

Sydney

Lvl 14, 100 Miller Street, North Sydney NSW 2060
 PO Box 6124, North Sydney NSW 2059
 Ph: (02) 9908 0000 Fax: (02) 9908 0099

Brisbane

Lvl 1, 99 Melbourne Street, South Brisbane QLD 4101
 PO Box 2780, Brisbane QLD 4001
 Ph: (07) 3237 8400 Fax: (07) 3237 8499

BUSINESS PACKAGE INSURANCE PROPOSAL

Period of Insurance to At 4.00pm

Important Notices

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 to the Insurer every matter that You know, or could reasonably be expected to know, is relevant to the Insurer's 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.

Your duty however does not require disclosure of matter:-

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that Your Insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with Your duty is waived by the Insurer.

MISREPRESENTATIONS

If You fail to comply with Your duty of disclosure, the Insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If Your non disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

PRIVACY

We are committed to protecting Your privacy. We only use the personal information You give us to quote on and insure Your risks. We only give personal information to:

- our underwriters (and their representatives);
 - our reinsurers (and their representatives); and
 - people we appoint to assist us with any claims under Your policy.
- We will not trade, sell or rent Your information.

If You don't give us complete information, we cannot properly quote for Your insurance and we cannot insure You. You can check the personal information we hold about You at any time.

For more information about our Privacy Policy, ask for a copy.

WORKERS COMPENSATION

Worker's Compensation is compulsory in all states and territories of Australia. This package does not include Worker's Compensation.

CO-INSURANCE (Average Clause)

A co-insurance (average) clause applies to the Property, Business Interruption and Electronic Equipment Sections of this Policy.

This means that if the Sum Insured of:

- Any items of Property insured under the Property Section, or the Gross Income insured under the Business Interruption Section;
- Or any item of Electronic Equipment insured under the Electronic Equipment Section

Is less than 80% of its value at the time You take out this Policy and at each renewal of the Policy, then for any loss or damage You will be Your own insurer for the difference, that is You will bear a rateable proportion of each claim in accordance with the following formula.

$$\text{Sum Insured} \times \text{Amount of loss or damage} \div 80\% \text{ of value} = \text{Amount Payable to Us (up to Sum Insured)}$$

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions or You need to disclose something to Us because of Your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

Name of Insured

(incl. all Subsidiary Companies)

Postal Address

Suburb / City

State

Postcode

ABN

Taxable (GST Input)

%

Your Contact Details	Name			
	Private Phone	()	Business Phone	()
	Facsimile	()	Mobile	
	Email			
	Website			
Situation Address				
1.		State		Postcode
2.		State		Postcode
Interested Parties				
<i>Above Parties Interest</i>				
Please describe Your Business Activities				
Please provide details of the Business carried out by You at this situation				
Please provide details of the Business carried out by Others at this situation				

Description of Property (please tick or complete)					
	Situation 1	Situation 2		Situation 1	Situation 2
Approximate age of the Premises			Construction:		
Do You own the Premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Walls		
Or are You a tenant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof		
Fire & Security protection installed at Premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Floors		
Hydrants/Hose Reels/Extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Storeys		
Sprinklers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are all external doors deadlocked or barred?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are all windows keylocked or barred?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are the premises protected by Burglar Alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please advise the Type			Name of Security Company		
If there is more than one building at the situation, please advise the separation between the buildings		Meters			

Section 1 - Material Loss or Damage

Do You require cover for this Section?

Yes No

Declared Values:	Situation 1	Situation 2
Building	\$	\$
Contents incl. Stock & Computers	\$	\$
Removal of Debris	\$	\$
Sub-Limits of Liability:		
Accidental Damage	\$	\$
Property in the Open Air	\$20,000	\$20,000

Section 2 - Business Interruption

Do You require cover for this Section?

Yes No

Declared Values:	Situation 1	Situation 2
Gross Income	\$	\$
Weekly Income	\$	\$
Claims Preparation Costs	\$	\$
Additional Increased Cost of Working	\$	\$
Outstanding Accounts Receivable	\$	\$
Average Weekly Income	\$	\$
Indemnity Period	Weeks	

Section 3 - Theft

Do You require cover for this Section?

Yes No

Following Forcible and Violent Entry	Situation 1	Situation 2
Contents incl. Stock & Computers	\$	\$

Section 4 - Money

Do You require cover for this Section?

Yes No

	Situation 1	Situation 2
In Transit	\$	\$
On Premises Business Hours	\$	\$
On Premises Outside Business Hours	\$	\$
In Your or Your Employees Residence	\$	\$
On Premises contained in Locked Safe or Strongroom	\$	\$
On Premises in an ATM	\$	\$
Damage to Safe / Strongroom	\$	\$
Please provide details of Your Safe		
Additional Covers		
Employee Dishonesty	\$	\$
Tax Audit Costs	\$	\$

Yes No

Section 5 - Electronic Equipment

Do You require cover for this Section?

Yes No

Description	Sum Insured	Transit?
Item 1	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Item 2	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Item 3	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Item 4	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Item 5	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restoration of Data	\$	
Increased Cost of Working	\$	
Total Sum Insured	\$	

Section 6 - Glass

Do You require cover for this Section?

Yes No

Section 7 - General Property

Do You require cover for this Section?

Yes No

Please indicate type of cover required:

- Accidental Loss or Damage (Standard Cover)?
- Fire, Theft, Collision & Other Expressed Perils (Restricted Cover)
- Goods In Transit (Restricted Cover)

Description	Sum Insured
Item 1	\$
Item 2	\$
Item 3	\$
Item 4	\$
Item 5	\$
Restoration of Data	\$
Increased Cost of Working	\$
Total Sum Insured	\$

Insurance Declaration and Claims History

Your Current Insurer

Expiry Date

Have You or any other party noted as the Named Insured ever had insurance refused or cancelled or has any Insurer ever imposed special terms, conditions or restrictions on Your policies?

Yes No

If "Yes", please provide full details

Please detail all insurance claims made in the last five years. Please include dates and amounts

Are You aware of any uninsured losses or unreported incidents that may give rise to a claim?

- a) Have You or any other party noted as the Name Insured ever been bankrupt? Yes No
- b) Have You or any other party noted as the Named Insured ever been convicted of any criminal offence within the past five years (other than minor traffic convictions)? Yes No
- c) Have You or any other party noted as the Names Insured ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)? Yes No

If You have answered "Yes" to part a), b) or c) above, please provide details.

Please check Your proposal carefully before signing the declaration below. This is especially important if the proposal is not completed in Your own handwriting.

Declaration

I acknowledge that:

- 1) I have read and understood the Important Information set out in the Proposal and I/we are authorised to make this proposal.
- 2) All information given on this Proposal and any attachment is true and correct.
- 3) The insurance contract will not commence until the premium is paid.
- 4) The Insurer reserves the right to vary the premium and/or the policy terms and conditions on receipt of the completed proposal form.
- 5) Up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform Altiora Insurance Solutions of any change in the particulars or statements contained in this proposal or in any attachments.
- 6) Although the signing of this proposal does not bind the Insurer or the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in this proposal and in the attachments shall be the basis of the contract should a policy be issued.
- 7) The Proposal and attachments will be incorporated in the Policy.

I/We declare that the above answers are true to the best of My/Our knowledge and belief and that all material facts which may affect the assessment of the risk have been disclosed.

I/We agree that this proposal is for insurance in the standard terms and conditions of the Insurer's policy and will be the basis of the contract.

Have you fully read, understood, complied with and agree to the above Important Information? Yes No

Your Signature:

Your Name:

Date:

Your Title: