



WYMARK

INSURANCE BROKERS PTY. LTD.
 ABN 11 010 863 966 AFS Licence No. 238769
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Business Insurance Application

Client Code		Policy Number		Account Broker	
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All questions are to be answered. If insufficient space, please attach additional information on separate page/s.

DETAILS OF THE APPLICANT

Name(s) of Insured(s) in full					
Tax Status	Registered Business	No <input type="checkbox"/>	Yes <input type="checkbox"/>	ABN	
Contact Number(s)	Phone	()	Fax	()	
	Mobile/s				
Contact Name/s	*				
Postal Address					State
					Postcode
* Email Address					
Period of Insurance	From	/ /	to	/ /	at 4 p.m.

FINANCIERS / INTERESTED PARTIES

Does any other party have an interest in the property to be insured?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Name of Interested Party	Nature of Interest (eg. Mortgagee)	

OCCUPATION & EXPERIENCE

Occupation		
Experience	The year you started this business (eg.2001)	
	If less than 3yrs, have you had any previous experience in operating this type of business	No <input type="checkbox"/>
	If Yes, how many years experience in operating this type of business	Yes <input type="checkbox"/>

CLAIMS HISTORY & GENERAL INFORMATION

1. Have you or any partner / shareholder / director or manager of the business;		
a) ever sustained loss/damage or incurred liability whether insured or not, for a type of insurance is now sought?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
b) had any insurance declined, cancelled, application / renewal refused?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
c) claim rejected, special conditions imposed or excess imposed by an insurer?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
d) been declared bankrupt, put into receivership or voluntary liquidation?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
e) been charged or convicted of any fraudulent or criminal offence?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
f) are there any other matters you should disclose (Refer Duty of Disclosure)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If you have answered YES to any of the above, please provide FULL details below		
Date	Full Details / Insurer / Reason	Amount
25/03/06	Breakdown of Cold Room, QBE, Power Surge	\$2600 excl GST

POLICY SECTIONS (please indicate the sections for which you require cover)

<input type="checkbox"/> Fire & Other Defined Perils	<input type="checkbox"/> Glass	<input type="checkbox"/> Computer & Elect Equip Breakdown
<input type="checkbox"/> Business Interruption	<input type="checkbox"/> General Property	<input type="checkbox"/> Special Risks
<input type="checkbox"/> Money	<input type="checkbox"/> Broadform Liability	<input type="checkbox"/> Tax Audit
<input type="checkbox"/> Fidelity	<input type="checkbox"/> Goods In Transit	
<input type="checkbox"/> Burglary	<input type="checkbox"/> Machinery Breakdown & DOS	

DETAILS OF THE BUSINESS/PREMISES

Situation of Risk (Location)				State		Postcode	
Occupancy Details	Are you; <input type="checkbox"/> a Property Owner Only <input type="checkbox"/> an Owner Occupier <input type="checkbox"/> or a Tenant						
Describe the types of business carried out by occupants if the premises							
- your business							
- other occupants							
If Tenanted, please describe occupancy of tenants							

CONSTRUCTION

Construction of Premises	Walls	Floors	Roof	No. of Storeys	Age of Building
Housekeeping	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Poor		
Is Smoking Allowed on premises?					No <input type="checkbox"/> Yes <input type="checkbox"/>
Is any commercial cooking done on the premises, If YES which types? <input type="checkbox"/> No <input type="checkbox"/> Deep Frying <input type="checkbox"/> Grilling					<input type="checkbox"/> Oven
Are any flammable liquids or explosives stored on the premises?					No <input type="checkbox"/> Yes <input type="checkbox"/>
If YES how much		and how is the material stored			

FIRE & THEFT PROTECTION (installed & maintained at the premises)

Is the section of the premises occupied solely by you protected by;			
- Connection to Reticulated / Mains Water Supply?			No <input type="checkbox"/> Yes <input type="checkbox"/>
- Automatic Fire Alarm &/or Smoke Detector(s) connected to fire station?			No <input type="checkbox"/> Yes <input type="checkbox"/>
- Fire Sprinkler System?			No <input type="checkbox"/> Yes <input type="checkbox"/>
- Fire Extinguishers?		Number	No <input type="checkbox"/> Yes <input type="checkbox"/>
- Fire Hoses / Reels?		Number	No <input type="checkbox"/> Yes <input type="checkbox"/>
- Fire Blanket?			No <input type="checkbox"/> Yes <input type="checkbox"/>
- Deadlocks &/or Padlocks on all External Doors?			No <input type="checkbox"/> Yes <input type="checkbox"/>
- Key Operated Locks / Bars / Grills on all External Windows?			No <input type="checkbox"/> Yes <input type="checkbox"/>
- Burglar Alarm – Back to Base – Dedicated Landline?			No <input type="checkbox"/> Yes <input type="checkbox"/>
- Burglar Alarm – Securitel?			No <input type="checkbox"/> Yes <input type="checkbox"/>
- Burglar Alarm – Dialler / Radion?			No <input type="checkbox"/> Yes <input type="checkbox"/>
- Burglar Alarm – Audible Local Alarm?			No <input type="checkbox"/> Yes <input type="checkbox"/>
- Burglar Alarm – Other			No <input type="checkbox"/> Yes <input type="checkbox"/>
- Other Protection? <i>Eg. Building Security Patrolled</i>			No <input type="checkbox"/> Yes <input type="checkbox"/>

FIRE & OTHER DEFINED PERILS (PROPERTY) SECTION

Building (include Provision for Removal Of Debris, Reinstatement etc)	\$
- Is the Building Strata Titled?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Contents of Every Description	\$
Stock In Trade	\$
Other	\$
- Sum Insured Values have been Discussed with my broker	No <input type="checkbox"/> Yes <input type="checkbox"/>
- Co-Insurance Clause Applies as Advised by my broker	No <input type="checkbox"/> Yes <input type="checkbox"/>

BUSINESS INTERRUPTION SECTION

Business Interruption Insurance is available so that you can maintain your Business's net cash flow. You also have the option of making provisions to meet extra costs which may arise while returning to normal trading.	
Indemnity Period	Months
Gross Income (<i>Money payable to you for goods sold / services rendered or rentals, less purchase cost of stock</i>)	\$
Professional Fees	\$
Increased Costs of Working	\$
Claims Preparation Costs	\$
Payroll	\$
Supplier Premises	\$
Customer Premises	\$
- Does any supplier mount to 20% of your supplies / sales?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Other	\$

MONEY SECTION

Do you have a safe on the premises?		No <input type="checkbox"/> Yes <input type="checkbox"/>
- If YES, please advise	Date of Manufacture	Make
		Model
Money In Transit		\$
Money On Premises	- During business hours	\$
	- Outside business hours	\$
	- In security locked safes / strongroom	\$
Money In Private Residence		\$
Other	- Money Combined	\$

FIDELITY SECTION

Number of Employees	
Sum Insured	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000

BURGLARY SECTION

Stock In Trade	- excluding cigarettes, tobacco & liquor	\$
	- cigarettes, tobacco & liquor	\$
Contents		\$
Other		\$

GLASS SECTION (replacement)

External Glass	No <input type="checkbox"/> Yes <input type="checkbox"/>
- If YES, frontage to premises	<input type="checkbox"/> Single Front <input type="checkbox"/> Double Front <input type="checkbox"/> Multi Front <input type="checkbox"/> Factory / Warehouse / Other
Internal Glass	No <input type="checkbox"/> Yes <input type="checkbox"/>
Glass Signs	Number of Signs
Additional Cover for Temporary Shuttering / Sign Writing	\$

GENERAL PROPERTY

- Unspecified Tools of Trade (limit \$2000 any one item)	\$		
- Specified Items (<i>ITEMS OVER \$2,000 or as listed in the wording (including Make / Model)</i>)			
Description of Unit	Model Number	Serial Number	Sum Insured
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

	Air Conditioner (Window Wall)		Dishwasher		Scales
	Auto Wash (conveyor)		Engine Diagnostic Unit		Sewage Pump
	Auto Wash (no dryer)		Exhaust Fan		Silent Cutter
	Bandsaw		Glass Washer		Slicer (Meat, Cheese etc)
	Canopy Exhaust Fan		Hair Dryer		Swimming Pool Equipment
	Car Hoist		Hot Wash (auto wash)		Vacuum Cleaner
	Cash Register		Meat Mincer		Wheel Aligner
	Checkout Scanner		Microwave Oven		Wheel Balancer
	Clothes Dryer		Milk Shake Mixer		Work Shop Plant (non-specified)

Details of all Refrigeration & Other equipment to be insured must be given

Description of Unit	Model Number	Serial Number	HP or K/Watts

COMPUTER & ELECTRONIC EQUIPMENT BREAKDOWN SECTION

** Note – Fire & Perils risks are to be Insured under the Property Section, Theft risks are to be insured under the Theft Section*

- Computers & Peripheral Equipment (ie. Printers / scanners / photocopiers etc)	\$
- Additional Cost in Restoring Data	\$
- Increased Costs of Working	\$
- Portable Equipment whilst in Australia	\$

Details of all Computers & Peripheral equipment to be insured must be given

Description of Unit	Model Number	Serial Number	Sum Insured

SPECIAL RISKS SECTION

Cover for Unspecified Items (Limit \$1000) any one item	\$		
Cover for Specified Items	No <input type="checkbox"/> Yes <input type="checkbox"/>		
Description of Unit	Model Number	Serial Number	Sum Insured

TAX AUDIT SECTION

Type of Package	<input type="checkbox"/> Individual <input type="checkbox"/> Self Employed <input type="checkbox"/> Business
Estimated Annual Turnover	\$

EXCEPTIONAL CIRCUMSTANCES

Is there any other information which is special or individual to you or that may be relevant to us deciding whether to insure you. If so please advise details below.

IMPORTANT INFORMATION

PRIVACY ACT 1988

The Privacy Act 1988 requires us to tell you that as an insurance broker we collect your personal and other information in order to:

- * decide whether to issue a policy
- * determine the terms and conditions of your policy
- * compile data;
- * handle claims

We disclose personal information to third parties who we believe are necessary to assist us and them in providing relevant services and products. For example, in handling claims, we may have to disclose your personal and other information to third parties such as insurers, loss adjusters, investigators, agents and others involved in the claims handling process, or as required by law. We limit the use and disclosure of any personal information provided by us to them to the specific purpose for which we supplied it. If you do not agree to the collection of your personal information then unfortunately we will be unable to process your proposal.

IMPORTANT MATTERS REFERRED TO IN THE INSURANCE CONTRACTS ACT 1984

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with us, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer broker 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 insurance and, if so, on what terms. You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate your contract of general insurance.

Your duty does not however, require disclosure of matters

- that diminishes the risk to be undertaken by us;
- that are of common knowledge;
- that we know or, in the ordinary course of your business ought to know;
- as to which compliance with your duty is waived by us.

The Duty of Disclosure applies to all persons to be insured. You should make sure all such persons give proper disclosure

NON-DISCLOSURE

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

DECLARATION

This declaration applies to all the insurance that you are applying for in this proposal; by signing below I / WE declare that I / WE have

- (a) Checked the statements in this Proposal Form and ensure that they are true.
- (b) I / We have disclosed all matters which to my / our knowledge you should be aware of.
- (c) That I / We have read and agree to accept the terms, exclusions, conditions and limitations of the policy.
- (d) That any answer not in my own handwriting have been checked by me / us and are correct.
- (e) The signatories appearing below are authorised to sign on behalf of all Applicants.
- (f) Have fully read, understood, complied with and agree to the above Important Information

Applicant's Signature		Date	/ /
Applicant's Title			
Applicant's Signature		Date	/ /
Applicant's Title			