



WYMWYMARK

INSURANCE BROKERS PTY. LTD.
 ABN 11 010 863 966 AFS Licence No. 238769
 Level 4 12 Short Street Southport QLD 4215
 PO Box 2310, Southport, QLD 4215

FAX / EMAIL BACK TO WYMARK
 Fax 07 5532 9446
 Email info@wymark.com.au
 Ph 1800 WYMARK

Florist's Business Insurance Application

Policy No.	Client No.	Intermediary No.
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All questions are to be answered. If insufficient space, please attach additional information.

DETAILS OF THE APPLICANT

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

DETAILS OF THE BUSINESS/PREMISES

Situation of Risk (Location)				State	Postcode		
Number of Years in Business at this location							
Other Interested Parties (eg. Mortgagees or Lessors)							
Occupancy Details	Are you;	<input type="checkbox"/>	a Property Owner Only	<input type="checkbox"/>	an Owner Occupier	<input type="checkbox"/>	or a Tenant

CONSTRUCTION

Construction of Premises	Walls	Floors	Roof	No. of Storeys	Age of Building

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

Is the section of the premises occupied solely by you protected by;		
- Connection to 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?	Number	No <input type="checkbox"/> Yes <input type="checkbox"/>
- Deadlocks on all External Doors?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
- 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 – 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, Fire Blankets</i>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

EXCESS OPTION

Premium can be varied following excess choices. **Please select your excess.**
 These excess amounts when selected apply to all sections of the policy that are operative (except Broadform Liability for bodily injury claims)

Excess	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
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PROPERTY SECTION – Fire, Specified Perils & Accidental Damage		<i>Cover Required?</i>		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Interest Insured				Sum Insured	
- Building				\$	
- Contents Including Stock				\$	
- Removal of Debris (<i>instead of Automatic \$25,000</i>)				\$	
- Accidental Damage (<i>Instead of Automatic 10% of Sum Insured to a Maximum of \$250,000</i>)				\$	
- Is the Policy to the Mortgagee Protection only? (Property Section only to apply)				No <input type="checkbox"/>	Yes <input type="checkbox"/>

BUSINESS INTERRUPTION SECTION		<i>Cover Required?</i>		No <input type="checkbox"/>	Yes <input type="checkbox"/>
- Indemnity Period		Months			
Interest Insured				Sum Insured	
- Gross Income (<i>Money payable to you for goods sold / services rendered or rentals, less purchase cost of stock</i>)					
- Claims Preparation Costs (<i>Instead of Automatic \$5,000</i>)					
- Outstanding Accounts Receivable					
- Additional Increased Costs of Workings					
- Professional Fees					
- Other					

THEFT SECTION		<i>Cover Required?</i>		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Interest Insured				Sum Insured	
- Stock In Trade (<i>excluding cigarettes, tobacco & liquor</i>)					
- Contents					
- theft without forcible entry (<i>Instead of Automatic \$2,000</i>)					
- Other					

MONEY SECTION		<i>Cover Required?</i>		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Interest Insured				Sum Insured	
- Blanket Cover				\$	
- Employee Dishonesty (Maximum \$40,000)		<i>Cover Required?</i>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$
- Taxation Audit Costs (Maximum \$20,000)		<i>Cover Required?</i>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$

MACHINERY BREAKDOWN SECTION		<i>Cover Required?</i>		No <input type="checkbox"/>	Yes <input type="checkbox"/>
<i>* Note – Fire & Perils risks are to be Insured under the Property Section, Theft risks are to be insured under the Theft Section</i>					
Do you require cover for;					Sum Insured
- Deterioration of Refrigerated Goods					\$
- Breakdown of Machinery, Plant, Boilers & Pressure Vessels?			No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$
If Yes, please complete the following list showing the number of each type of equipment at the location *NO Plant must exceed 45kw / 5hp					
Plant List		Number	Plant Factor	Factor Total	
- Air Conditioning Equipment – Split System			11		
- Air Conditioning Equipment – Window / Wall Type			2		
- Commercial Refrigeration Equipment – Freezer / Soft Serve Machine			11		
- Commercial Refrigeration Equipment – Temprites			4		
- Commercial Refrigeration Equipment – Other Units			9		
- Refrigerant Reclaimer			8		
- Kitchen Equipment – Microwave			1		
- Cash Register / Scanning Equipment			2		
- Other Items -					
- Other Items -					
- Other Items -					

ELECTRONIC EQUIPMENT SECTIONCover Required? No Yes

* Note – Fire & Perils risks are to be Insured under the Property Section, Theft risks are to be insured under the Theft Section.
 Indemnity Period 3months, Excess 2 working days for Increased Cost of Workings cover.

Do you require cover for;		Sum Insured	
- Restoration of Data?	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$	
- Increase Cost of Working?	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$	
List Items (including Make & Model)	Serial Number	Sum Insured (Replacement Cost)	Rate %

BROADFORM LIABILITY SECTIONCover Required? No Yes

Limit of Indemnity	Other
<input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$10,000,000 <input type="checkbox"/> \$20,000,000	<input type="checkbox"/> \$
- How many people including working partners / directors are employed in the business?	
- Gross Annual Wages paid (Including commission and other earnings)	
- Annual Turnover	
Where you require Indemnity as Property Owner Only, please show	
- Total Area of Premises in Square Metres	
- Replacement Value of Building	
- General Description of Occupancy (Eg. Retail, Offices, Industrial, Residential)	

GLASS SECTIONCover Required? No Yes

Interest Insured	Sum Insured
- Internal Glass	No <input type="checkbox"/> Yes <input type="checkbox"/>
- External Glass	No <input type="checkbox"/> Yes <input type="checkbox"/>
- Additional Cover in excess of \$5,000 for Temporary Protection and Shuttering, Signwriting, Shopfronts, Damage to Property & Damage to Electric Signs	\$

GENERAL PROPERTY SECTIONCover Required? No Yes

- Please indicate if Goods In Transit cover is required (Maximum \$20,000)	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$	
- Accidental Damage (Standard Cover)	No <input type="checkbox"/> Yes <input type="checkbox"/>		
- Please indicate if reduced cover Option A is required (Fire, Theft, Collision and other Expressed Perils below) * 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 locks or padlocks which results in visible damage to the securing devices, collision or overturning of the conveying vehicle	No <input type="checkbox"/> Yes <input type="checkbox"/>		
List Items (including Make / Model) for which individual item cover greater than \$1,000 is required	Serial Number	Sum Insured	Rate %
TOTAL SUM INSURED		\$	

CLAIMS HISTORY & GENERAL INFORMATION

** (If "Yes", please supply full details, including name of insurer, dates, amounts in \$'s, reason) **

1. Have you (in the last 5 years)

(a)	made any claim(s) on an insurer for loss or damage?	No <input type="checkbox"/> Yes <input type="checkbox"/>
(b)	suffered any loss or damage which would have been covered by the proposed insurance policy?	No <input type="checkbox"/> Yes <input type="checkbox"/>
(c)	had any insurance declined or cancelled, application refused, renewal refused, claim rejected, special conditions or excess imposed by an insurer?	No <input type="checkbox"/> Yes <input type="checkbox"/>

2. Have you or any partner(s), shareholder(s) or director(s) of the business

(a)	ever been bankrupt?	No <input type="checkbox"/> Yes <input type="checkbox"/>
(b)	been convicted of any criminal offence within the past 5yrs (Other than minor traffic convictions)?	No <input type="checkbox"/> Yes <input type="checkbox"/>
(c)	been liable for any civil offence or pecuniary penalty (exceeding \$5,000)?	No <input type="checkbox"/> Yes <input type="checkbox"/>
(d)	ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (Eg. Liquidation or receivership)?	No <input type="checkbox"/> Yes <input type="checkbox"/>

Question	Date	Full Details / Insurer / Reason	Amount
Eg. 1a	25/03/06	Breakdown of Cold Room, QBE, Power Surge	\$2600 excl GST

EXCEPTIONAL CIRCUMSTANCES

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

IMPORTANT INFORMATION & DECLARATION

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 application.

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 you 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			

Insurer: CGU Insurance Limited ABN 27 004 478 371 AFS Licence No. 238291