

**THE INSURED**

Name of Insured

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

Postal Address

State       Postcode

Business Phone       Private Phone

Fax Number       Mobile Phone

Email Address

Proposed Period of Insurance      From       to       at 4pm

**BUSINESS/PREMISES DETAILS**

1. Please provide a description of your business activities and products (including subsidiary companies) and attach product brochures and latest annual reports.

2. Do you have representation outside Australia? – If 'Yes', where and what is the nature of your representation in such Country (e.g. domicile employee, power of attorney, branch subsidiary, agency etc.)?      yes     no

3. Number of years in this business

4. Location of Premises occupied for the purpose of conducting the business

Owned      Leased

	Owned	Leased
1. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of building e.g. Shopping Centre, Office Block etc.

Location of Premises owned but not occupied by you for which property owners cover is required

1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>

**ESTIMATED TURNOVER/PAYMENTS**

5. Turnover split by business activity. (Where the business is conducted over more than one State required a split of turnover by State).

Business activity	State	Estimate for next 12 months
<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"/>
Where you are a property owner, please provide details of gross rentals.		\$ <input type="text"/>

6. Estimated wages (including earnings of Principals, Directors & Partners, and excluding payments to Labour Hire Companies).

**Estimate for next 12 months**

\$

\$

\$

7. Do you engage personnel from Labour Hire Companies other than contractors mentioned in Question 8. below?  
**Note: Question must be answered "Yes" or "No". In absence of information a personal injury to labour hire personnel exclusion may be applied.**

yes  no

Payment to Labour Hire Companies or other parties.

**Estimate for next 12 months**

\$

\$

\$

Number of people  Type of work undertaken

8. Do you engage contractors or sub-contractors?  
**Note: Question must be answered 'Yes' or 'No'. In absence of information a personal injury to contractors, subcontractors exclusion may be applied.**

yes  no

If 'Yes', please estimate annual contract value split between:

- (a) Labour only
- (b) Labour and services
- (c) Labour and materials
- (d) Type of work carried out

**Estimate for next 12 months**

\$

\$

\$

**PRODUCT INFORMATION**

9. Give details of all products in respect of which insurance is required. Attach brochures and other product literature. If more than four (4) products, please attach an additional list.

Product name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Product description	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Product use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Est. annual turnover	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

	Product and description	Estimate for next 12 months
10. (a) If you import products, please provide details of products and revenue generated	<input type="text"/>	\$ <input type="text"/>
(b) If you have exports, please provide details by products and revenue generated	<input type="text"/>	\$ <input type="text"/>

*Coverage for PRODUCTS EXPORTED TO USA or CANADA is excluded from this insurance. Coverage will be provided only if specifically agreed by the insurer and then subject to additional terms and conditions and payment of an extra premium. It will be necessary to complete a USA/Canada Export Questionnaire. Any additional information supplied in respect of such exports shall be deemed to form part of this application.*

**PRODUCT INFORMATION**

11. Can you with certainty, identify the source of every item used in the manufacture of the products? If no, please provide reason.      yes       no

12. Is your product range relatively stable or changing frequently? If yes, please provide full details.      yes       no

13. Do you have quality control procedures in place? If yes, please provide full details.      yes       no

14. Are your products subject to any Australian or International standard? If yes, please provide full details.      yes       no

15. Do you have recall procedures in place? If yes, please provide full details.      yes       no

16. Have you discontinued manufacturing, processing or handling any products? If yes, please provide full details of reason, type of product, year etc.      yes       no

17. Are any products specifically designed, manufactured, imported or handled for use in aircraft or other aerial devices or watercraft? If yes, please provide full details.      yes       no

18. do you or anyone on your behalf operate, manage, own or offer services/advice connected with any of the following? If yes, please provide details.

- |                                       |                              |                             |  |
|---------------------------------------|------------------------------|-----------------------------|--|
| (a) First aid facility                | yes <input type="checkbox"/> | no <input type="checkbox"/> | <input style="width: 95%; height: 20px;" type="text"/> |
| (b) Pressure vessels                  | yes <input type="checkbox"/> | no <input type="checkbox"/> | <input style="width: 95%; height: 20px;" type="text"/> |
| (c) Car parks                         | yes <input type="checkbox"/> | no <input type="checkbox"/> | <input style="width: 95%; height: 20px;" type="text"/> |
| (d) Lifts, escalators, hoists, cranes | yes <input type="checkbox"/> | no <input type="checkbox"/> | <input style="width: 95%; height: 20px;" type="text"/> |
| (e) Unregistered vehicles             | yes <input type="checkbox"/> | no <input type="checkbox"/> | <input style="width: 95%; height: 20px;" type="text"/> |
| (f) Railway eg. sidings               | yes <input type="checkbox"/> | no <input type="checkbox"/> | <input style="width: 95%; height: 20px;" type="text"/> |

19. Is welding performed by you?      yes       no       If yes, do you operate to AS 1674 - Part 1?      yes       no

20. Do you store, transport, use or handle any hazardous goods, eg. chemicals, radioactive materials, gases etc? If yes, please provide full details.      yes       no

21. Does your operation/business create trade waste? If yes, please provide details(eg. type of waste, how it is disposed etc.)      yes       no

22. Is work performed away from your premises?      yes       no       If yes, please provide -

**Estimate for next 12 months**

(a) Percentage of turnover?       %

(b) Type of work?

**CARE, CUSTODY AND CONTROL**

23. Coverage is provided for property (excluding any vehicle which is registered or which is required to be registered) in your physical or legal control for the purpose of repair, service, maintenance or alteration or which is on temporary hire or loan to you, subject to a maximum indemnity of \$100,000 for any one occurrence and in the aggregated for any one period of insurance.

Do you require an amount in addition to the above limit? If yes, please also answer questions (a) - (e).

yes  no

(a) What Limit of indemnity do you require?

\$

(b) What is the total value of such property?

\$

(c) What is the maximum value at any one time?

\$

(d) Please provide brief details of the property.

(e) Is the property insured under any other policy? If yes, please provide details.

yes  no

**CONTRACTUAL LIABILITY**

24. Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality as regards your products, or specifically agreed contracts.

Do you assume liability under contract or hold others harmless (other than lease liability)? - If yes, please provide details and attach copies of all agreements (other than lease liability). **Note: Coverage will be provided only if specifically agreed by the insurer.**

yes  no

**INDEMNITY LIMIT**

25. Limit of indemnity required

- \$5,000,000
- \$10,000,000
- \$20,000,000
- \$50,000,000
- Other

**GENERAL INFORMATION**

26. Have you had any claims made against you (whether insured or not) or have you recalled any of your products during the last 5 years? If yes, please give details.

yes  no

27. Have you have any incident or accident occur which would have been covered by the proposed insurance policy? If yes, please give details.

yes  no

28. Have you had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected, special conditions or special excess imposed by an insured? If yes, please give details.

yes  no

Please provide your web address

**Note: Provision of your website does not alleviate any requirements you have as a Duty of Disclosure.**

## DUTY OF DISCLOSURE

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

### You do not have to tell us about any matter

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- which we indicate we do not want to know.

### If you do not tell us

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

## 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

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Policy Terms and Conditions.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We 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.

Applicants signature

Applicants title

Date

**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

