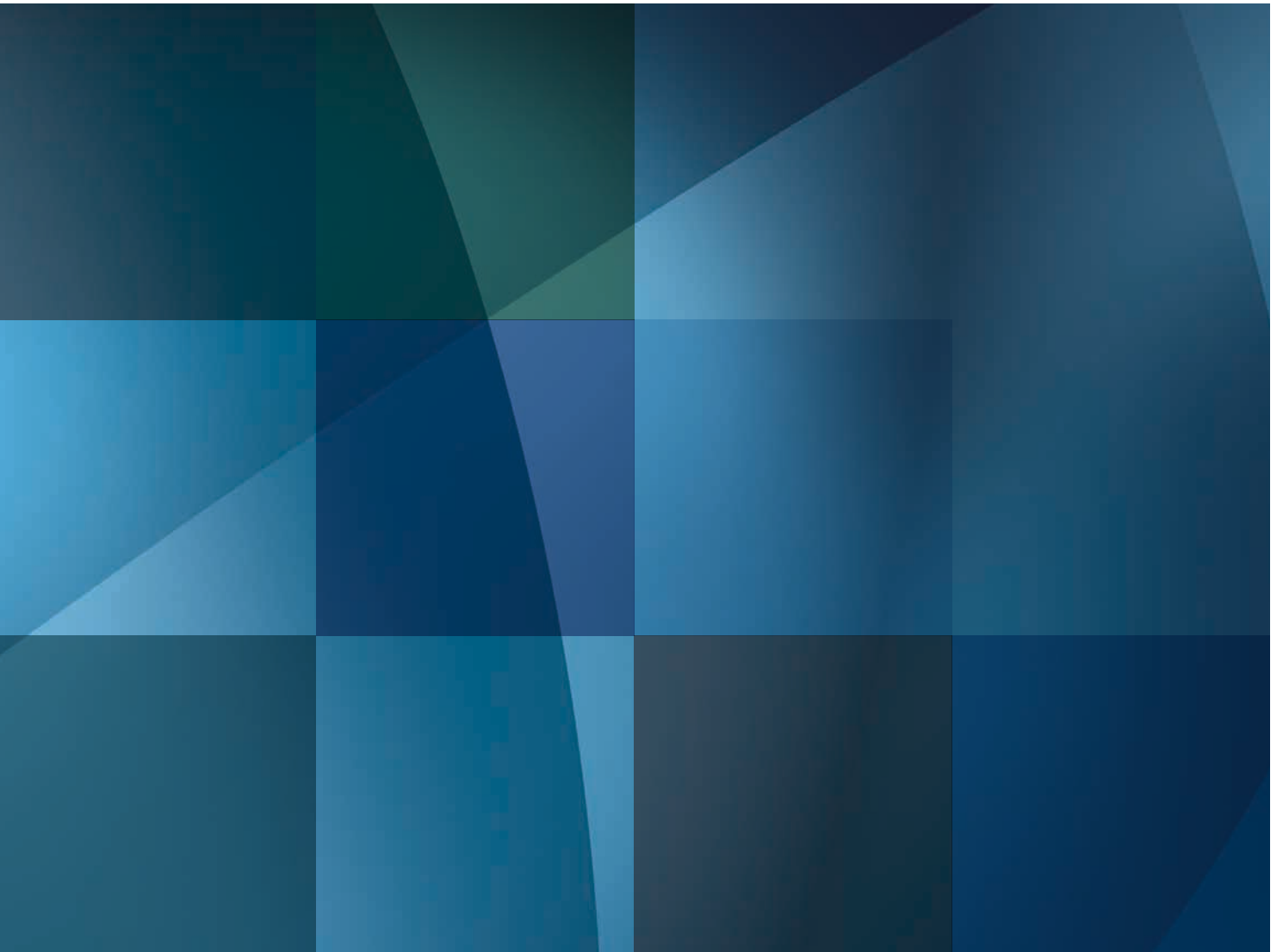




Protecting and supporting your community



Commercial Property Owners Insurance

Proposal Form

Office Use Only

Intermediary name	Account number	Policy number

Important notices

Your duty of disclosure

Before you enter into a contract of general insurance with Ansvar Insurance Limited ('Ansvar' or 'us' or 'we'), 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 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 any matter:

- that diminishes the risk to be undertaken by us; or
- that is of common knowledge; or
- 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.

Your duty of disclosure continues after this proposal form has been completed up until the contract of insurance is entered into.

Non Disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy 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.

Change to circumstances

You should advise Ansvar as soon as practicable of any material change to the organisation insured and any of its subsidiaries and controlled entities as disclosed in this proposal form.

Waiver of rights

If you have agreed not to seek compensation from another person who is liable to compensate you for any loss, damage or liability which would have been covered by this policy, we will not cover you under this policy for that loss, damage or liability other than to the extent provided under any Section of this policy or agreed by us in writing.

Privacy Statement

Ansvar places the highest priority on providing prompt, efficient and friendly service including the protection of your privacy.

We collect your personal information to provide you with general insurance products. The information we collect is used to assist us to provide you with our general insurance products, to manage our relationship with you and to assess and process claims. We will not be able to supply you our policy if you do not provide us with your personal information. The information is generally collected from you when you are applying for or enquiring about our insurance products or when making a claim.

At times we rely on third party suppliers (agents, lawyers, other insurance companies, assessors, investigators, loss adjusters, market research and mailing 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. We are unlikely to provide your personal information to overseas recipients.

Our Privacy Policy includes further information about how we handle your personal information including how you can access and correct your information or make a privacy related complaint. For more information please visit our website: www.ansvar.com.au/privacy/ or you can contact one of our offices.

Code of Practice

As a signatory to the General Insurance Code of Practice (the "Code"), 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. You can obtain more information on the Code and how it assists you by contacting us.

Contact us

The registered office of Ansvar is Level 5, 1 Southbank Boulevard, Southbank, Melbourne, Victoria.

Our contact details are:

Ansvar Insurance Limited

Phone: 1300 650 540

Post: GPO Box 1655, Melbourne, Victoria 3001

Email: insure@ansvar.com.au

Website: www.ansvar.com.au

ABN 21 007 216 506 AFSL 237826

Complaints and disputes

If you are not satisfied with the service provided by Ansvar please contact the employee with whom you have had contact to see if he or she can resolve the problem.

If your complaint cannot be resolved you can request that the matter be referred to the Secretary of the Ansvar Internal Dispute Resolution (IDR) process at insure@ansvar.com.au. Alternatively, you can write to The Secretary, Internal Dispute Resolution Committee, Ansvar Insurance, GPO Box 1655, Melbourne, Victoria 3001.

We will attempt to resolve the matter in accordance with our IDR procedures.

If our IDR process is unable to resolve your dispute and you wish to take the matter further you can lodge a claim with the Australian Financial Complaints Authority (AFCA). AFCA is an independent service to deal with complaints from consumers and small business about financial services and products. If we are unable to resolve your complaint, you may seek advice from AFCA.

Contact the Australian Financial Complaints Authority

Website: www.afca.org.au

Phone: 1800 931 678

Email: info@afca.org.au

Post: GPO Box 3, Melbourne, Victoria 3001

How to fill out this proposal form

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

If you require more 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(s) to this proposal.

It is critical that you refer to the Product Disclosure Statement for full terms and conditions of the policy.

Please ensure this form is signed and dated by an authorised person.

Proposal Form

Please select the Sections of cover you require:

Part A: Property and Income Protection

Property Protection Section	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Breakdown of Mechanical and Electronic Equipment Section				
Cover A – Breakdown of Mechanical Equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Cover B – Breakdown of Electronic Equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Money Section	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Theft Section	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Income Protection Section	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Part B: General Liability

General Public and Products Liability Section	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Part C: Tax Audit

Tax Audit Section	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Policyholder details

This section must be completed.

Name of organisation to be insured (include any subsidiaries)

Trading Name (s) past and present (if applicable)

ABN / ACN / ARBN

Date your organisation first commenced operations

Postal Address

State

Postcode

Do you have a current stamp duty exemption for general insurance?

☐ Yes

☐ No

If yes, which State(s) or Territory does it apply for?

Exemption certificate date?

A copy of your exemption certificate must be provided with this proposal form, otherwise Stamp Duty will be applied to your premium.

Are you registered for GST?

☐ Yes

☐ No

If yes, what is your ITC percentage?

Authorised contact person

Position

Telephone

Mobile

Email

Website

Period of insurance

This section must be completed.

Required period of insurance

Commencement
date:

Date:

Expiry date:

Date:

Information about your organisation

Organisational structure

This section must be completed.

How is your organisation structured?

<input type="checkbox"/> Company limited by guarantee	<input type="checkbox"/> Cooperative / Mutual	<input type="checkbox"/> Incorporated association	<input type="checkbox"/> Partnership
<input type="checkbox"/> Private company	<input type="checkbox"/> Privately held company	<input type="checkbox"/> Public company (ASX listed)	<input type="checkbox"/> Public company (not listed)
<input type="checkbox"/> Unincorporated association	<input type="checkbox"/> Other (please specify)		

The following questions must be completed if Part B: General Liability is required.

Is your organisation a subsidiary of another entity? ☐ Yes ☐ No

If yes, please provide the name of the ultimate holding organisation, its country of incorporation and its website:

Activities

This section must be completed.

Please provide a full description of the business activities of all entities to be insured by this policy:

Has there been any change in the nature of your business activities and those of your subsidiaries in the last 3 years? ☐ Yes ☐ No

If yes, please provide details:

Do you anticipate any major change in the nature of your business activities and those of your subsidiaries in the next 12 months? ☐ Yes ☐ No

If yes, please provide details:

Locations

This section must be completed.

Please advise the locations from which you operate:

Address	Postcode	State	Owned by you?		Occupied by you?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Risk management

This section only needs to be completed if Part B: General Liability is required.

Are you required to be licensed, registered or accredited?

☐ Yes ☐ No

If yes, do you have such licence, registration or accreditation?

☐ Yes ☐ No

Expiry date

Is there any matter currently pending which may impact on your licence, registration or accreditation, or cause them to be suspended or withdrawn? If yes, please provide details

☐ Yes ☐ No

Do you follow a documented risk management system which includes regular analysis, evaluation and prevention of risks associated with your business including the use of incident report procedures? *Ansvar may request evidence of your risk management policy.*

☐ Yes ☐ No

Is management actively involved in the risk management of your organisation?

☐ Yes ☐ No

Do you have an audit or compliance committee in place?

☐ Yes ☐ No

Do you have an OH&S or WorkSafe committee in place?

☐ Yes ☐ No

Do you ensure all Government regulations are closely abided with and have a dedicated person to implement and monitor?

☐ Yes ☐ No

Are all your premises, plant and machinery in good repair and are all statutory requirements complied with?

☐ Yes ☐ No

If no to any of the above, please provide full details:

If you engage any subcontractors / contractors / labour hire personnel to perform business-related activities on your behalf:

What is the estimated annual payment to subcontractors / contractors / labour hire personnel?

Do you ensure all subcontractors / contractors / labour hire personnel have their own Public Liability insurance?

☐ Yes ☐ No

People

This section only needs to be completed if Part B: General Liability is required.

Number of employees / other persons engaged in the organisation in Australia	This year	Last year
Directors / Partners / Supervisory / Management:		
Full-time employees (administration only):		
Full-time employees (some manual work):		
Part-time / Casual employees:		
Contract workers / temporary employees:		

Financials

This section only needs to be completed if Part B: General Liability is required.

Please provide a copy of your latest 2 annual reports, financial accounts, rules and procedures, codes of conduct or other documentation which may assist us to gain a complete appreciation of the nature of your organisation.

If your organisation is commencing operations now, please provide a copy of your budgeted financials.

Particulars	Last Financial Year	Previous Financial Year
Current assets		
Current liabilities		
Total assets		
Total liabilities		
Intangibles:		
Total income/turnover (including grants, subsidies, fees):		
Net profit (loss) after tax:		

Estimated total income/turnover (including grants, subsidies, fees, donations) for the next 12 months

Turnover % split per state

ACT %	NSW %	VIC %	QLD %	SA %	WA %	TAS%	NT %	Overseas %

For any overseas turnover please advise countries:

History

Previous Insurance

This section must be completed.

The questions relate to all Sections of cover being requested under this proposal for insurance.

Are you currently insured? If yes, name of previous insurer(s):

☐ Yes ☐ No

Expiry date:

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:

☐ Yes ☐ No

During the last five years, have you claimed under a policy of insurance that this insurance is proposed to replace? If yes, please provide details:

☐ Yes ☐ No

Is there now any claim pending or are you aware of any circumstances that may give rise to a claim against you or any other director or officer of the entity applying for this insurance? If yes, please provide details:

☐ Yes ☐ No

Insurer	Date of incident	Description of loss/circumstances	Amount paid/outstanding

Organisation History

This section must be completed.

The following questions relate to all Sections of cover being requested under this proposal for insurance.

Has your organisation or any of its directors / officers / executive managers / trustees:

a. ever been convicted of a criminal offence?

☐ Yes ☐ No

b. ever been declared bankrupt?

☐ Yes ☐ No

c. ever become insolvent or placed into liquidation or receivership?

☐ Yes ☐ No

Part A: Property and Income Protection

Only complete this section if Property and Income Protection is required.

Location information

Please advise the locations for which you require buildings and/or contents cover:

Location one	Address	State	Postcode
Location two	Address	State	Postcode

If you have more than two locations, please provide details on a separate page.

	Location one	Location two
Is the building:		
Owned by you		
Occupied by you		
Describe the activities at the location:		
What year was the building constructed?		
When was the building last rewired?		
Construction of exterior walls:		
Timber		
Brick Veneer		
Reinforced Concrete		
Reinforced Masonry		
Unreinforced Masonry		
Steel / Iron		
Unknown		
Are you aware of any asbestos at the location?	Yes No	Yes No
If yes, describe the type of material, quantity and your remedial plans:		
What is the condition of the buildings?		
Good		
Fair		
Poor		
Number of storeys (including ground)		
Does the building have a basement?	Yes No	Yes No
Fire Protection:		
Fire Extinguishers		
Hose Reels		
Sprinkler System – single water supply		
Sprinkler System – dual water supply		
Security:		
Back to base monitored alarm		
Local alarm		
Deadlocks and key locks to all external exits		
Deadlocks only		

Policy Coverage

Property Protection Section

Only complete this section if Property Protection Section is required.

	Location one	Location two
	Replacement Value	Replacement Value
Declared values for insured property		
Buildings including fixtures and fittings:		
General contents and property you are responsible for:		
Stock:		
Other specified contents (please attach a separate list of specified items):		
Extra Costs of Reinstatement (costs to comply with Acts of Parliament or other regulatory bodies)		
Limited to 20% of the building replacement value		
Removal of Debris		
Limited to the lesser of \$500,000 and 20% of the total declared values or amount nominated		

The following extensions have standard limits that apply, unless a higher amount is nominated by you and agreed by us. If higher limits are required, please nominate required limits below.

Extension	Standard Limit	Location one	Location two
		Required limit	Required limit
Collections, trophies, curios, works of art, pictures, antiques (at your location)	\$5,000 per item, set or collection		
Playing surfaces	\$50,000 per event		
Damage to external fixtures and fittings including landscaping	\$25,000 per event		
Frozen or refrigerated goods	\$10,000 per event		
Glass breakage:			
Frames and signs	\$10,000 per event		
Temporary Shuttering and Signwriting	\$10,000 per event		
Contents	\$10,000 per event		
Property in the open air	\$25,000 per event		
Rewriting or reconstruction of records	\$50,000 per event		
Works of art, pictures, curios and antiques (away from your location)	\$5,000 per item, set or collection \$50,000 per event		

Breakdown of Mechanical and Electronic Equipment Section

Cover A – Breakdown of Mechanical Equipment

Only complete this section if Breakdown of Mechanical Equipment Section is required.

If different limits are required at each location, please specify below. Otherwise the limits entered for Location one will apply to each location.

Extension	Standard Limit	Location one	Location two
		Required limit per item	Required limit per item
Mechanical equipment	\$5,000 per item		

If you have any mechanical equipment with a replacement value exceeding \$5,000, please list below:

Item	Replacement Value	Location one		Location two	
		<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
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Optional Extension	Location one		Location two	
Do you require cover for deterioration of refrigerated goods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Standard limit	Required limit		Required limit	
\$10,000 per event				

Cover B – Breakdown of Electronic Equipment

Only complete this section if Breakdown of Electronic Equipment Section is required.

If different limits are required at each location, please specify below. Otherwise the limits entered for Location one will apply to each location.

Cover	Standard Limit	Location one	Location two
		Required limit per item	Required limit per item
Electronic equipment	\$5,000 per item		

If you have any electronic equipment with a replacement value exceeding \$5,000, please list below:

Item	Replacement Value	Location one		Location two	
		<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
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Optional Extension	Location one		Location two	
Do you require cover for data media material and records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Standard limit	Required limit		Required limit	
\$5,000 per event				
Do you require cover for increase in cost of working?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Standard limit	Required limit		Required limit	
\$5,000 per event				

Indemnity period: ☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months

Money Section

Only complete this section if Money Section is required.

If different limits are required at each location please specify below, otherwise the limits entered for Location one will apply to each location.

	Location one	Location two
Limit required for Money:		

The following standard limits apply, unless a higher amount is nominated by you and agreed by us. If higher limits are required, please nominate required limits below.

	Standard Limit	Location one	Location two
		Required limit per item	Required limit per item
Money in your buildings but not contained within a locked safe outside business hours:	\$5,000		

Theft Section

Only complete this section if Theft Section is required.

If different limits are required at each location please specify below, otherwise the limits entered for Location one will apply to each location.

	Location one	Location two
Limit required for Theft		

The following standard limits apply, unless a higher amount is nominated by you and agreed by us. If higher limits are required, please nominate required limits below.

Further Extension	Standard Limit	Location one	Location two
		Required limit	Required limit
Musical instruments, other portable audio, video or sound equipment, and sporting equipment	\$1,000 per item		
	\$5,000 per event		

Income Protection Section

Only complete this section if Income Protection Section is required.

If different limits are required at each location please specify below, otherwise the limits entered for Location one will apply to each location.

	Location one	Location two
Gross income including all money paid or payable to you:		

Indemnity period: ☐ 12 months ☐ 18 months ☐ 24 months ☐ Other

Optional Extensions		Location one	Location two
	Required?	Sum Insured	Sum Insured
Additional increase in cost of working:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional severance pay:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional accounting and other professional costs (Claims preparation costs):	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fines and penalties:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Book debts:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Specified suppliers:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If Optional Extension Specified Suppliers is required, please specify the suppliers below:

Part B: General Liability

Only complete this section if Part B: General Liability is required.

Activities

Do you perform any activities outside Australia?

☐ Yes ☐ No

If yes, please advise type of activities and the countries where they are conducted.

Do you manufacture, import or export any Products?

☐ Yes ☐ No

If yes, please provide full details of all Products manufactured, imported or exported, including the countries, over the last ten years:

Policy Coverage

General Public and Products Liability Section

Only complete this section if General Public and Products Liability Section is required.

Limit required: ☐ \$5,000,000 ☐ \$10,000,000 ☐ \$20,000,000 ☐ \$30,000,000 ☐ \$40,000,000 ☐ \$50,000,000

Standard Excess: ☐ Nil ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ Other

Note: an additional excess applies to claims for personal injury to subcontractors / contractors. This will be detailed within our terms.

Optional Extensions		Required?	
1.	Occupational Health and Safety Breaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Trauma Counselling Costs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part C: Tax Audit

Only complete this section if Part C: Tax Audit is required.

Policy Coverage

Tax Audit Section

Only complete this section if Tax Audit Section is required.

Insuring Clause						Required?									
Tax Audit						<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
Limit required:						<input type="checkbox"/>	\$20,000	<input type="checkbox"/>	\$50,000	<input type="checkbox"/>	\$100,000	<input type="checkbox"/>	\$250,000	<input type="checkbox"/>	\$500,000
Do you comply with requirements under Commonwealth, State or Territory legislation in relation to tax audits?						<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
If no, please provide details:															
Have you been subject to any investigation or tax audit by any Commonwealth, State or Territory department in the last twelve months?						<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
If yes, please provide details:															

Declaration

I/We:

- a. declare the answers given and statements made are to the best of my/our knowledge true, correct and complete 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;
- b. declare that I/we have read and understood the Important Notices set out in the proposal and I/we are authorised to make this proposal;
- c. acknowledge that the information contained in this proposal and any attachments will be the basis of the Commercial Property Owners Insurance contract between the named organisation and Ansvar Insurance Limited and is subject to the terms, conditions and provisions contained in the Commercial Property Owners Insurance Policy underwritten by Ansvar;
- d. acknowledge and consent to the information supplied in this proposal to Ansvar being used 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 and services distributed or offered by Ansvar;
- e. declare that I/we have made all due enquiries necessary in order to comply with the Duty of Disclosure;
- f. acknowledge that no contract of insurance is in force until Ansvar has confirmed acceptance of the proposed insurance;
- g. declare that I/we have read Ansvar's Privacy Policy and consent to the collection, use and disclosure of personal information about the Insured for the purposes shown in the Privacy Statement.

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

Signed

Name

Date

Position

Signed

Name

Date

Position

Attachments

Please attach to this proposal:

- i. any documentation we have requested for the Sections of cover you require
- ii. details of any other information which you think may affect your insurance or which we should be advised of (see "Your duty of disclosure"); and
- iii. any additional information which may assist us to gain a complete appreciation of the nature of your business.



1300 650 540 www.ansvar.com.au

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Ansvar Insurance Ltd. ABN 21 007 216 506 AFSL 237826
Member of the Ecclesiastical Insurance Group