

Heritage Insurance Proposal



ansvar.
insurance

integrity and responsibility

Heritage Insurance Proposal



Office Use Only

Intermediary name

Account number

Policy number

Occupation code

Important notices

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 us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matters:

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

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract of insurance in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

Please ensure you have read the Heritage insurance product disclosure statement and policy wording and the important notices in this application to assist your understanding. If you require any assistance, please contact your insurance intermediary or your local Ansvar Insurance office.

Waiver of rights

The policy has a provision that limits or reduces our liability if you agree not to sue any liable party, or if you enter into any arrangement or compromise with such party, or waive or prejudice our rights of recovery as a result of any claim which would normally be covered under the policy.

Code of Practice and Privacy Act

As a signatory to the General Insurance Code of Practice we are committed to raising standards of service to our customers. This voluntary code sets out the minimum standards we will uphold in the services we provide to you.

The Privacy Act sets out how we are to collect, use, disclose and protect your personal information. It also describes the circumstances for you to access and, if necessary, correct your personal information.

You may access your personal information by contacting any of our offices. The information we collect is used to assist us to provide you with our general insurance products and to manage our relationship with you.

At times we rely on third party suppliers (agents, legal advisers, other insurance companies, assessors, investigators, loss adjusters, market research and mail houses) to perform specialised activities for us. Your personal information may be provided to them so that they can carry out their agreed activities.

They are bound by confidentiality and non-disclosure agreements and are prohibited from using the information for any other purpose. These service providers are aware of their obligations under the Privacy Act and the General Insurance Code of Practice.

If you do not wish to provide us with your personal information, we will not be able to supply our products to you.

How we can be contacted

The registered office of Ansvar Insurance Limited is Level 5, 1 Southbank Boulevard, Southbank, Victoria 3006.

You can contact us by:

- visiting us 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 complete this proposal

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 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. Make sure all questions are answered and the form is signed.

1. Policyholder details *This section must be completed*

Name of organisation to be insured	ABN/ACN/ARNM (one only)	Date your organisation first commenced operations
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Authorised contact person	Telephone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mobile	Email	Website
<input type="text"/>	<input type="text"/>	<input type="text"/>

Trading/former names of organisation (if any)

Postal address

Please advise the locations of properties where your organisation operates

Please describe the business activities of all entities to be insured by this policy

2. Period of insurance This section must be completed

	Commencement date	Expiry date	
Required date of policy:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	at4pm

3. General information This section must be completed

Has the organisation or its officers ever been charged and/or convicted of a criminal offence? Yes No

Has the organisation or its officers ever been declared bankrupt? Yes No

Has the organisation or its officers ever become insolvent or placed into liquidation or receivership? Yes No

If you have answered yes to any of the above questions, please provide details below

<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"/>

4. Previous insurance held by you This section must be completed

Has your organisation held insurance in the last 5 years? Yes No

If yes, name of previous insurer/s	Expiry date
<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"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Have you ever had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by any insurer? If yes please provide details below

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

5. Past insurance claims you have made This section must be completed

In the last 5 years have you ever claimed under a policy of insurance or is there now any claim pending against you or any other director/official of the entity applying for this insurance? If yes please provide details Yes No

Insurer	Date of incident	Description of loss/circumstance	Amount paid/outstanding
<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"/>	<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"/>

6. Details of the organisations premises This section must be completed

If you have more than two buildings at the one location or you have more than two locations, please complete additional applications

Address of the locations

Location one

Postcode

Location two

Postcode

Number of buildings at the location

a. Do you use the building for purposes other than noted above?

Location one

Yes No

Location two

Yes No

If yes, then please provide full details

For what purpose is the building occupied:

i. by you?

ii. by other parties?

b. What year was the building constructed?

c. If the building is over 50 years, has it been rewired?

Yes No

Yes No

If yes, what date was it last rewired?

 / /
 / /

d. If the building is over 50 years, has it been replumbed?

Yes No

Yes No

If yes, what date was it last replumbed?

 / /
 / /

e. Construction of exterior walls

Concrete

Concrete

Timber

Timber

Brick

Brick

Other

Other

f. Construction materials of roof

Iron

Iron

Timber

Timber

Slate

Slate

Tiles

Tiles

Other

Other

g. Construction materials of floors

Concrete

Concrete

Timber

Timber

Other

Other

h. Are you aware of any asbestos material forming part of the buildings?

Yes No

Yes No

If yes, describe the type of material, quantity and your remedial plans

i. Describe the condition of the building/s

Good

Good

Fair

Fair

Poor

Poor

	Location one	Location two
j. Are all your premises, plant and machinery in good repair and are all statutory requirements complied with? If no, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
k. Are any of your buildings at this location Heritage listed? If yes, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
l. Have any of your buildings at this location been professionally valued in the last 3 years? If yes, please provide a copy of the valuation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
m. Number of storeys (including ground)	<input type="text"/>	<input type="text"/>
n. Is the building connected to town water? If no, please advise details of water supply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
o. How are the premises protected against fire?		
i. Fire sprinkler system	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Smoke or heat detection equipment connected to the fire brigade	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. Hose reels to cover whole floor area	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv. Portable fire extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to iv, please advise		
Number	<input type="text"/>	<input type="text"/>
Type	<input type="text"/>	<input type="text"/>
p. Do you have a commercial kitchen in your premises? If yes, detail the type of cooking equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Do you have a deep fryer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the deep fryer have an automatic cut-off switch?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the kitchen contain cooking hoods, filters and ducted exhaust system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the hoods, filters and ducting cleaned by a service contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the cleaning interval?	<input type="text"/> months	<input type="text"/> months
q. How are the premises protected against burglary?		
Doors	<input type="text"/>	<input type="text"/>
Windows	<input type="text"/>	<input type="text"/>
Lighting	<input type="text"/>	<input type="text"/>
i. Does the premises have an alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is it monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is the security company?	<input type="text"/>	<input type="text"/>
r. Are you aware of any particular thing which would increase the cost of repairing/delay the repair to your premises if it happened to be damaged? If yes, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>

Policy Coverage

Section 1. Material damage

Do you require cover on your Buildings and Contents? Yes No

Declared values for insured property	Location one	Location two
	Replacement value	Replacement value
Buildings including fixtures and fittings	\$	\$
General contents	\$	\$
Electrical equipment	\$	\$
Otherspecifiedcontents(pleaseattachadetaileddlistofallspecifiedcontents)	\$	\$
Combined total	\$	\$

Sub limits

	Standard policy sub limit	Alternative policy sub limit required (subject to approval from Ansvar Insurance)
Accidental damage	\$250,000	\$
Theft/burglary (other than money)	\$50,000	\$
Theft of property in the open air	\$10,000	\$
Money – 24 hour cover all premises, including whilst at the private residence of persons authorised by the insured	\$20,000	\$
Money (in transit)	\$20,000	\$
Statutory inquiries	\$50,000	\$
Fire extinguishment fees	\$50,000	\$
Cost of temporary protection	\$25,000	\$
Cost of replacement of locks and keys	\$15,000	\$
Cost of demolition and removal of debris	Up to 15% of the total asset value of particular situation with a minimum limit of \$ 800,000	\$
Cost of clearing drains	\$50,000	\$
Archaeological rescue costs	\$500,000	\$
Expediting expenses	\$50,000	\$
Exploratory costs of discovering or locating source of leakage of water or liquid	\$50,000	\$
Raffle prizes and donated goods	\$5,000	\$
Fusion	\$10,000	\$
Reproduction of records	\$50,000	\$
Glass breakage (not stained and leadlight)	Replacement value	Not applicable
Glass breakage (stained glass and leadlight glass)	\$20,000	\$
Damage to clothing and tools of trade of: Directors, committee members, employees and/or voluntary workers, (not otherwise insured)	Per person – \$2,000 – total for all claims \$20,000	\$
Damage to clothing and tools of trade of: visitors (not otherwise insured)	per person \$1,000 – total for all claims \$10,000	\$
Landscaping	\$100,000	\$
Works of art, antiques, curios	\$10,000	\$

	Standard policy sub limit	Alternative policy sub limit required (subject to approval from Ansvr Insurance)
Bequeathed property	\$500,000	\$
Exhibitions, festivals and events	\$50,000	\$
Extra costs of reinstatement	Up to 15% of the total asset value of particular situation with a minimum limit of \$800,000	\$
Loss of land value	\$1,000,000	\$
Damage to property in the open air to monuments, memorials and statues caused by wind, rainwater or hail	\$50,000	\$
Domestic boiler and pressure vessel explosion	\$10,000	\$

Section 2. Consequential loss

Do you require consequential loss cover? Yes No

Indemnity period required? 12 months 18 months 24 months 36 months

Gross revenue/income including Government grants, subsidies and fees

Sub limits

	Standard policy sub limit	Alternative policy sub limit required (subject to approval from Ansvr Insurance)
Claims preparation costs	\$100,000	\$
Additional increased cost of working	\$250,000	\$
Prevention of access	\$100,000	\$
Infectious disease, murder & closure of insured's premises	\$250,000	\$

Section 3. Liability Insurance

Do you require Liability insurance cover? Yes No

Annual turnover \$

Your chosen limit of liability \$5 million \$10 million \$15 million \$20 million

Do your premises have the following facilities?

Indoor/outdoor sporting courts, pools or fields. Please specify Yes No

Gymnasium/training rooms/playgrounds Yes No

Are all your facilities fully compliant with current Australian Standards and Government by-laws? If no, please provide details Yes No

Are your premises licensed to serve alcohol? Yes No

Do you operate any income generating businesses or activities e.g. gift shops, cafés, childcare? If yes, please provide details Yes No

Do you manufacture any items for sale? If yes, please provide details of items and processes Yes No

Do you operate any guided tours? If yes, please provide details Yes No

Are your premises leased or used by outside groups or the general public? If yes, please provide details Yes No

Employee and volunteer details

a. i. How many employees and/or volunteers do you have?

Professionally qualified* Unqualified

* Qualified refers to those people who hold a recognised university degree/diploma/certificate or industry equivalent.

ii. What is your annual wage role? \$

Do you sell any items which are manufactured by others? If yes, please provide details of items sold Yes No

If yes, are you the sole agent within Australia for any items sold? Yes No

What fundraising activities will your organisation be operating, running or involved with in the next 12 months? Please provide details

This policy automatically covers the following activities: fetes or similar, charitable activities, bookshops, fundraisings such as walkathons and picnics.

Have you any ongoing or temporary arrangements to employ contractors on your premises (or intend entering into a contract) as part of your business? If yes, please detail the nature and terms of the contract Yes No

Deductibles

The following are the minimum deductibles applicable for each policy section.

Increasing your deductible will reduce the premium payable:	Minimum deductible	Alternative deductible required
Earthquake	\$20,000; or 1% of the value at risk at the situation, whichever is lesser	\$ <input type="text"/>
Damage to clothing and tools of trade of: Directors, committee members, employees and/or voluntary workers, (not otherwise insured)	\$150	\$ <input type="text"/>
Damage to clothing and tools of trade of: visitors (not otherwise insured)	\$150	\$ <input type="text"/>
Premises in the vicinity (prevention of access)	48 hours	\$ <input type="text"/>
Public utilities	48 hours	\$ <input type="text"/>
Infectious disease, murder & closure of insured's premises	72 hours	\$ <input type="text"/>
Named cyclone deductible	\$5,000	\$ <input type="text"/>
All other claims or damage	\$1,000	\$ <input type="text"/>

Additional information (if any)

Is there any other information which you think may affect your insurance or which we should be advised of? Yes No
(See your 'Duty of Disclosure' on page 2). If yes, please provide details on a separate page and attach to this declaration.

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 declaration or the terms on which it is accepted.

I/we acknowledge that I/we have received a copy of the Ansvar Insurance PDS and policy setting out the terms and conditions which apply to this insurance. I am/we are aware that I/we have twenty-one days to read the policy and if I am/we are not satisfied with the conditions I/we can cancel this insurance in writing and receive a full refund of any premium paid.

Applicant(s) signature

Signed

Position

Date

Completion of this form does not provide insurance until a Cover Note or Certificate of Insurance has been issued.

Notes

AD Level 5, 1 Southbank Boulevard,
Southbank VIC 3006

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