



BUSINESS INSURANCE PROPOSAL

Please read this carefully before completing the proposal.

This insurance cover is based upon representations given to us by you. Should any particulars have changed or be incorrect you must notify us immediately. We reserve the right to revise or withdraw this quotation at any time subject to any changes in the underwriting or claims information provided. Some of the key factors that may influence your premium are nature of risk, limit of cover required, claims history and occupation.

Your duty of disclosure

When you apply for, renew or change insurance you need to tell the Insurers certain information which would affect the Insurers' decision to insure you. If you do not give this information it may affect your policy. The duty of disclosure appears in full below;

You have a duty, before you enter into a contract of general insurance, 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 the 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.

When you apply for a new policy your duty of disclosure applies but you do not need to disclose information unless we specifically ask you.

When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Non-disclosure

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

Average (underinsurance) – Section A

As Reinstatement and Replacement Cover is included under Section A, it is important to insure for full Replacement Cost to avoid application of the following provision. If your sums insured are less than 85% of the reinstatement and replacement value of the property as at the commencement of the period of insurance, you may recover less than the amount claimed if your property is damaged. Limited always to the sums insured, the amount of claim will be determined by the following formula:

$$\frac{\text{Sum Insured} \times \text{Amount of Damage}}{85\% \text{ of Replacement Value}} = \text{Claim Payment}$$

This provision will not apply if damage does not exceed 5% of the sum insured.

Rights of subrogation

This Insurance provides that you will not be able to recover under it if you enter into any agreement which excludes or limits your right of recovery from other parties, therefore you must not have agreed and must not agree to give away any of your rights because that will affect the Underwriter's right to recover from these other parties.

Interests of other parties:

For any party to be indemnified by this insurance, they must be named in the contract.

Excess/Deductibles

An Excess or a Deductible which is the first amount of each claim you are required to bear yourself, may not apply to each Section. Details of the Excess(es) applicable will be shown on the Schedule against the particular Section

Claims

The Insurance proposed on this Proposal Form does not provide cover in relation to events that occurred before the contract was entered into.

Acceptance of the Proposal

The Insurance proposed on this proposal will not be in force until the completed proposal has been received and the risk accepted by the Underwriter. The Underwriter reserves the right to decline any proposal.

Cancellation by You

You may cancel this policy at any time by notifying WINSURE in writing and advising WINSURE of the future date on which cancellation will take effect. WINSURE will retain the premium in accordance with the following table:

1 month: 20% of annual rate	6 months; 70% of annual rate
2 months: 30% of annual rate	7 months; 75% of annual rate
3 months; 40% of annual rate	8 months; 80% of annual rate
4 months; 50% of annual rate	9 months; 85% of annual rate
5 months; 60% of annual rate	Over 9 months; 100% of annual rate

The premium retained by WINSURE will not be less than the minimum premium.

Agent of the Underwriter

In effecting this Contract of Insurance, any cover is accepted by WINSURE Insurance Group Pty Limited acting under an authority given by the Underwriter and WINSURE Insurance Group Pty Limited is acting as Agent of the Underwriter and not the Agent of you, the Insured.

Claim Settlements

In dealing with or settling claims under this Contract of Insurance, WINSURE Insurance Group Pty Limited is acting under an authority given by the Underwriter and WINSURE Insurance Group Pty Limited is dealing with or settling any claim as agent of the Underwriter and not the Agent of You, the Insured.

Proposed Insured

"You, Your and Yours" where used in this Proposal means the Proposed Insured and, if more than one, each of them.

Insured Name (Including any subsidiary companies):

ABN No. _____ GST Entitlement _____%

Postal Address: _____ State _____ Post Code _____

Telephone No. _____ Fax No. _____

Email Address: _____

Business Description/Occupation: _____

General Business Information

How long have you carried on this business at the situation? ___ Years. Elsewhere ___ Years.

Are the premises: Leased / Owned

Are the premises currently occupied? Yes / No

Will the premises be left unoccupied for more than 60 days? Yes / No

Do you keep stock and sale records? Yes / No How often are they updated? _____

Are your accounts audited? Yes / No How often? _____

Have you either alone or jointly with any other party or, if you are a corporation, has the corporation or any of its directors:

	Yes	No
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Made any claim under an Insurance Policy or Certificate?		
Has any Underwriter or Insurer declined any claim submitted?		
Had any Underwriter or Insurer declined any proposal submitted?		
Had any Underwriter or Insurer cancelled or refused to renew a Policy or Certificate?		
Had any Underwriter or Insurer require increased premiums or imposed special conditions?		
Ever been declared bankrupt or had bankruptcy proceedings commenced against you?		
If a corporation, have proceedings for its liquidation or winding up or the official appointment of a receiver or manager ever been instituted or threatened?		
Had any judgement against you?		
Been convicted or charged with any criminal offence		
Received a notice of any claim, proceedings or action whatsoever against you?		
Been involved in any incident whatsoever whereby you suffered loss or damage to property?		
Been involved in any incident whatsoever in the last twelve months which may give rise to a claim and/or action against you?		
Is the business having difficulty meeting its immediate obligations or those in the foreseeable future?		
Have you had any application for a loan declined in the past twelve months?		

If you answered yes to any of the above please provide details:

Give the names of all companies with whom you have been previously insured in the past five years:

What other insurances (if any) are current on the property proposed?

Situation of Property(ies) to be insured

Situation 1. _____

Situation 2. _____

Situation 3. _____

Any Interested Parties: _____

Period of Insurance ____/____/____ 16:00 local standard time

To ____/____/____ 16:00 local standard time

Section A – Fire

Section A of the Certificate of Insurance is compulsory:

	Sit. 1	Sit. 2	Sit. 3
Occupation of the premises			
Description of the building			
Age			
Number of storeys			
Construction – Walls			
Construction - Roof			
Construction - Frame			
Construction - Floor			
Name of Tenants (if applicable)			
Any other occupants (provide details if yes)	Yes / No	Yes / No	Yes / No
Fire protection equipment	Yes / No	Yes / No	Yes / No
Fully sprinklered	Yes / No	Yes / No	Yes / No
Partially sprinklered (min. 50%)	Yes / No	Yes / No	Yes / No
Hydrants and hose reels	Yes / No	Yes / No	Yes / No
Alarms and smoke detectors	Yes / No	Yes / No	Yes / No
Back to base alarms	Yes / No	Yes / No	Yes / No
Local alarms	Yes / No	Yes / No	Yes / No
Extinguishers only	Yes / No	Yes / No	Yes / No
No protection	Yes / No	Yes / No	Yes / No
Connected to town water	Yes / No	Yes / No	Yes / No
Other (give details)	Yes / No	Yes / No	Yes / No
Do you store flammable goods on your premises? If yes provide details	Yes / No	Yes / No	Yes / No
Are there any hazardous processes involved? If yes provide details	Yes / No	Yes / No	Yes / No
Is there any deep frying	Yes / No	Yes / No	Yes / No
Number of frying bays			
Total capacity of frying bays (L)			

Amount of Insurance Required:

Buildings			
Contents			
Stock			
Other Stock			

Do you require cover for Flood Yes / No (an additional premium may apply)

The following items are automatically covered under Section A of this certificate up to specified limits.

ONLY COMPLETE IF EXTRA COVER IS REQUIRED

Rewriting of records (Automatic			
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cover of \$2000)			
Contents temporarily removed (Automatic cover of 10% of amount of insurance contents)			
Removal of debris (Automatic cover of 10% of insurance on property)			
Customers' goods (Automatic cover of \$500 any one customer \$2000 in total)			
TOTAL AMOUNT OF INSURANCE			
Excess (each and every claim)			

Section A – General Property

Do you require cover for general property? Yes / No

Details of property to be insured:

No. of Items	Full Description of Items to be Insured	Sum Insured

Section A – Theft

Do you require cover for theft? Yes / No

Amount of insurance:

	Sit. 1	Sit. 2	Sit. 3
Contents			
Computer and electronic equipment			
All other contents			
Stock (excl. cigarettes/tobacco/liquor/alcohol)			
Stock of cigarettes and tobacco			
Stock of liquor/alcohol			
TOTAL AMOUNT OF INSURANCE			
Excess (each and every claim)			
Are the premises contained wholly within a shopping complex (without external access)?	Yes / No	Yes / No	Yes / No
Deadlocks on all external doors	Yes / No	Yes / No	Yes / No
Keylocks on all external doors	Yes / No	Yes / No	Yes / No
Bars/ grilles on windows	Yes / No	Yes / No	Yes / No
Back to base alarm	Yes / No	Yes / No	Yes / No
Local alarm	Yes / No	Yes / No	Yes / No
Other (please give details)			

Note: It is a condition of this policy that any burglar alarm must at all times be maintained in good condition and in efficient working order and be made operative whenever the premises are left unoccupied

Section A – Accidental Damage

	Sit. 1	Sit. 2	Sit. 3
Do you require cover for Accidental Damage?	Yes / No	Yes / No	Yes / No
TOTAL AMOUNT OF INSURANCE			
Excess (each and every claim)			

Section B – Glass

	Sit. 1	Sit. 2	Sit. 3
Do you require cover for Glass?	Yes / No	Yes / No	Yes / No
Area of glass - less than 20 sq. metres	Yes / No	Yes / No	Yes / No
If more than 20 sq. metres, please advise approx. Area. (sq. metres)			
Is the glass non-standard (ie. laminated or reinforced)?	Yes / No	Yes / No	Yes / No
Are your premises located at street level?	Yes / No	Yes / No	Yes / No
Are your premises located in an arcade or shopping centre	Yes / No	Yes / No	Yes / No
Do you require cover for illuminated signs? If yes, please advise the amount of insurance required	Yes / No	Yes / No	Yes / No
Signwriting, ornamentation, reflective materials burglar alarm tapes, window/door frames, temporary shuttering and the like are covered under Section A Accidental Damage of this policy up to a limit of \$1,000 in total. Do you wish to increase this limit? If yes, please advise the amount of insurance required	Yes / No	Yes / No	Yes / No
Excess (each and every claim)			

Section C – Loss of Profits

	Sit. 1	Sit. 2	Sit. 3
Do you require cover for Loss of Profits?	Yes / No	Yes / No	Yes / No
Amount of insurance			
Trading profit (including rents receivable)			
Including Accountant's fees			
Increase in cost of working			
TOTAL AMOUNT OF INSURANCE			
Indemnity period			
Excess (each and every claim)			

Section D – Money

	Sit. 1	Sit. 2	Sit. 3
Do you require cover for money?	Yes / No	Yes / No	Yes / No
Amount of insurance			
Money in transit			
Money on premises during business hours			
Money on premises outside business hours			
Money whilst contained in a securely locked safe			
Money elsewhere on the premises			
Money in your personal custody			
Excess (each and every claim)			
Details of safe:			
Make and type			
Age			
Is the safe fixed or freestanding?			

Section E – Goods in Transit

Do you require cover for goods in transit? Yes / No
 Limit of indemnity (Sum Insured) required per shipment? \$ _____
 Will goods in transit include cigarettes, tobacco or liquor? Yes / No
 What is the estimated value of all shipments? \$ _____
 State number of carrying vehicles operating: _____
 Describe in full the nature of goods normally carried and/or specified items:

Excess (each and every claim) \$ _____

Section F and G – Deterioration or Putrefaction of Refrigerated Stock/food Spoilage and/or Breakdown

	Sit. 1	Sit. 2	Sit. 3
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Do you require cover for deterioration or putrefication of refrigerated stock/food spoilage and/or breakdown?	Yes / No	Yes / No	Yes / No
Machinery to be insured:	Sit. 1 No of units	Sit. 2 No of units	Sit. 3 No of units
Refrigeration equipment:			
Cold room			
Deep freezer (<2m long)			
Deep freezer/ freezer room			
Domestic fridge			
Displays/ cabinets			
Ice cream dispensing unit			
Ice maker			
Ice storage bin			
Air conditioning Plant:			
Split system			
Window/ wall type			
Evaporative coolers			
Car Wash Equipment:			
Auto car wash (conveyor etc.)			
Hot wash			
Auto car wash (no dryer)			
Vacuum cleaner			
Workshop Equipment:			
Car Hoist			
Engine diagnostic machine			
Air compressor			
Wheel Balancer			
Wheel aligner			
Other workshop plant			
Computer equipment (Please specify model/ make)			
Electronic equipment (Please specify model/make)			
Do you require cover for deterioration of refrigerated foods?	Yes / No	Yes / No	Yes / No
What is the total value stored?			
What amount of insurance do you require?			
Other equipment (please specify)			

Excess (each and every claim)			

Note: Amount of insurance limited to a maximum of \$5,000 any one claim each for Breakdown or Spoilage.

Section H – Dishonesty of Employees

Do you require cover for dishonesty of employees? Yes / No

Please state frequency of audits for:

- cash and accounts _____
- inventory of merchandise _____

By whom are all the audits made? (Public accountants/staff auditor/other – fully explain):

How often are bank accounts fully reconciled? _____

Is a countersignature required for all cheques? Yes / No

Are all monies, negotiable instruments or goods subject to joint control by two or more responsible employees? Yes / No

State the number of employees:

- Indoor (eg. executives, managers, cashiers) _____
- Outdoor (eg commercial travellers, sales personnel) _____
- not having responsibility for money, stocks, accounts _____
- Office staff _____
- All other employees _____
- Total of all employees _____

Excess (each and every claim) \$ _____

Amount of Insurance \$ _____

Section I- Legal Liability

Do you require cover for legal liability? Yes / No

Is cover required for property and ownership only under 500 sq. metres? Yes / No

Is cover required for property and ownership only over 500 sq. metres? Yes / No

Limit of liability:

Public Liability (any one occurrence) \$ _____

Liability arising out of your products (limit of liability any one period of insurance)
\$ _____

Note: “Your products” means anything (after it has ceased to be in the possession under the control of the Insured) manufactured, constructed, erected, assembled, installed, repaired, serviced, treated, sold, supplied or distributed by you (including any container thereof other than a vehicle).

Excess (each and every claim) \$ _____

Number of employees (including proprietors) _____

Estimated annual wages \$ _____

Estimated annual turnover \$ _____

Do you wish to insure your liability for damage to property in your care, custody and control
Yes / No

-What limit is required for any one period of insurance? \$ _____
 - Please describe the property in your care, custody or control:

Is any portion of your business operation conducted away from your premises? Yes / No
 If yes, please give details:

Do you use, store or handle radioactive substances or devices, hazardous chemicals, flammable liquids or asbestos? Yes / No

Do you discharge or dispose of trade wastes, smoke, soot, fumes, liquids, gases or other substances into sewers, waterways, the atmosphere or elsewhere? Yes / No

Do you have any of the following:

- boilers and/or pressure vessels? Yes / No
- lifts, escalators, cranes or hoists? Yes / No
- unregistered vehicles? Yes / No
- watercraft? Yes / No
- aircraft landing strips? Yes / No
- car parks? Yes / No

If you answered yes to any of the above questions please provide details:

Do you subcontract any work? Yes / No

Estimated annual value of work contracted: \$ _____

Type of work contracted:

Please provide a complete list of and description of all your products (including those which have been discontinued during the past ten years)

Product	Intended use, market, etc.	Est. annual turnover

Does your business involve:

- Manufacture? Yes / No
- Labelling? Yes / No
- Packaging? Yes / No
- Assembly? Yes / No
- Retail? Yes / No
- Repair? Yes / No

Do you import raw materials, components or finished goods? (If Yes please provide details)
 Yes / No

Do you export goods? (If Yes please provide details) Yes / No

Standards - Are your products required to be manufactured in compliance with an Australian standard or any other Government standard? Yes / No
 Restaurants: Do you have a dance floor? Yes / No
 If so, what size? _____ sq. m
 What are your licence hours? From _____ to _____

Section J - Additional Information

Section	Information

ACKNOWLEDGEMENT

DECLARATION: I/We do hereby warrant that the answers given above are to the best of my/our knowledge true and correct and I/We have not withheld any information likely to affect acceptance of the Proposal; and I/We agree that this Proposal and Declaration shall be the basis of the Contract between the Insurer and the Insured. I have read the notes concerning my duty of disclosure and agree that if I have sought the assistance of any person in the completion of this form wholly or in part, such person does so as my agent and not that of the company.

Date: ___/___/___ Signature: _____

OUR PRIVACY PROMISE: New privacy legislation took effect from 21st December 2001. The legislation will regulate the way private sector organisations can collect, use, keep secure and disclose personal information. WINSURE has developed a privacy policy which explains what sort of information we hold about you and what we do with that information. A copy of the brochure may be obtained from the WINSURE Insurance Group office or from our Website at www.winsure.com.au.