

Coverforce Insurance Broking Pty Ltd (ARs)

Business Pack Insurance Application Form

- Please answer all questions. Blanks and/or dashes, or answers "known to underwriters or brokers" or "N/A" are not acceptable and will delay processing of this application.
- If there is insufficient room to complete a question, please attach a signed & dated addendum.
- Any documents attached to the proposal form part of this application.
- Where appropriate, please tick the yes or no box which best indicates your reply.

1. Your Details

1.1. Period Insurance

Start Date Expiry Date Effective Date

1.2. Insured

Insured Name

Trading Name

What is your web site address?

What is your Input Tax Credit?

What is your ABN?

Are you exempt from stamp duty?

Yes

No

If Yes, specify number:

Address Line 1

Address Line 2

Suburb

State

Post Code

1.3. Duty of Disclosure

Have you or any partner(s) or director(s) of the business:

(1) Ever had an insurance policy cancelled, declined or terms imposed?

Yes

No

Date

Description

(2) Ever been declared bankrupt?

Yes

No

Date

Description

(3) Ever been involved in a company or business which became insolvent or subject to any form of insolvency or voluntary administration (e.g. liquidation or receivership)?

Yes

No

Date

Description

(4) Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)? Yes No

Date Description

(5) Been liable for any civil offence or pecuniary penalty (exceeding \$5,000)? Yes No

Date Description

(6) Any other matters you should disclose? Yes No

Date Description

1.4. Claims Experience

Have you had any claims in the last 3 years under the sections to be insured? Yes No

Claim #

Sections

Business Property

Business Interruption

Theft

Money

Machinery Breakdown

Electronic Equipment

Public and Products Liability

Glass

General Property

Date Of Loss

Amount of Claim

Please provide a brief description of the claim

Preventative/Corrective action details

2. Situation Details

Situation:

2.1. Sections

Please select the sections you want to cover for this situation

<input type="checkbox"/>	Business Property	<input type="checkbox"/>	Business Interruption
<input type="checkbox"/>	Theft	<input type="checkbox"/>	Money
<input type="checkbox"/>	Machinery Breakdown	<input type="checkbox"/>	Electronic Equipment
<input type="checkbox"/>	Public and Products Liability	<input type="checkbox"/>	Glass
<input type="checkbox"/>	General Property	<input type="checkbox"/>	Employee Dishonesty
<input type="checkbox"/>	Goods In Transit	<input type="checkbox"/>	Tax Audit
<input type="checkbox"/>	Management Liability		

2.2. Business Details

Business

Describe Business if different from above

What is your estimated turnover for the next twelve months

Total number of staff – Full Time

Total number of staff – Part time / Casual

2.3. Situation Details

Address Line 1

Address Line 2

Suburb

State

Post Code

Construction

Multiple Buildings on site

 Yes No

Year built (yyyy)

Year last rewired (yyyy)

How much Expanded Polystyrene (EPS) does the premises contain (e.g. Foam insulation)?

Building Details

No. of Storeys

Floors

- | | |
|---|---|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Iron / Steel |
| <input type="checkbox"/> Brick | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Other/Mixed(Non Combustible) | <input type="checkbox"/> Other/Mixed (Full/Partial Combustible) |
| <input type="checkbox"/> Tile | |

Walls

- | | |
|---|---|
| <input type="checkbox"/> Concrete / Stone | <input type="checkbox"/> Concrete Tilt Slab |
| <input type="checkbox"/> Iron/Steel/Aluminium on steel | <input type="checkbox"/> Iron/Steel/Aluminium on wood |
| <input type="checkbox"/> Brick | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Expanded Polystyrene (EPS) | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Mixed < 75% Brick/Concrete/Iron on steel | <input type="checkbox"/> Mixed > 75% Brick/Concrete/Iron on steel |
| <input type="checkbox"/> Glass | <input type="checkbox"/> Metal |
| <input type="checkbox"/> Polystyrene | <input type="checkbox"/> Other |

Roof

- | | |
|---|--|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Tiles / Slate | <input type="checkbox"/> Asbestos |
| <input type="checkbox"/> Fibro | <input type="checkbox"/> Iron/Steel/Aluminium on steel |
| <input type="checkbox"/> Iron/Steel/Aluminium on wood | <input type="checkbox"/> Expanded Polystyrene (EPS) |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Polystyrene |
| <input type="checkbox"/> Glass | <input type="checkbox"/> Other/Mixed (Non Combustible) |
| <input type="checkbox"/> Other/Mixed (Full/Partial Combustible) | |

Fire Protection

Fire Protection Provided

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Fire Extinguishers |
| <input type="checkbox"/> Hose Reels | <input type="checkbox"/> Sprinklers |
| <input type="checkbox"/> Smoke Detectors - Monitored | <input type="checkbox"/> Smoke Detectors - Non Monitored |
| <input type="checkbox"/> Heat Detectors | <input type="checkbox"/> Fire alarm |
| <input type="checkbox"/> Monitored base alarm | <input type="checkbox"/> Fire Blankets |

Sprinkler Type

100% Coverage

Yes No

Water Supply

Dual Single

Conforms to Australian Standards

Yes No

Security

Security Protection Provided

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Bars on windows |
| <input type="checkbox"/> Deadlocks on doors | <input type="checkbox"/> Protection of Display Windows |
| <input type="checkbox"/> Electronic key pad/swipe card access | <input type="checkbox"/> Security fencing |
| <input type="checkbox"/> Locks on all external windows without bars | <input type="checkbox"/> CCTV system installed |
| <input type="checkbox"/> Bollards in front of glazing/display windows/roller shutters | <input type="checkbox"/> External Lighting |
| <input type="checkbox"/> Local alarm | <input type="checkbox"/> Roller Shutters |
| <input type="checkbox"/> Watchman patrols | <input type="checkbox"/> Monitored base alarm |

If applicable, please specify the type of monitored alarm:

- | | |
|--|--|
| <input type="checkbox"/> Class 2 e.g. Digital Dialler | <input type="checkbox"/> Class 2 e.g. Digital Dialler + GSM Cellular phone back-up polled daily |
| <input type="checkbox"/> Class 3 e.g. Multi-path GPRS polled < 120 sec | <input type="checkbox"/> Class 4 + 5 e.g. Direct Line or Multi-path Ethernet /GPRS polled < 60 sec |

Other Details

Is there an ATM on premises? Yes No

2.4. Other Situation Details

Where are the premises located?

- | | |
|--|---|
| <input type="checkbox"/> Main or Suburban street | <input type="checkbox"/> Wholly within a shopping centre (No external openings to outside centre) |
| <input type="checkbox"/> Within a shopping centre (With external openings) | <input type="checkbox"/> Within an Industrial Complex |
| <input type="checkbox"/> Within an Office Block (incl Ground or 1st floor) | <input type="checkbox"/> Within an Office Block (2nd floor or above) |
| <input type="checkbox"/> Outside Metropolitan, regional or town boundaries | <input type="checkbox"/> Shipping Container |
| <input type="checkbox"/> Market | <input type="checkbox"/> Other |

Is premises connected to town water?

Yes No

Type Of Fire Brigade

- | | |
|---|---|
| <input type="checkbox"/> Professional Manned 24 hours | <input type="checkbox"/> Professional Manned part time |
| <input type="checkbox"/> Own on site staff fire brigade Manned 24 hours | <input type="checkbox"/> Own on site staff brigade Manned part time |
| <input type="checkbox"/> Rural or country volunteer brigade | <input type="checkbox"/> Other |

Store Flammable Goods?

Yes No

If Yes

What quantity

Store substances in accordance with Australian Standards and local/ state government regulations?

 Yes No

If Yes, are goods stored in approved cabinets/bunded storage facilities?

 Yes No

2.5. Interested Parties

Do you wish to note any interested parties?

 Yes No

If Yes, **Interested Party #**

Sections

- Business Property
- Money
- Electronic Equipment
- Glass
- Employee Dishonesty
- Tax Audit

- Theft
- Machinery Breakdown
- Public and Products Liability
- General Property
- Goods In Transit
- Management Liability

Name

Nature of Interest

- | | | |
|---|---|--|
| <input type="checkbox"/> 1st Mortgagee | <input type="checkbox"/> 2nd Mortgagee | <input type="checkbox"/> 3rd Mortgagee |
| <input type="checkbox"/> Local Government Authority | <input type="checkbox"/> Hire Purchase | <input type="checkbox"/> Landlord |
| <input type="checkbox"/> Lease | <input type="checkbox"/> Premium Funder | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Other | | |

Address Line 1

Address Line 2

Suburb

State

Post Code

3. Business Property

3.1. Business Property Information

Is your premises more than 50% vacant?

 Yes No

Is the building heritage or national trust listed?

Yes No

Does your premises contain a restaurant or bar?

No Restaurant Bar Both

Are there any deep fryers or any wok cooking?

No Deep Frying Wok Cooking Both

If Yes, what is the total number of litres of oil used for deep frying?

If Yes, does the capacity of single vat or twin vat deep fryers exceed 10 litres?

Yes No

If Yes, do all Deep Fryers have an automatic suppression unit and exhaust extraction system?

No Auto Suppression Exhaust Extraction Both

3.2. Sum Insured

Do you require Strata title mortgagee(s) interest cover only?

Yes No

Building(s)

Replacement Indemnity

Contents

Replacement Indemnity

Stock

Specified Item

Sum Insured

Category

<input type="checkbox"/> Antique	<input type="checkbox"/> Customer vehicles
<input type="checkbox"/> Container contents	<input type="checkbox"/> Customer goods
<input type="checkbox"/> Floating stock	<input type="checkbox"/> Floating stock and/or contents
<input type="checkbox"/> Stock of caravans	<input type="checkbox"/> Stock of petrol
<input type="checkbox"/> Stock of watercraft	<input type="checkbox"/> Work of art
<input type="checkbox"/> Other	

Total Sum Insured

3.3. Additional Cover

Extra Cost of Reinstatement

Wording Coverage Other Amount

If Other Amount, specify amount

Removal of Debris

Wording Coverage Other Amount

If Other Amount, specify amount

Rewriting of Records

Wording Coverage Other Amount

If Other Amount, specify amount

Playing Surfaces Wording Coverage Other Amount

If Other Amount, specify amount

Flood Yes No

3.4. Excess

Please indicate the Excess you prefer for Business Property

\$ 100 \$ 250 \$ 500 \$ 750

\$ 1,000 \$ 2,000 \$ 5,000 \$ 7,500

3.5. Other Information

Do you wish to provide any additional information ? Yes No

4. Business Interruption

4.1. Sum Insured

Business Interruption

Type

Insurable Gross Profit Annual Revenue

Weekly Revenue AICOW Only

Additional Increase in Cost of Working Wording Coverage Other Amount

If Other Amount, specify amount

Accounts Receivable Wording Coverage Other Amount

If Other Amount, specify amount

Claims Preparation Costs Wording Coverage Other Amount

If Other Amount, specify amount

Loss of Rent Receivable

Indemnity Period

6 months 12 Months 18 Months 24 Months 36 months

26 Weeks 52 Weeks

4.2. Additional Benefit

Documents Wording Coverage Other Amount

If Other Amount, specify amount

4.3. Optional Benefit

Goodwill

4.4. Uninsured Working Expenses

Purchases Discounts Allowed Bad Debt

Other Enter %

4.5. Specified Customers and Suppliers

Do you wish to specify any Customers or Suppliers? Yes No

Customer / Supplier #

Type Supplier Customer

Name

Address Line 1

Address Line 2

Suburb State Post Code

Country

Goods Supplied Percentage of Dependency

4.6. Other Information

Do you wish to provide any additional information ? Yes No

5. Theft

5.1. Sum Insured

Contents - including stock

Contents - excluding stock

Stock in Trade

Cigarettes / Tobacco

Alcohol

Do you wish to add any specified items?

 Yes No

If Yes, **Specified Item #**

Description

Category

Floating stock and/or contents

Additional loss of keys

Antique

Customer goods

Customers vehicles

Stock of vehicles

Stock of caravans

Stock of petrol

Stock of watercraft

Trees/Shrubs/Plants

Work of art

Other

Sum Insured

5.2. Additional Benefits

Damage to Rented Premises

Wording Coverage

Other Amount

If Other Amount, specify amount

Theft Without Forcible and Violent Entry

Wording Coverage

Other Amount

If Other Amount, specify amount

Theft of property insured in the open air

Wording Coverage

Other Amount

If Other Amount, specify amount

5.3. Excess

Please indicate the Excess you prefer for Theft

\$ 100

\$ 250

\$ 500

\$ 750

\$ 1,000

\$ 2,000

\$ 5,000

\$ 7,500

5.4. Other Information

Do you wish to provide any additional information ?

Yes

No

6. Money

Blanket Cover

Money in transit

Money in the Building - during business hours

Money in the Building - outside business hours

Money in the Building - locked safe or strongroom

Money in Custody

6.1. Additional Benefit

Loss of or damage to Safes, Strongrooms and cash carrying bags

Wording Cover

Other

Sum Insured

6.2. Excess

Please indicate the Excess you prefer for Money

\$ 100

\$ 250

\$ 500

\$ 750

\$ 1,000

\$ 2,000

6.3. Other Information

Do you wish to provide any additional information ?

Yes

No

7. Machinery Breakdown

7.1. Blanket Plant and Machinery Details

Blanket Plant and Machinery

Machinery Type

Size/Capacity/Power

No. of Units

Air Compressor

Less than 5 HP (< 3.7 kw)

Air Compressor	Over 5 to 7.5 HP (3.7kw - 5.6kw)	
Air Compressor	Over 7.5 to 10 HP (>5.6kw - 7.5kw)	
Air Conditioners - Split System	Up to 5 HP (3.7kw)	
Air Conditioners - Window/Wall Type	Up to 5 HP (3.7kw)	
Auto Car Wash (Conveyer)	All Units	
Auto Car Wash (not dryer)	All Units	
Bandsaws	All Units	
Bar Coding Scanners	All Units	
Bottle/Display Cabinets	All Units	
Car Hoist - 2 & 4 Post	All Units	
Cash Registers	All Units	
Centrifugal Pump	Less than 2 HP (< 1.5kw)	
Centrifugal Pump	Over 2 to 7.5 HP (1.5kw - 5.6kw)	
Centrifugal Pump	Over 7.5 to 15 HP (>5.6kw - 11.2kw)	
Centrifugal Pump	Over 15 to 25 HP (>11.2kw - 18.6kw)	
Clothes Dryers	All Units	
Clothes Washers	All Units	
Coffee Machines	All Units	
Cold/Freezer Rooms Less than 3 HP	All Units	
Computer controlled lathes	All Units	
Deep Freezers	up to 2m long	
Deep Freezers	over 2m long	
Dish Washers	All Units	
Domestic Fridges	All Units	
Domestic Freezers	All Units	
Electric Motors	Less than 2 HP (< 1.5kw)	
Electric Motors	Over 2 to 10 HP (1.5kw - 7.5kw)	
Electric Motors	Over 10 to 20 HP (>7.5kw - 14.9kw)	
Electric Motors	Over 20 to 40 HP (> 14.9kw - 29.8kw)	
Electronic Scales	All Units	
Engine Diagnostic Unit	All Units	
Evaporative Coolers	Less than 3 HP (2.24kw)	
Generator Sets	Less than 2 kva	
Glass Washers	All Units	

Hair Dryers	All Units	
Hot Water Boiler	Less than 25 KW	
Hot Water Boiler	Over 25 KW to 75 KW	
Ice Maker/Storage Bin	All Units	
LPG Cylinders	Less than 25 KG	
LPG Cylinders	Over 25 KG to 100 KG	
LPG Cylinders	Over 100 KG	
Meat Display Cabinets	All Units	
Meat Slicers	All Units	
Microwave - Commercial	All Units	
Microwave - Domestic	All Units	
Mincers	All Units	
Other Auto Workshop Machinery	All Units	
Post Mix Machine	All Units	
Pressure Vessels	Less than 2 mtrs	
Pressure Vessels	From 2 to 5 mtrs	
Range Exhaust Fans	Less than 1 HP (0.75kw)	
Refrigeration up to 5 HP	All Units	
Sausage Machines	All Units	
Sewerage Pumps	All Units	
Silent Cutter/Mixers	All Units	
Soft Serve Ice Cream Machines	All Units	
Spa/ Swimming Pool Pumps	All Units	
Submersible Pumps	Less than 1 HP (0.75kw)	
Temprites/Beer Coolers	All Units	
Vacuum Cleaners	All Units	
Wheel Aligner	All Units	
Wheel Balancer	All Units	

Limit any one loss

<input type="checkbox"/> \$ 0	<input type="checkbox"/> \$ 10,000	<input type="checkbox"/> \$ 15,000	<input type="checkbox"/> \$ 20,000	<input type="checkbox"/> \$ 25,000
<input type="checkbox"/> \$ 30,000	<input type="checkbox"/> \$ 40,000	<input type="checkbox"/> \$ 50,000	<input type="checkbox"/> Other	

If Other

Number of air conditioners

Specified Item #

Description

Category

Laser cutting machinery

Mobile plant

Woodworking extraction system

Lathe

Other

Sum Insured

7.2. Additional Cover

Deterioration of stock

7.3. Excess

Please indicate the Excess you prefer for Machinery Breakdown

\$ 100

\$ 250

\$ 500

\$ 750

\$ 1,000

\$ 2,000

7.4. Other Information

Do you wish to provide any additional information ?

Yes

No

8. Public and Products Liability

8.1. Limits of Liability

Limit of Liability - Public & Products Liability

\$ 5,000,000

\$ 10,000,000

\$ 15,000,000

\$ 20,000,000

Other

If Other Amount, specify amount

8.2. Additional Cover

Property in Physical & Legal Control - Limit

Wording Coverage

Other Amount

If Other Amount, specify amount

USA / Canada Exports

Yes

No

If Yes, Product

Turnover

8.3. Excess

Please indicate the Excess you prefer for Property Damage

<input type="checkbox"/> \$ 100	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 500	<input type="checkbox"/> \$ 750	<input type="checkbox"/> \$ 1,000
<input type="checkbox"/> \$ 2,000	<input type="checkbox"/> \$ 5,000	<input type="checkbox"/> \$ 7,500	<input type="checkbox"/> \$ 10,000	

8.4. Details of the Business

Property Owner Liability only? Yes No

8.5. Contractors and Subcontractors

Do you engage contractors and/or subcontractors in your business? Yes No

If Yes:

Do you ensure that contractors and/or subcontractors have their own liability and where necessary, Workers Compensation insurance? Yes No

Estimate of the amount to be paid to contractors and subcontractors in the next 12 months:

Labour only	\$
Labour and plant	\$
Labour, plant and materials	\$

What type(s) of work do contractors and/or subcontractors perform for you?

8.6. Labour Hire

Do you engage labour hire or hired in labour in your business? Yes No

Estimate the amount to be paid to labour hire firms in the next 12 months \$

What type(s) of work do staff from labour hire firms perform for you?

8.7. Designated Contracts

Do you have any contracts to be designated? Yes No

If Yes, Description

8.8. Imported Goods

Do you, or do you intend to import goods? Yes No

If Yes, **Specified Item #**

Product

Country

Turnover

8.9. Hazardous Activities and Substances

Do you, or do you intend to use, store or handle hazardous substances? Yes No

Do you discharge waste or hazardous material into the atmosphere, sewer or elsewhere?

Yes No

8.10. Hire Out Equipment or Staff

Do you hire out equipment and/or staff?

Yes No

If Yes:

Is there a Hire Agreement with a disclaimer or legal waiver in place that the hirer signs before hiring?

Yes No

Is all equipment checked and maintained after each hire?

Yes No

Equipment hired out

Turnover

8.11. Optional Extensions

Is Driving Risk required?

Yes No

Limit of Indemnity

Licensed Name # 1

Licence Number

8.12. Other Information

Do you wish to provide any additional information ?

Yes No

9. Glass

9.1. Cover

External Glass

Yes No

Internal Glass

Yes No

Do you wish to add any specified glass items?

Yes No

If Yes, Description

Floors Occupied

Ground level floor only

Above ground floor - Single floor

Ground floor plus one or more floors

Above ground floor - Two or more floors

9.2. Additional Benefit

Signs

Wording Coverage

Other Amount

If Other Amount, specify amount

9.3. Extra Covers

Costs

Wording Cover

Other

Sum Insured

Destruction of Stock or Contents

Wording Cover

Other

Sum Insured

9.4. Excess

Please indicate the Excess you prefer for Glass

\$ 100

\$ 250

\$ 500

\$ 750

\$ 1,000

\$ 2,000

9.5. Other Information

Do you wish to provide any additional information ?

Yes

No

10. Your Contact Details

Your Name

Address

Suburb

State

Post Code

Mobile

Phone

Email

Preferred Contact Method

How did you hear about us?

Web Search

Advertisement

Word of Mouth

Tradeshow

Company Website

Other

If Other, how else did you hear about us?

Would you also like to obtain more information or quotations for other types of insurance?

Your Business

Car

General and Products Liability

Home

Management Liability

Landlord

Corporate Travel and Group Personal Accident

Travel

Workers Compensation

Boat

Commercial Motor Vehicles

Caravan

11. Notice

We draw your attention to the Important Notice accompanying this Application form. You must read the Important Notice carefully. If you do not understand the content of Important Notice, please contact us immediately.

If any of the statements in this Application form are untrue, and you have suppressed or mis-stated any facts and/or should any information given by you alter between the date of this Application form and the inception date of the insurance to which this Application form relates you must immediately notify us.

You authorise us to collect or disclose any personal information relating to this insurance to any insurer or insurance reference service. Where you have provided information about another individual (for example, a relative, employee or client), you have or you will make the individual aware of that fact and the section in the Policy on "The way we handle your personal information".

You agree that you have read and understood this notice by doing any of the following:

- (a) Signing and returning a copy of this form; or
- (b) Providing the information requested and returning the form to us; or
- (c) Providing us with instructions to place the policy.

Signature of Applicant(s)

Position held

Date