13.2. Sum Insured

Cover Type Accidental Damage Limited Cover

Goods In Transit

\$ 25,000	\$ 50,000	\$ 75,000	\$ 100,000	\$ 250,000
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13.3. Excess

Please indicate the Excess you prefer for Goods In Transit

\$ 0	\$ 100	\$ 250	\$ 500
\$ 1,000	\$ 2,500	\$ 5,000	\$ 7,500

13.4. Other Information

Do you wish to provide any additional information ? Yes No

14. Tax Audit

14.1. Details of the Business

Has the business &/or any director who will receive protection under this section had any previous Tax Audits? Yes No

14.2. Sum Insured

Tax Audit

\$ 10,000

\$ 15,000

\$ 20,000

\$ 50,000

\$ 100,000

Cover Type

Business Audit only

Business and Directors Audit

Audit of Individuals

Number of directors

Director Name # 1

Suburb

State

Postcode

14.3. Excess

Please indicate the Excess you prefer for Tax Audit

\$ 0

\$ 100

\$ 250

\$ 500

\$ 750

\$ 1,000

\$ 2,500

\$ 5,000

\$ 7,500

14.4. Other Information

Do you wish to provide any additional information ?

Yes

No

16. Your Contact Details

Your Name

Address

Suburb

State

Post Code

Mobile

Phone

Email

Preferred Contact Method

How did you hear about us?

Web Search

Advertisement

Word of Mouth

Tradeshow

Company Website

Other

If Other, how else did you hear about us?

Would you also like to obtain more information or quotations for other types of insurance?

Your Business

Car

General and Products Liability

Home

Management Liability

Landlord

Corporate Travel and Group Personal Accident

Travel

Workers Compensation

Boat

Commercial Motor Vehicles

Caravan

17. Notice

We draw your attention to the Important Notice accompanying this Quote form. You must read the Important Notice carefully. If you do not understand the content of Important Notice, please contact us immediately.

If any of the statements in this Quote form are untrue, and you have suppressed or mis-stated any facts and/or should any information given by you alter between the date of this Quote form and the inception date of the insurance to which this Quote form relates you must immediately notify us.

You authorise us to collect or disclose any personal information relating to this insurance to any insurer or insurance reference service. Where you have provided information about another individual (for example, a relative, employee or client), you have or you will make the individual aware of that fact and the section in the Policy on "The way we handle your personal information".

You agree that you have read and understood this notice by doing any of the following:

- (a) Signing and returning a copy of this form; or
- (b) Providing the information requested and returning the form to us; or
- (c) Providing us with instructions to place the policy.

Signature of Applicant(s)

Position held

Position held

Date

Date