

THE INSURED					
Business name					
Are you registered for GST?		<input type="checkbox"/> Yes <input type="checkbox"/> No		ABN	
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the policy?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, will you be claiming an amount less than 100%?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Amount claimed %	
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, will you be claiming an amount less than 100%?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Amount claimed %	
Nature of business					
Address					
Suburb		State		Postcode	
Business phone		Private phone		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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
		Refused a claim or required an increased premium under the policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
		Imposed special conditions under the policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
		Have you been convicted of any criminal offence or been declared bankrupt?			<input type="checkbox"/> Yes <input type="checkbox"/> No
		Have you had any claims in the past 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<i>If you answered yes to any question above, provide full details in the space below</i>			
THE PROPERTY					
Situation of property/properties:					
1.					
2.					
3.					
If property owned, list tenants:					
1.					
2.					
3.					

Property Information		Situation 1	Situation 2	Situation 3
Approximate year built				
Construction	Walls			
	Floor			
	Roof			
Sprinklers and % of premises (100% / Partial%)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Protection	Back to base fire/smoke alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Local alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Local smoke detectors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fire extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fire hose reels	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security Protection	Back to base alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Local alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CCTV – internal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CCTV – external	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Bars on accessible windows	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Security patrol	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
VALUES				
		Situation 1	Situation 2	Situation 3
Fire and Specified Perils	Building	\$	\$	\$
	Stock <i>(including work in progress and customer goods)</i>	\$	\$	\$
	Contents	\$	\$	\$
	Flood cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Interruption	Gross profit <i>(annual turnover less annual cost of stock purchases)</i>	\$	\$	\$
	Claim preparation costs	\$	\$	\$
	Additional increased cost of working	\$	\$	\$
	Indemnity period	Months	Months	Months
	Rental income <i>(gross)</i>	\$	\$	\$
Burglary / Theft Following Forcible Entry	Stock	\$	\$	\$
	Contents	\$	\$	\$
	Tobacco, cigars, cigarettes	\$	\$	\$
	Liquor	\$	\$	\$
	Customer goods	\$	\$	\$
Money	Money in transit	\$	\$	\$
	Money on premises during business hours	\$	\$	\$
	Money on premises outside business hours	\$	\$	\$
	Money on premises in locked safe 24 hours	\$	\$	\$
	Money in private residence	\$	\$	\$
Glass Breakage	External glass / internal glass <i>(replacement value)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Advertising signs / damage to stock	\$	\$	\$

LIABILITY SECTION				
		Situation 1	Situation 2	Situation 3
Public Liability	Limit of indemnity			
Products Liability	Limit of indemnity			
	Goods care custody and control			
Do you import/export goods?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you manufacture/wholesale/retail?				
OTHER INFORMATION				
Turnover	\$	Wages	\$	No. of employees
Does your business perform welding?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you engage contractors and/or subcontractors in your business?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ensure that contractors and/or subcontractors have their own liability where necessary?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers compensation insurance?				<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimate the amount to be paid to labour hire firms in the next 12 months				\$
What type(s) of work do labour hire firms perform for you?				
BREAKDOWN				
MACHINERY BREAKDOWN				
Description			Value	
			\$	
			\$	
			\$	
BLANKET				
Description		No. items	Max any one loss	H/P
			\$	
			\$	
			\$	
SPECIFIED ITEMS				
Description		Value		H/P
		\$		
		\$		
		\$		
SPOILAGE OF STOCK				
Description			Value	
			\$	
			\$	
			\$	

ELECTRONIC BREAKDOWN				
Description		Value		
		\$		
		\$		
		\$		
ELECTRONIC EQUIPMENT				
Description		Value		
		\$		
		\$		
		\$		
SPECIFIED ITEMS				
Description		Value		
		\$		
		\$		
		\$		
PORTABLE ITEMS (Outside premises)				
Description		Value		
		\$		
		\$		
		\$		
		Situation 1	Situation 2	Situation 3
Cost of restoring data		\$	\$	\$
Increased cost of working		\$	\$	\$
GENERAL PROPERTY				
Covers damage or theft following forcible entry anywhere in Australia. Specified items:				
Description		Value		
		\$		
		\$		
		\$		
		\$		
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				
DECLARATION AND AUTHORISATION				
The information and answers given above are true and complete in every detail.				
I understand the claim may be refused or reduced if information is withheld.				
I authorise that Pro-Insure Pty Ltd give to and obtain from other insurers, insurance reference bureaus and credit 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.		Name	Date	
Signature of Insured 2.		Name	Date	

UNINSURED RISK LIST

ASSET RISK PROTECTION		LIABILITY RISKS & EXPOSURES	
<input type="checkbox"/>	Aviation hull	<input type="checkbox"/>	Airport operators
<input type="checkbox"/>	Boiler explosion	<input type="checkbox"/>	Association liability
<input type="checkbox"/>	Burglary	<input type="checkbox"/>	Aviation liability
<input type="checkbox"/>	Contract works	<input type="checkbox"/>	Defamation
<input type="checkbox"/>	Contractors plant and machinery	<input type="checkbox"/>	Directors and Officers liability
<input type="checkbox"/>	Corporate travel	<input type="checkbox"/>	Employers liability accident make-up pay
<input type="checkbox"/>	Crop	<input type="checkbox"/>	Employment practices liability
<input type="checkbox"/>	Electronic equipment	<input type="checkbox"/>	Extra territorial workers' compensation
<input type="checkbox"/>	Extended warranty	<input type="checkbox"/>	Environment impairment liability
<input type="checkbox"/>	Fire and perils	<input type="checkbox"/>	Professional indemnity or Errors and Omissions
<input type="checkbox"/>	Glass	<input type="checkbox"/>	Forged transfers
<input type="checkbox"/>	Flood	<input type="checkbox"/>	Legal liability insurance
<input type="checkbox"/>	Householders	<input type="checkbox"/>	Marine liability
<input type="checkbox"/>	Industrial special risks	<input type="checkbox"/>	Motor – CTP
<input type="checkbox"/>	Jewellers block	<input type="checkbox"/>	Product recall expenses
<input type="checkbox"/>	Livestock and bloodstock	<input type="checkbox"/>	Professional indemnity
<input type="checkbox"/>	Machinery breakdown	<input type="checkbox"/>	Broadform public and products
<input type="checkbox"/>	Marine builders risk	<input type="checkbox"/>	Liability
<input type="checkbox"/>	Marine cargo	<input type="checkbox"/>	Trustees liability
<input type="checkbox"/>	Marine hull	<input type="checkbox"/>	Umbrella liability
<input type="checkbox"/>	Marine transit	<input type="checkbox"/>	Workers' compensation
<input type="checkbox"/>	Motor		
<input type="checkbox"/>	Personal valuables		
<input type="checkbox"/>	Political risks		
INCOME & OTHER FINANCIAL RISK EXPOSURES		PEOPLE EXPOSURES & PROTECTION	
<input type="checkbox"/>	Accounts receivable	<input type="checkbox"/>	Group life cover
<input type="checkbox"/>	Advance consequential loss	<input type="checkbox"/>	Consumer credit
<input type="checkbox"/>	Bonds performance guarantees	<input type="checkbox"/>	Journey cover
<input type="checkbox"/>	Business interruption	<input type="checkbox"/>	Key man
<input type="checkbox"/>	Cancellation and abandonment	<input type="checkbox"/>	Loss of license
<input type="checkbox"/>	Commercial legal expenses	<input type="checkbox"/>	Major trauma cover
<input type="checkbox"/>	Computer breakdown	<input type="checkbox"/>	Partnership and shareholder protection
<input type="checkbox"/>	Computer crime	<input type="checkbox"/>	Personal accident and illness
<input type="checkbox"/>	Credit insurance	<input type="checkbox"/>	Income protection
<input type="checkbox"/>	Export credit	<input type="checkbox"/>	Salary continuance
<input type="checkbox"/>	Fidelity guarantee	<input type="checkbox"/>	Travel and expatriate cover
<input type="checkbox"/>	Intellectual property		
<input type="checkbox"/>	Kidnap, ransom and extortion		
<input type="checkbox"/>	Machinery breakdown profits increased		
<input type="checkbox"/>	Marine profits		
<input type="checkbox"/>	Money		
<input type="checkbox"/>	Product tamper		
<input type="checkbox"/>	Strike	Client signature	
<input type="checkbox"/>	Takeover defence	Client name	
<input type="checkbox"/>	Audit and investigation	Date	

