



# Business Insurance Package Quotation Form

AIB AUSTRALIA

APPLICANTS DETAILS	
Name of Insured in full	<input type="text"/>
*Including Trading Names	<input type="text"/>
& Trusts	<input type="text"/>
Tax Status	Registered Business Yes <input type="checkbox"/> No <input type="checkbox"/> ABN <input type="text"/>
	Taxable <input type="text"/> %
Insured's Phone	<input type="text"/> Email <input type="text"/>
Postal Address	<input type="text"/>
	<input type="text"/> Post Code <input type="text"/>
Financier/ Mortgagee Name	<input type="text"/>
Address	<input type="text"/>
Period of Insurance	From <input type="text"/> To <input type="text"/>

DETAILS OF BUSINESS / PREMISES	
Type of Business	<input type="text"/> Or Property owner only <input type="checkbox"/>
Activities or Processes Involved	<input type="text"/>
If Property Owner Only List of Tenants	<input type="text"/>
	<input type="text"/>
Location	1 <input type="text"/>
	2 <input type="text"/>
Number of Years	In this business <input type="text"/> At this location 1 <input type="text"/> At this location 2 <input type="text"/>

DETAILS OF BUSINESS / PREMISES (Cont'd)

Construction of Premises	Walls	Floors	Roof	No of Storeys	Age of Building
1	<input type="text"/>				
2	<input type="text"/>				

Are Premises Heritage Listed                      Situation 1    Yes  No                       Situation 2    Yes  No

	Location 1	Location 2
Sandwich Foam Panel (EPS-- Expanded Polystyrene) construction greater than 15% of floor area (including Cool Rooms)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes % of Building	<input type="text"/> %	
Connected to Town Water	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is any Commercial Cooking performed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Flammable/toxic/explosive substances used or stored	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hazardous processes involved at the premises (welding, cutting, spraying)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>SECURITY</b>		
Is the premises fully enclosed within a modern, secured shopping centre (ie. no external openings to outside centre)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there deadlocks on all external doors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there bars on all external windows (excluding display windows)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there locks on all external windows without bars?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are display windows protected by minimum 11mm plate glass with polycarbonate film or thief resistant laminated glass or security screens, grills or bars?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there external lighting?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are bollards installed in front of glazing such as glass doors, display windows, roller shutters to prevent ram attacks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a monitored intruder alarm system or local alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How is the alarm monitored? -- Local or Back to Base?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a taped Closed Circuit TV system installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a fence/wall, minimum 2 metres high, totally enclosing the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**FIRE PROTECTION**

Fire Alarms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire sprinkler system	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Thermal detectors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Offsite monitoring	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire extinguishers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hoses/Hydrants	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire blanket	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Smoke detectors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
None of the above	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**If Cooking Risk please answer below questions**

Is the ducting cleaned professionally under contract, at least every 6 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are filters cleaned under contract at least every 2 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there wet chemical and/or dry chemical B(E) fire extinguishers and fire blankets in place and serviced every 6 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there Deep Frying or Wok Frying at the Premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the capacity of single vat or twin vat deep fryers or woks exceed 10 litres?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes; Total Capacity	<input type="text"/>
Do deep fryers have an automatic cut out switch and/or are they thermostatically controlled and limited to 215°C?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the business is licensed to sell liquor, do liquor sales make up more than 50% of turnover? (If the business is not licensed to sell liquor, answer 'No')	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the business been trading for 3 years or more?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If Woodworking Performed at Premises please answer following questions

- Are dust control measures comprising some form of centralised cyclone with flexible ducts to machines & adequate dust collection facilities, or localised dust collection bags for individual machines in place? Yes  No
- Are floors swept regularly and waste removed on a daily basis? Yes  No
- Are there fire extinguishers and/or hose reels adequately covering all areas and serviced every 6 months? Yes  No
- Are there more than 60 litres of Class 3 flammables on the premises at any one time? Yes  No
- If Yes; How is it stored?
- Is all spray painting carried out in an approved spray booth ventilated to an external area? Yes  No
- Is there a no smoking policy in force on the premises? Yes  No

If Panel Beating or related processes carried out please answer following questions

- Is all spray painting carried out in a fully enclosed spray booth ventilated to an external area? Yes  No
- Is there a no smoking policy in force on the premises? Yes  No
- Are there fire extinguishers and/or hose reels adequately covering all areas and serviced every 6 months? Yes  No
- Are the baking oven filters cleaned professionally under contract, at least every 6 months? Yes  No
- Is ducting cleaned professionally under contract, at least every 6 months? Yes  No
- Are flammable liquids stored within a dedicated section away from the work area? Yes  No

Sections Required	Location 1	Location 2	Sections Required	Location 1	Location 2
Property Section	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Machinery Breakdown	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Business Interruption	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Electronic Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Theft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tax Audit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Money	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Transit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Glass	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Employee Dishonesty	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
General Property	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Management Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			

PROPERTY SECTION		
	Situation 1	Situation 2
Buildings including landlords fixture's and fittings	<input type="text"/>	<input type="text"/>
Contents (excluding Money)	<input type="text"/>	<input type="text"/>
Stock in trade including work in progress, customer's goods	<input type="text"/>	<input type="text"/>
Removal of Debris	<input type="text"/>	<input type="text"/>
Rewriting of records	<input type="text"/>	<input type="text"/>
Is Flood Cover Required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Seasonal Increases -- advise periods if different from normal -- (Christmas / New Year / Easter)	<input type="text"/>	<input type="text"/>

BUSINESS INTERRUPTION		
Cover Type	<input type="checkbox"/> Gross Income	<input type="checkbox"/> Gross Profit
	<input type="checkbox"/> Weekly Benefits	<input type="checkbox"/> Loss of Rent
Indemnity Period	\$ <input type="text"/>	\$ <input type="text"/>
Gross Revenue	\$ <input type="text"/>	\$ <input type="text"/>
Gross Profit	\$ <input type="text"/>	\$ <input type="text"/>
Loss of Rent	\$ <input type="text"/>	\$ <input type="text"/>
Weekly Income	\$ <input type="text"/> Weeks	\$ <input type="text"/> Weeks
Pay Roll -- do you require payroll to be insured	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes Provide Break up of % and Weeks	\$ <input type="text"/>	\$ <input type="text"/>
Additional Increased Cost of Working	\$ <input type="text"/>	\$ <input type="text"/>
Claims Preparation Expenses (Accountant Fees)	\$ <input type="text"/>	\$ <input type="text"/>
Accounts Receivable	\$ <input type="text"/>	\$ <input type="text"/>
State any uninsured working expenses	<input type="text"/>	<input type="text"/>

**BURGLARY**

Contents – Including Stock	\$ <input type="text"/>	\$ <input type="text"/>
Contents – Excluding Stock	\$ <input type="text"/>	\$ <input type="text"/>
Stock (excluding Cigarettes, Tobacco and Liquor)	\$ <input type="text"/>	\$ <input type="text"/>
Tobacco, Cigarettes, and Liquor	\$ <input type="text"/>	\$ <input type="text"/>
Rewriting of Documents	\$ <input type="text"/>	\$ <input type="text"/>
Theft without Forcible Entry	\$ <input type="text"/>	\$ <input type="text"/>
Additional Damage to Premises	\$ <input type="text"/>	\$ <input type="text"/>
Seasonal Increases -- advise periods if different from normal – (Christmas / New Year / Easter)	<input type="text"/>	<input type="text"/>

**MONEY**

Money In Transit	\$ <input type="text"/>	\$ <input type="text"/>
Money On premises during normal Business Hours	\$ <input type="text"/>	\$ <input type="text"/>
Money in Safe or Strongroom	\$ <input type="text"/>	\$ <input type="text"/>
Money in Personal Custody	\$ <input type="text"/>	\$ <input type="text"/>
Damage to safes and strongrooms	\$ <input type="text"/>	\$ <input type="text"/>
Seasonal Increases -- advise periods if different from normal – (Christmas / New Year / Easter)	<input type="text"/>	<input type="text"/>

**GLASS**

Is Cover Required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
External Glass	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Internal Glass	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount of Glass	<input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Minor	<input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Minor
Number of Glass Frontages	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Multiple	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Multiple

GLASS (Cont'd)

Position	<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Ground Floor
	<input type="checkbox"/> Above Ground Floor	<input type="checkbox"/> Above Ground Floor
	<input type="checkbox"/> Inside shopping centre	<input type="checkbox"/> Inside shopping centre
Increased cover on advertising signs?	\$ <input type="text"/>	\$ <input type="text"/>
Increased additional benefits?	\$ <input type="text"/>	\$ <input type="text"/>
Increased cover on damaged stock following glass breakage?	\$ <input type="text"/>	\$ <input type="text"/>

MACHINERY BREAKDOWN

Blanket Machinery – Limit Any one Loss	\$ <input type="text"/>	\$ <input type="text"/>
List all items to be Covered:	Horsepower/Watt	Horsepower/Watt
<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"/>

\* If insufficient room please attach separate list

Specified Machinery – please specify item and hp/watt	Sum Insured	Sum Insured
<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"/>

Do you wish cover for Deterioration of Refrigerated Goods?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Sum Insured	\$ <input type="text"/>	\$ <input type="text"/>
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Do your required cover for Business Interruption due to Break-down of Equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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\* If yes specified Machinery Breakdown Policy will need to be written.

**ELECTRONIC EQUIPMENT**

Description of Computer Equipment

Year	Make Model (inc serial number)	Sum Insured	Sum Insured
<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"/>

Description of Electronic Equipment

Year	Make Model (inc serial number)	Sum Insured	Sum Insured
<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"/>

Description of all Portable Electronic and Computer Equipment requiring Australia Wide Cover

Year	Make Model (inc serial number)	Sum Insured	Sum Insured
<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"/>

Increased Cost of Working \$  \$

Restoration of Data \$  \$

**GENERAL PROPERTY**

Fire and Perils Yes  No

Accidental Damage Yes  No

Theft with Forcible Entry Yes  No

Theft without Forcible Entry Yes  No

Unspecified tools of trade and general items (limit per item see policy)  
(Excluding electronic equipment, mobile phones, photographic & computer equipment) \$

Stock \$

**GENERAL PROPERTY (Cont'd)**

Specifies Items

ID Number

<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"/>

**LIABILITY**

Limit of Liability Required

\$

Number of staff including working partners/directors

Gross Annual Wages Paid

\$

Number of locations that you own and/or operate, which are to be covered

Estimated Annual Turnover

\$

What is you Annual Turnover Breakdown by state %

NSW <input type="text"/> %	ACT <input type="text"/> %	VIC <input type="text"/> %	QLD <input type="text"/> %
SA <input type="text"/> %	TAS <input type="text"/> %	WA <input type="text"/> %	NT <input type="text"/> %

Indicate if your Operations Include

<input type="checkbox"/> Wholesale / Distribution	<input type="checkbox"/> Design / Formulation	<input type="checkbox"/> Services / Repair
<input type="checkbox"/> Manufacture	<input type="checkbox"/> Importing	<input type="checkbox"/> Wedding & Heat Processes
<input type="checkbox"/> Processing	<input type="checkbox"/> Exporting	<input type="checkbox"/> On-Site work
<input type="checkbox"/> Installation	<input type="checkbox"/> Retail	<input type="checkbox"/> Off-Site work
<input type="checkbox"/> Construction	<input type="checkbox"/> Property Owner	

\* Please ensure you answer all questions in relation to your Operations

Do you require Property Owners Liability Only

Yes  No

If Yes, advise:

Location

Tenants Occupation

Floor Area

Gross Rentals

<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"/>

\* If you require cover other than Property Owners Only please complete below

Do you Import or Export any Products			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, advise:			
Imported Goods	Which Countries	Annual Venue	% of Turnover
<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"/>
Goods Exported	Which Countries	Annual Venue	% of Turnover
<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"/>

Do you employ contractors &/or Sub--contractors			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes -- Estimated Annual Payment --	Labour Only	\$ <input type="text"/>	
	Labour & Materials	\$ <input type="text"/>	
Do you ensure contractors &/or subcontractors have their own insurance?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require insurance to cover your liability for their actions ?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Advise type of work provided			<input type="text"/>
Do you employ labour hire?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes	Estimated Payment	\$ <input type="text"/>	
	Advise type of work provided	<input type="text"/>	

Do you perform any work away from your Premises			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Activities	Details	% of Turnover	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Does Your Business, or does Your Business intend to transport, handle, use or store dangerous goods in bulk quantities as defined by the Australian Dangerous Goods code?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please advise full details			
<input type="text"/>			

Has Your Business used or handled asbestos at any time?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please provide full details		
Does Your Business carry out any of the following: Use of explosives, bridge construction/ maintenance, demolition activities, building work exceeding 10 metres in height, construction or maintenance work involving chemical works, underground mines, mine sites offshore platforms, aircraft, petrochemical plants, power stations, ships, ports, or supply products to any of these industries?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please provide full details		
Does Your Business discharge waste or hazardous material into the atmosphere, sewer or elsewhere?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please provide full details		
Has Your Business assumed, or intend to assume liability under any contract, or have You entered into or do You in future intend to enter into any hold harmless agreements?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please provide full details		
Do you have property in Your Physical or Legal Control?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated value of property in Your Physical or Legal Control		\$ <input style="width: 150px;" type="text"/>
Type of Goods in your control		
Do you Require Testing and/or Delivery of vehicles (driving risk)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Limit any one Vehicle \$ <input style="width: 150px;" type="text"/>
Do you perform Welding or Hot Works?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes do you comply with Australian Standard 1674.1--1997 "Safety in welding and allied processes – Fire Precautions"		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you Manufacture, Pack or Relabel any products which you sell or distribute?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, show % of turnover	Manufactured <input style="width: 50px;" type="text"/> %	Pack <input style="width: 50px;" type="text"/> %
		Relabel <input style="width: 50px;" type="text"/> %
Do you design parts of completed components for others?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you manufacture to the designs, formulae, plans and or specifications of others?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a quality control manual?		Yes <input type="checkbox"/> No <input type="checkbox"/>
List main products your business manufactures, packs, relabels		

**TAX AUDIT**

Has the Australian Taxation Office served a general Notification to Your Industry that it will be carrying out audits of Your Industry? (If yes Cover is not available)

Yes  No

Indicate Sum Insured Required (options \$10,000/ \$20,000 / \$30,000 / \$40,000 / \$50,000)

\$

Have you or any person who will receive insurance protection under this Section ever been investigated by the Australian Taxation Office?

Yes  No

If yes, give Date, Details and Outcome of Investigation below

Yes  No

Number of Directors

List Name of All Directors and Business Entities to be covered by this section

**TRANSIT**

Applies to goods in a vehicle owned/operated by you only

Number of Vehicles operating

Will goods in Transit include Cigarettes, tobacco or liquor?

Yes  No

Sum insured per Conveyance

\$

Estimate annual value of all Shipments

\$

Description of goods normally carried (Advise if any goods temperature controlled)

\*\* Please note dependant on value and goods – Full Marine Cargo Policy may be required \*\*

## EMPLOYEE DISHONESTY

Are all employees to be insured for this cover?

Yes  No

Do all Financial Transactions \$1,000 or above require two signatories and/or authorisation by two or more people?

Yes  No

Have there been any previous losses for this cover (insured or not)?

Yes  No

Number of employees with responsibility for money, negotiable instruments, stock and/or accounts (other than those listed below)

Number of employees primarily engaged as cashiers, treasurers or paymasters

Number of employees engaged outdoors handling money, negotiable instruments, stock and/or accounts. Employees delivering goods

All other employees not having responsibility for money, negotiable instruments, stock and/or accounts

Limit any one employee or any one event

\$

## MANAGEMENT LIABILITY

Covers Required

Directors and Officers

Yes  No

Limit

\$

Statutory Liability

Yes  No

Limit

\$

Employment Practices

Yes  No

Limit

\$

Company Expenses

Yes  No

Limit

\$

Total Number of Permanent Staff

Total Number of Casuals, Temporary or other staff

Annual Gross Turnover

\$

Company Type (eg private company, partnership, sole trader, non profit, public company)

How long have you been in operation

MANAGEMENT LIABILITY (Cont'd)

Do you require cover for insolvency? Yes  No

Without review or approval from at least one other person, can one individual sign cheques, issue electronic funds transfer, prepare cheque requisitions, handle bank deposits, reconcile bank statements or refund monies? Yes  No

Has the company been subject to any formal investigations or audits by any regulatory/governmental body? Yes  No

Does the company have Occupational Health & Safety procedures in place? Yes  No

Has the company ever sustained any loss through the fraud or dishonesty of any employee or director? Yes  No

Has the company had any employment practices issues in the last 5 years? Yes  No

Has any director or officer of the company ever had proceedings (civil or criminal) instigated against them alleging misconduct or breaches of the law in their capacity as a director or officer of a company? Yes  No

Are any of the directors or employees aware of: Yes  No

A) any facts which might give rise to a claim being made against the company or its directors or employees which may be covered under this policy section if it commences. Yes  No

B) any facts which would cause a reasonable person to think that the company might suffer a direct financial loss as a result of fraud or dishonesty committed by a staff member Yes  No

Does the company conduct business activities in the following countries -- Belarus, Burma (Myanmar), Cote d'Ivoire, Cuba, The Democratic Republic of the Congo, Iran, Iraq, Liberia, North Korea, Sudan, Syria or Zimbabwe? Yes  No

If yes to any of the above questions please provide full details



Please confirm breakdown of turnover by state in %

NSW %      ACT %      VIC %      QLD %

SA %      TAS %      WA %      NT %

PREVIOUS INSURANCE

Current Insurer  Policy Number

Number of Claim Free Years  Current Excess

Due Date

QUESTIONNAIRE

Have You alone, in partnership, jointly with any other party or, if a corporation, jointly with any of its directors:

In the last five (5) years had any insurer decline any claim or proposal, cancel or refuse to renew a policy, or increase the premium or impose special conditions? Yes  No

Have any applicants suffered any losses, or had any claims made against them, within the last 5 years whether claimed for or not? Yes  No

in the last (10) years been convicted of or had any fines or penalties imposed for any crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property? Yes  No

in the last five (5) years ever been placed in receivership or liquidation or declared bankrupt? Yes  No

Are there any exceptional circumstances relating to the risk to be insured that you have not already told us about, and that you know or should know may affect our decision to insure you? Yes  No

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE SUPPLY FULL DETAILS, DATE, CIRCUMSTANCES, AMOUNTS, ETC (If insufficient space, please provide additional details on a separate page)

SIGNATURE & DECLARATION

I/We declare that

The information in this application is true and correct and I/We have not withheld any relevant information.

I/We understand that any statement made in this application will be treated as a statement made by all of the people insured.

Signature of Applicant

Date

Signature of Applicant

Date