

**THE INSURED**

Business Name

Are you registered for GST?      yes     no       What is your ABN?

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the policy?      yes     no       If yes, will you be claiming an amount less than 100%?      yes     no   
Specify amount claimed

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?      yes     no       If yes, will you be claiming an amount less than 100%?      yes     no   
Specify amount claimed

Nature of Business

Address

State       Postcode

Business Phone       Private Phone

Fax Number       Mobile Phone

Email Address

Interested parties

Current Insurer

**Proposed Period of Insurance**      From       to       at 4pm

**Has any insurer in respect of any insurance policy held by you, your partners and/or directors ever, in the last 5 years:**

Refused to renew / cancelled or terminated a policy?      yes     no

Refused a claim or required an increased premium under the policy?      yes     no

Imposed special conditions under the policy?      yes     no

Have you been convicted of any criminal offence or been declared bankrupt?      yes     no

Have you had any claims in the past 5 years?      yes     no

**If you answered yes to any question above, please provide full details in the space below**

**THE PROPERTY**

Situation of property / properties

1.

2.

3.

If property owned, list tenants

1.

2.

3.

	Situation 1	Situation 2	Situation 3
<b>Approximate year built</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Construction</b> Walls	<input type="text"/>	<input type="text"/>	<input type="text"/>
Floor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Roof	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sprinklers and % of premises (100% / Partial %)	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

**THE PROPERTY**

		Situation 1	Situation 2	Situation 3
<b>Fire Protection</b>	Back to base fire/smoke alarm	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	Local alarm	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	Local smoke detectors	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	Fire extinguishers	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	Fire hose reels	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
<b>Security Protection</b>	Back to base alarm	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	Local alarm	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	CCTV - internal	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	CCTV - external	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	Bars on accessible windows	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	Deadlocks on doors	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
	Security patrol	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

**VALUES**

	Situation 1	Situation 2	Situation 3
<b>Fire and Specified Perils</b>			
Building	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Stock (including work in progress and customer goods)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Contents	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Flood cover	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
<b>Business Interruption</b>			
Gross profit (annual turnover less annual cost of stock purchases)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Claim preparation costs	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Additional increased cost of working	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Indemnity period	<input type="text"/> months	<input type="text"/> months	<input type="text"/> months
Rental income (gross)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Burglary / Theft Following Forcible Entry</b>			
Stock	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Contents	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Tobacco, cigars, cigarettes	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Liquor	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Customer goods	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Money</b>			
Money in transit	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Money on premises - during business hours	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Money on premises - outside business hours	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Money on premises - in locked safe 24 hours	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Money in private residence	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Glass Breakage</b>			
External glass / internal glass (replacement value)	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Advertising signs / damage to stock	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**LIABILITY SECTION**

	Situation 1	Situation 2	Situation 3
<b>Public Liability</b>			
Limit of indemnity	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Products Liability</b>			
Limit of indemnity	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Goods care custody and control	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Do you import/export goods?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Do you manufacture / wholesale / retail?	<input type="text"/>		

**OTHER INFORMATION**

Turnover \$  Wages \$  No. of employees

Does your business perform welding? yes  no

Do you engage contractors and/or subcontractors in your business? yes  no

Do you ensure that contractors and/or subcontractors have their own liability where necessary? yes  no

Workers compensation insurance? yes  no

**Estimate the amount to be paid to contractors and/or subcontractors in the next 12 months:**

Labour only \$

Labour and plant \$

Labour, plant and materials \$

What type(s) of work do contractors and/or subcontractors perform for you?

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 the staff from labour hire firms perform for you?

**BREAKDOWN**

**MACHINERY BREAKDOWN**

Description	Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

**BLANKET**

Description	No. of items	Maximum any one loss	H/P
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

**SPECIFIED ITEMS**

Description	Value	H/P
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

**SPOILAGE OF STOCK**

Description	Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

**ELECTRONIC BREAKDOWN**

Description	Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

**BREAKDOWN**

**ELECTRONIC EQUIPMENT**

Description	Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

**SPECIFIED ITEMS**

Description	Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

**PORTABLE ITEMS (Outside Premises)**

Description	Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

	Situation 1	Situation 2	Situation 3
Cost of restoring data	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Increased cost of working	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**GENERAL PROPERTY**

Covers damage or theft following forcible entry anywhere in Australia. Specified items:

Description	Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

**PRIVACY**

The Pro-Insure Privacy Policy explains what sort of personal information we collect and hold about you and what we do with that information. Please contact us for a copy of our Privacy Policy or visit our website [www.proinsure.com.au](http://www.proinsure.com.au)

**DECLARATION AND AUTHORISATION**

The information and answers given above are true and complete in every detail.

I authorise that Pro-Insure Pty Ltd give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured 1.	<input type="text" value="X"/>	Date	<input type="text"/>
Signature of Insured 2.	<input type="text" value="X"/>	Date	<input type="text"/>

**X ASSET RISK PROTECTION**

- Aviation Hull
- Boiler Explosion
- Burglary
- Contract Works
- Contractors Plant & Machinery
- Corporate Travel
- Crop
- Electronic Equipment
- Extended Warranty
- Fire and Perils
- Glass
- Flood
- Householders
- Industrial Special Risks
- Jewellers Block
- Livestock & Bloodstock
- Machinery Breakdown
- Marine Builders Risk
- Marine Cargo
- Marine Hull
- Marine Transit
- Motor
- Personal Valuables
- Political Risks

**X INCOME & OTHER FINANCIAL RISK EXPOSURES**

- Accounts Receivable
- Advance Consequential Loss
- Bonds Performance Guarantees
- Business Interruption
- Cancellation & Abandonment
- Commercial Legal Expenses
- Computer Breakdown
- Computer Crime
- Credit Insurance
- Export Credit
- Fidelity Guarantee
- Intellectual Property
- Kidnap, Ransom & Extortion
- Machinery Breakdown Profits increased
- Marine Profits
- Money
- Product Tamper
- Strike
- Takeover Defence
- Audit & Investigation

**X LIABILITY RISKS & EXPOSURES**

- Airport Operators
- Association Liability
- Aviation Liability
- Defamation
- Directors & Officers Liability
- Employers Liability Accident Make-up Pay
- Employment Practices Liability
- Extra Territorial Workers' Compensation
- Environment Impairment Liability
- Professional Indemnity or Errors & Omissions
- Forged Transfers
- Legal Liability Insurance
- Marine Liability
- Motor – CTP
- Product Recall Expenses
- Professional Indemnity
- Broadform Public & Products Liability
- Trustees Liability
- Umbrella Liability
- Workers' Compensation

**X PEOPLE EXPOSURES & PROTECTION**

- Group Life Cover
- Consumer Credit
- Journey Cover
- Key Man
- Loss of License
- Major Trauma Cover
- Partnership & Shareholder Protection
- Personal Accident & Illness
- Income Protection
- Salary Continuance
- Travel & Expatriate Cover

Client Signature

Client Name

Date

