

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

GENERAL PROPERTY SECTION

Please indicate the type of cover you require

Fire, lightning, explosion, malicious damage or vandalism; theft following forcible and violent entry which causes visible damage to a locked vehicle or premises; theft of equipment, which is securely attached to a vehicle through use of lock or padlocks, which results in visible damage to the securing devices; collision or overturning of the conveying vehicle. OR

Accidental Loss or Damage

Unspecified items (under \$2,500 each item)	Sum Insured
<input style="width: 95%;" type="text"/>	\$ <input style="width: 50px;" type="text"/>

List items (including make, model and serial numbers) for which individual cover greater than \$2,500 is required	Sum Insured
<input style="width: 95%;" type="text"/>	\$ <input style="width: 50px;" type="text"/>
<input style="width: 95%;" type="text"/>	\$ <input style="width: 50px;" type="text"/>
<input style="width: 95%;" type="text"/>	\$ <input style="width: 50px;" type="text"/>
<input style="width: 95%;" type="text"/>	\$ <input style="width: 50px;" type="text"/>
<input style="width: 95%;" type="text"/>	\$ <input style="width: 50px;" type="text"/>
Total Sum Insured	\$ <input style="width: 50px;" type="text"/>

BROADFORM LIABILITY SECTION

Limit of Indemnity \$5 Million \$10 Million \$20 Million Other (specify) \$

a) Type of work: Commercial % Residential %

b) How many employees including working partners/directors are employed in the business?

c) Gross Annual Wages paid (include commission and other earnings) \$

d) Annual Turnover \$

e) Do you perform welding/hot work? yes no

f) Do you perform any work on a permanent basis (either full time or part-time) for a company? yes no

g) Do you sell, distribute or handle any product of a type not normally associated with your business? yes no

If "yes" to d), e) or f), please give full details:

h) Additional optional covers available (please show amount when cover required)

Goods in your physical and legal control instead of the automatic \$250,000 \$

Do you employ contractors or subcontractors? If "yes", please complete a), b), c) and d) below: yes no

a) Estimated annual payment Labour only \$ Labour & Plant \$ Labour, Plant & Materials \$

b) Nature of work usually carried out

c) Precautions taken to identify the adequacy of their liability and workers compensation insurance arrangements.

d) Are you always named as principals on contractors and/or subcontractors liability policy? yes no

OPTIONAL COVERS AVAILABLE

1. Motor Trade including testing and delivery yes no Limit \$

2. Motor Trade inspection reports and certificates: - Personal injury and property damage yes no

- Financial loss yes no

3. Motor Trade faulty workmanship yes no

EXCESS OPTION

A reduction in premium can be obtained should you choose to bear one of the following excess choices, please tick your selection:

Excess \$250 \$500 \$1,000 Other (specify) \$

N.B. These excess amounts are optional not mandatory and when selected apply to all sections of the policy that are operative except Broadform Liability for bodily injury claims.

PERSONAL ACCIDENT & SICKNESS SECTION

Date of birth Height (cm) Weight (kg)

Tick which type of cover you require Personal Accident ONLY Personal Accident & Illness

Please state the amount of benefit per week you require \$

Death & Capital Benefits (Insured events 1-19) Benefit period (weeks) 52 104 Excess (days) 7 14 21 28

Please select when you would like to be covered: 24 hours, 365 days Working hours only Outside working hours

Do you have any pre-existing medical conditions that you have sought treatment for in the past 5 years? If yes, please list. yes no

VEHICLE DETAILS

Year of manufacture	Make of vehicle eg. Ford, BMW, Holden	Model Details eg. Falcon XT, 320i, VE Omega	Registration number	Body Style eg. sedan etc	No. of doors	No. of cylinders
<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"/>	<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"/>

VEHICLE MODIFICATIONS/ACCESSORIES

Give details of any modifications from the manufacturer's standard vehicle eg. body, suspension, engine, wheels, paintwork and value of each.

TYPE OF COVER

Comprehensive Market Value Third Party Property Damage
 Comprehensive Agreed Value Third Party Fire & Theft Note: These terms are explained in more detail in the Policy wording.

PARKING DETAILS

a) Where is the vehicle parked during the night?

Suburb State Postcode

b) How is the vehicle parked during the night?

Garage/ Security Parking Street Other

USE OF VEHICLE

Private Executive Business Note: These terms are explained in more detail in the Policy Wording.

DRIVER DETAILS

Give details of all known drivers of the vehicle (INCLUDING THE OWNER). An additional excess may apply to undeclared drivers. However, this additional excess will not apply if the driver is over 25 years of age and has not been convicted of driving under the influence, or not had their licence suspended or cancelled in the five years prior to the date of loss.

The undeclared driver excess will not apply for vehicles described for Business Use or if the Faultless Excess clause is applicable.

Drivers name(s) (main driver first)

Surname	Given Name(s)	Date of Birth	M/F	Years licensed in Australia	% of use	Does this person own another vehicle?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>

If more drivers are declared, please add a sheet with the relevant information. Please tell us if you wish at any time to declare additional drivers.

FINANCE DETAILS

a) Is the vehicle financed? yes no

b) Type of finance? Lease Secured Finance Loan Unsecured Loan Hire Purchase

c) Name and Address of the Finance Provider

OPTIONS

Do you want to remove the excess on windscreens for an extra premium? yes no

Is hire car cover required? yes no

OWNER(S) AND DRIVERS' HISTORY

In the last 5 years have you or any person likely to drive this vehicle:

- 1. Had:
 - a) a claim, accident or car stolen or burnt (even if not reported or not claimed from an insurer)? yes no
 - b) insurance refused, declined or cancelled by an insurer or any special conditions imposed? yes no
 - c) a drivers or motorcycle licence cancelled, suspended or endorsed? yes no
- 2. Been convicted or charged with:
 - a) drug use, driving under the influence, or exceeding Prescribed Concentration of Alcohol? yes no
 - b) any driving offences or issued any speeding or traffic infringements? yes no
 - c) fraud, arson, theft or any other criminal act? yes no
- 3. Suffered from any physical or mental disability (excluding eyesight corrected by lenses)? yes no

If you answered "yes" to any of the above questions please provide details below. If insufficient space, please attach sheet.

Name of Driver	Date of Incident	Details of each Incident	Your Insurer	Person at Fault
<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"/>	<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"/>	<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

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

