

Business Insurance Application

Office Use Only	Core Customer Segment:		Account Number:		Policy Number:	
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Important Notices

Duty of Disclosure

Before you enter into a contract of insurance with Ansvar Insurance Limited, you have a legal duty under the Insurance Contracts Act 1984 to disclose to us every matter you know is relevant to our decision whether to accept this application for insurance and if so, on what terms. You have the same legal duty to tell us about all relevant matters before you renew, extend, vary or reinstate your insurance contract.

Your duty does not require you to tell us about matters:

- that diminish the risk;
- that are common knowledge;
- that we know or in the ordinary course of business as an insurer ought to know;
- where compliance with the duty of disclosure is waived by us.

If you do not tell us all relevant matters, we can reduce our liability for any claim or cancel this policy. If your non-disclosure is fraudulent, we can avoid the policy from the beginning.

Privacy

Personal information supplied by you in this application and otherwise is for the primary purpose of evaluating and administering the proposed insurance cover. You are entitled to access this personal information. If you do not provide all the information requested by us, this may affect the insurance cover with us by reason of the operation of the Insurance Contracts Act 1984. It may also be necessary for us to disclose personal information to other parties including agents, reinsurers, claims consultants, mailing houses and market research. Any such disclosure will be in accordance with the Privacy Act.

How we can be contacted

The registered office of Ansvar Insurance is Level 18, 303 Collins Street, Melbourne, Victoria.

You can contact us by:

- calling in person at any Ansvar Insurance office
- telephoning 1300 650 540
- facsimile on 03 9614 1545
- writing to any office of Ansvar Insurance
- email to insure@ansvar.com.au

How to fill out this application

All questions must be answered in relation to the business entity to be insured and all its subsidiary and controlled entities (if any). Please tick the box in front of the correct answer and / or write the information requested in the space provided.

If there is inadequate space to answer any questions or to describe any matter you need to disclose to us, please provide this information on a separate signed sheet of paper or attach the relevant document to this application.

Applicant(s) information (This section must be completed)	
Name of Business entity to be insured:	ABN / ACN / ARBN:
Date business entity first commenced operations: / /	
Authorised contact person:	
Business telephone: ()	Business fax: ()
Mobile:	Email:
Postal address:	

Period of insurance
From / / to / / at 4:00 p.m.

Business to be insured
Description of business:

Location of properties to be insured	
Building 1:	Postcode:
Building 2:	Postcode:
Building 3:	Postcode:
Building 4:	Postcode:

Building description and construction									
Details	Building 1		Building 2		Building 3		Building 4		
Construction of:									
Internal / external walls	/		/		/		/		
Floors									
Roof									
Building age									
Number of storeys									
Building occupied as									
Do you occupy building?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Occupations of adjoining tenants?									
Burglary protection?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Fire protection?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	
If yes to Burglary and / or Fire above, please provide details:									

Section 10 – Fire

This section includes these additional perils:

Explosion, storm and tempest, aircraft, riots, strikes and malicious damage, bursting or overflowing of water tanks / apparatus or pipes, impact by motor vehicles, earthquake, and rainwater.

Other interested parties (e.g. bank, finance company)

Building 1:

Name:	Address:	Postcode:	Telephone: ()
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Building 2:

Name:	Address:	Postcode:	Telephone: ()
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Building 3:

Name:	Address:	Postcode:	Telephone: ()
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Building 4:

Name:	Address:	Postcode:	Telephone: ()
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Note: As the 80% Conditions of Average applies to this section of the policy, the sum insured should be for full value of the property.

Proposed Property	Building 1	Building 2	Building 3	Building 4
Buildings including landlords fixtures and fittings	\$	\$	\$	\$
Stock in trade	\$	\$	\$	\$
Plant machinery and equipment	\$	\$	\$	\$
Office contents	\$	\$	\$	\$
Customer goods not otherwise insured	\$	\$	\$	\$
Removal of debris	\$	\$	\$	\$
Loss of rent – number of weeks ()	\$	\$	\$	\$
Fusion of electrical motors	\$	\$	\$	\$
Total	\$	\$	\$	\$
Excess you will carry:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> other \$

Accidental damage

Do you wish to extend your policy to include accidental damage to a limit of \$10,000?
(An additional premium may apply).

yes no

Section 20 – Business Interruption (Consequential loss arising from fire)

Gross profit and standing charges				\$
Wages				\$
Additional rent (office and professional only)				\$
Accountants fees (for preparation of the claim)				\$
Total				\$
Indemnity period:	<input type="checkbox"/> 6 months	<input type="checkbox"/> 9 months	<input type="checkbox"/> 12 months	<input type="checkbox"/> other
Excess you will carry:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> other \$

Section 21 – Glass

This section includes the cost of removing frames and fittings, the cost of temporary shuttering and security, destruction of stock (all to a limit of \$1,000 per additional benefit)

Cover is required for \$ _____ any one year **or** Cover is required for replacement value

Do you require cover for advertising?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
If yes, what is the amount?	\$			
Excess you will carry:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> other \$

Section 22 – Fidelity Guarantee

Sum insured – cover required to a maximum limit of:	\$
Total assets	\$
Total sales / revenues	\$
Audit	
a) Are the books audited by an Independent Registered Company Auditor?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, by whom?	How often?
b) If an Independent Auditor is not required, who does audit the books?	
c) Are internal audits performed in addition to / or in place of outside audits? If yes, how often?	<input type="checkbox"/> yes <input type="checkbox"/> no
Bank account control	
a) Do the employees who reconcile the monthly bank statements:	
i. sign cheques?	<input type="checkbox"/> yes <input type="checkbox"/> no
ii. handle deposits?	<input type="checkbox"/> yes <input type="checkbox"/> no
b) Do your cheques require a counter signature?	<input type="checkbox"/> yes <input type="checkbox"/> no
Total of all employees	
Number of employees who handle money and / or securities:	
Excess you will carry:	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> other \$

Section 27 – Money

Cover required				Sum insured
Money in transit – to and from premises	<input type="checkbox"/> yes	<input type="checkbox"/> no		\$
Money on premises during normal business hours	<input type="checkbox"/> yes	<input type="checkbox"/> no		\$
Money on premises outside normal business hours	<input type="checkbox"/> yes	<input type="checkbox"/> no		\$
Money in a locked safe or storeroom	<input type="checkbox"/> yes	<input type="checkbox"/> no		\$
Money in authorised personal custody	<input type="checkbox"/> yes	<input type="checkbox"/> no		\$
Loss or damage to safes / strongrooms	<input type="checkbox"/> yes	<input type="checkbox"/> no		\$
Total				\$
Excess you will carry:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> other \$

Section 50 – General Property (Loss or accidental damage)

Specified Items anywhere in Australia	Sum insured
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$
At the situation of risk – maximum any one loss	\$
Excess you will carry:	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> other \$

Section 53 – Machinery Breakdown (Blanket cover for machinery below 4 H.P./3K.W.)

Indicate the total number of items at the situation in 'Machine Items to be counted' that relate to your business. State 'NIL' if none present and disregard all other machine types not listed below.

Machine items to be counted	Number	Machine items to be counted	Number
Refrigeration units up to 4hp / 3kW		Clothes washing machines	
Air conditioning units up to 4hp / 3kW		Glass washers	
Electronic cash registers		Ice machines	
Microwave ovens		Clothes dryers and extractors	
Roof mounted evaporative air coolers		Electronic scales	
Dishwashers		Cooking area exhaust canopies	
Total		Total	

Give details of any refrigerated goods, other than those proposed for insurance, located at the situation.		
Does a person responsible for cold storage of the goods reside at the situation?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Who will repair the refrigeration machinery in the event of damage?		
How far will repair personnel have to travel to reach the situation?		
Does each cold storage compartment have an audible alarm to operate if the cold storage refrigeration units fail?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have there been any stock deteriorations or deterioration insurance claims in the past five years? If yes, please provide details.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have there been any failures of the public or your own electricity supply which affected goods in cold storage in the past five years? If yes, please provide details.	<input type="checkbox"/> yes	<input type="checkbox"/> no

Section 54 – Electronic Equipment

Specification of equipment to be insured:

Item number	Description	Make and model	Date of initial commissioning	Application	Sum insured*
					\$
					\$
					\$
					\$
					\$
Total					\$
Excess you will carry:		<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> other \$

If space is insufficient, please attach list.

*Must be the present new replacement value including freight, customs duty and installation charges.

Describe the construction and security measures of the building containing the equipment.
Describe the fire protection and extinguishing facilities in the vicinity of the equipment.
Give details and precautions to be taken for any equipment subject to any unusual hazards created by vibration, water, flood, explosion, pollutants, proximity to heavy traffic, subsidence or any other adverse exposures.

State the item numbers, territorial limit, method and frequency of transportation of any equipment likely to be moved from the situation:

List the item numbers of any equipment which cannot be repaired by a local service technician:

State nearest city (or country) in which repairs could be effected or from which a repair technician must be sent:

You are not required to have your equipment covered under a maintenance agreement. However, a premium reduction may apply if you do have a suitable agreement. For this purpose, please indicate if there are any agreements covering the equipment for:

- maintenance (remedial, including breakdown repair)
- maintenance (preventative service only excluding repair of breakdown)
- guarantee
- lease
- other – specify type

A complete copy of the relevant agreement(s) must be submitted with this proposal if consideration of a premium reduction is required.

Scope of insurance cover required:
 The Electronic Equipment insurance policy (Section 1) provides a wide cover. The normal cover combinations are set out below. Please indicate your preference:

- fire, extraneous perils, theft, malicious and accidental damage, mechanical, electronic and electrical breakdown; or
- fire, extraneous perils, theft, malicious and accidental damage (breakdown is completely excluded); or
- other special cover variations can often be provided. Please specify any additional requirements which you would like to have considered for inclusion.

Section 70 – Burglary (Consequent upon actual forcible and violent entry)				
Proposed property	Building 1	Building 2	Building 3	Building 4
Stock in trade	\$	\$	\$	\$
Tobacco and cigarettes	\$	\$	\$	\$
Plant machinery and equipment	\$	\$	\$	\$
Computer equipment	\$	\$	\$	\$
Fixtures and fittings	\$	\$	\$	\$
All other contents	\$	\$	\$	\$
Total	\$	\$	\$	\$
Excess you will carry:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> other \$

Section 80 – Public Liability

Premises are:	<input type="checkbox"/> owned	<input type="checkbox"/> owned and occupied	<input type="checkbox"/> occupied only	
Number of partners in your business:				
Number of employees:				
Estimate of annual wages:	\$			
Annual turnover:	\$			
Sum insured required:	<input type="checkbox"/> \$5million	<input type="checkbox"/> \$10million	<input type="checkbox"/> \$15million	
	<input type="checkbox"/> \$20million	<input type="checkbox"/> other \$		
Excess you will carry:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> other \$
Is cover required for property in your physical and legal control?			<input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, please indicate limit required:	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	

Products Liability

Is cover required?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, please provide a description of all goods sold / manufactured		

Previous history

Have you or your partner(s) ever:			
▪ had any insurance cancelled, renewal refused, or special conditions imposed?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
▪ been charged with any criminal offence during the past 5 years?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
▪ suffered any losses or made a claim on any insurance company in relation to the risk proposed?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
If you answered 'yes' to any of the questions above, please provide the following:			
Year	Details	Cost	Insurer
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	



Additional information (if any)		
Is there any other information which you think may affect your insurance or which we should be advised of? (See your 'Duty of Disclosure'). If yes, please provide details on a separate page and attach to this application.	<input type="checkbox"/> yes	<input type="checkbox"/> no

Declaration (This section must be completed)

I / we declare that the answers given and statements made are to the best of my / our knowledge, true and correct and that I / we have not withheld any information likely to affect the acceptance of this application or the terms on which it is accepted.

I / we also consent to the use of information supplied in this application to Ansvar Insurance Limited for both the principal purpose of assessing this application for insurance cover and the secondary purpose of disseminating to the business entity information, notices and details regarding this insurance policy, or other products and services distributed or offered by Ansvar Insurance Limited.

Please tick the box if you do not wish to receive any marketing material from us.

Signed: Date: / /

Position:

Payment options – You may pay your premium by one of the following options:												
a.	<input type="checkbox"/> Cash	\$										
b.	<input type="checkbox"/> Cheque	\$										
c.	<input type="checkbox"/> Credit Card	\$										
Card type		Visa	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>							
Card number												Expiry date:
												/
Name of cardholder												
d.	<input type="checkbox"/> Monthly instalments by direct debit. Please complete a direct debit request agreement. Your intermediary or local Ansvar Insurance office will provide details. An additional drawing fee applies.											