

Sydney

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Brisbane

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COMMUNITY SECTOR PROPERTY 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.

NON-DISCLOSURE

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

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)

Interested Party/ies

Above Party/ies's Interest

Council / Hire Purchase / Lessor / Mortgage - 1st Mortgagee / Mortgage - 2nd Mortgagee / Mortgage - 3rd Mortgagee / Premium Funder / Other: _____

Postal Address

Suburb / City

<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>	Postcode	<input style="width: 95%;" type="text"/>
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ABN

Taxable (GST Input)

 %

Stamp Duty Exempt? (If Yes, please attached a copy of your exemption certificate)

Yes No

Your Contact Details

Name	<input style="width: 80%;" type="text"/>		
Private Phone	<input style="width: 95%;" type="text"/>	Business Phone	<input style="width: 95%;" type="text"/>
Facsimile	<input style="width: 95%;" type="text"/>	Mobile	<input style="width: 95%;" type="text"/>
Email	<input style="width: 95%;" type="text"/>		

Website

Situation Address (Please reprint these sheets and attach for additional situations)

1.	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
2.	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

Please describe Your Business Activities

Please provide Your estimated total Turnover for the coming Period of Insurance (including Govt. Grants/Subsidies, Fees, Sales or Other)

\$

Number of Staff

Full Time

Part Time/Casual

Description of Property (please tick or complete)

	Situation 1	Situation 2
Approximate age of the Premises	<input type="text"/>	<input type="text"/>
Construction - Walls	Brick ___%/ Concrete ___%/ Fibro ___%/ Iron or Steel ___%/ Wood ___%/ Other: ___%	Brick ___%/ Concrete ___%/ Fibro ___%/ Iron or Steel ___%/ Wood ___%/ Other: ___%
Construction - Floors	Concrete ___%/ Concrete & Wood ___%/ Wood ___%/ Other: ___%	Concrete ___%/ Concrete & Wood ___%/ Wood ___%/ Other: ___%
Construction - Roof	Tiles ___%/ Iron ___%/ Slate ___%/ Fibro ___%/ Other: ___%	Tiles ___%/ Iron ___%/ Slate ___%/ Fibro ___%/ Other: ___%
Is sandwich foam panel (EPS) construction more than 15%?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Premises situated two or more floors above ground floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupancy	Owner / Occupier	Owner / Occupier
Are the Premises connected to town water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Premises situated within a major fully enclosed shopping centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Protection:		
Monitored smoke alarm &/or thermal alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydrants, hose reels &/or extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinklers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security:		
Bar/grilles on windows?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bollards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deadlocks on doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Keyed window locks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swipe card / key pad entry on doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alarm	Local Alarm/Dialler alarm connected to home phone mobile GSM/Monitored alarm connected to monitoring company/Other: _____	Local Alarm/Dialler alarm connected to home phone mobile GSM/Monitored alarm connected to monitoring company/Other: _____

Material Loss or Damage

Do You require cover for this Section?

Yes No

Declared Values:

Situation 1

Situation 2

Building

\$

\$

Contents

\$

\$

Stock including Customers Goods

\$

\$

Removal of Debris

\$

\$

Business Interruption

Do You require cover for this Section?

Yes No

Declared Values:

Situation 1

Situation 2

Indemnity Period

Months

Months

Gross Income

\$

\$

Claims Preparation Costs

\$

\$

Optional Benefits:

Additional Increased Cost of Working

\$

\$

Outstanding Accounts Receivable

\$

\$

Rent Receivable

\$

\$

Theft

Do You require cover for this Section?

Yes No

Following Forcible and Violent Entry

Situation 1

Situation 2

Contents incl Stock & Customers Goods

\$

\$

Tobacco / Cigarettes

\$

\$

Money

Do You require cover for this Section?

Yes No

In Transit

\$

\$

On Premises during Business Hours

\$

\$

In a Private Residence

\$

\$

In the building in a locked safe or strongroom

\$

\$

Glass

Do You require cover for this Section?

Yes No

Equipment Breakdown

Do You require cover for this Section?

Yes No

Limit and One Loss

\$

\$

Spoilage of Stock

\$

\$

General Property (Please reprint this sheet and attach for additional items)

Do You require cover for this Section?

Yes No

Unspecified Tools of Trade, General Contents or Stock

\$

Description

Sum Insured

Item 1 \$

Item 2 \$

Total Sum Insured \$

Insurance Declaration and Claims History

Your Current Insurer

Expiry Date

Have You either alone or in partnership or jointly with any other party, or if a corporation any of its directors in the last 3 years suffered any losses whether insured or otherwise or had any claims made against You?

Yes No

If "Yes", please provide full details

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

a) In the last 5 years had any insurer decline an application for insurance, cancel or refuse to renew a policy, imposed any special conditions or required an increased premium or declined any claim? Yes No

b) In the last 5 years ever been declared bankrupt, or been placed in liquidation, receivership or voluntary administration? Yes No

c) In the last 10 years ever been convicted of or had any fines 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 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.

Your Signature:

Your Name:

Date:

Your Title: