

AUSTRALIS GROUP (UNDERWRITING) PTY LTD (ABN 80 082 459 372, AFSL 238170)

Level 3, 117 Clarence St, Sydney NSW 2000 Australia
GPO Box 247 Sydney NSW 2001 Australia
Suite 14, 333 Canterbury Road, Canterbury VIC 3126 Australia
PO Box 79 Balwyn, VIC 3103 Australia

E-Mail: australis_underwriters@ausuw.com
Website: www.ausuw.com
Telephone: (02) 9200 4000
Facsimile: (02) 9200 4099
Telephone: (03) 8629 8800
Facsimile: (03) 8629 8829

PROPERTY INSURANCE PROPOSAL

BROKER: _____

POLICY No: _____

(Office Use Only)

IMPORTANT FACTS

Your Duty of Disclosure

Before You enter into a contract of general insurance with an insurer, You have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter which you know or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and if so, on what terms. You have that same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that the insurer knows, or in the ordinary course of business as an insurer, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Co-Insurance

Section 1 - Specified Events contains a co-insurance clause. This means that we require you to insure for full value. If you do not do so and you are underinsured at the time of loss, we will pay less in the event of a claim. The amount we will pay is in the proportion that the sum insured bears to eighty (80%) per cent of the full value, subject to the specific conditions of the policy.

Insurer

This policy is underwritten one hundred (100%) per cent by Swiss Re International SE (ABN 38 138 873 211). Swiss Re international SE is a wholly owned subsidiary within the Swiss Re Group. Swiss Re is an authorised insurer in Australia within the meaning of that term under the Insurance Act 1973.

In arranging and effecting this Policy, Australis Group (Underwriting) Pty Ltd ABN 80 082 459 372 will be acting under authority given to it by the Insurer. It will be acting as agent of the Insurer not as your agent.

PRIVACY

We are committed to protecting you and your clients' privacy. We only use the personal information you provide to us to quote on and insure your risks. We only provide personal information to our Insurers and reinsurers (and their representatives) and those we appoint to assist us with claims under your policy. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly quote for your clients' insurance and we cannot insure them. You can check the personal information we hold about you and your clients at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, please see our web site: www.ausuw.com

Contact details for Australis are:

Mail: Compliance Manager,
Australis Group Underwriting
GPO Box 247 Sydney NSW 2001
Telephone: (02) 9200 4000
Fax: (02) 9200 4099

PERIOD OF INSURANCE:

Cover commences: ____ / ____ / ____

Cover expires at 4.00 p.m.: ____ / ____ / ____

YOUR DETAILS:

Full Name: _____

Your ABN: _____

Trading Name: _____

Interested Parties: _____

What Interest do the above parties have: _____

Business Description: _____

Years in operation This Business _____ yrs Any Similar Business: _____ yrs

What percentage of GST on Premium do you intend claiming as an Input Tax Credit? _____%

Is the business trading profitably? Yes No

Do you maintain complete records of sales and purchases? Yes No

Are your books of account prepared by a public accountant each year? Yes No

Have you or any director/partner/manager of the business ever:

(a) had insurance declined or cancelled? Yes No

(b) had an insurer refuse or not invite renewal? Yes No

(c) had any special conditions imposed on a policy of insurance? Yes No

(d) had a special excess imposed on a policy of insurance? Yes No

(e) had a claim rejected under a policy of insurance? Yes No

(f) been declared bankrupt or put into receivership or liquidation? Yes No

(g) been charged with or convicted of a criminal offence? Yes No

(h) Any other matters you should disclose (see 'Your Duty of Disclosure')? Yes No

If answered 'Yes' to any of the above question provide complete details on a separate piece of paper

YOUR CLAIMS HISTORY:

In the last 5 years have you sustained loss or damage (insured or not) of a type against which insurance is now being sought? Yes No (If 'Yes', please provide details)

DATE: _____ INSURER: _____ DETAILS: _____

____ / ____ / ____ _____

____ / ____ / ____ _____

____ / ____ / ____ _____

(If insufficient space, please provide full details on a separate sheet of paper)

YOUR PREMISES:

Your Business Address: _____

Are you the owner of the premises? Yes No

Describe the business carried out by the occupants of the premises:

(a) Your own business _____

(b) Other occupants _____

Construction of the building:

Walls: Brick/Concrete Wood Iron Other: _____

Roof: Iron Timber Concrete Other: _____

Floors: Timber Concrete Other: _____

How old is the building? _____ yrs

Is any commercial cooking done on the premises?

Yes No

Type? Grilling Oven

Frying

Bench Top or Vats

Thermostat Controlled? Yes No

Auto Cut Off? Yes No

Are inflammable liquids or explosives stored on the premises?

Yes No

If Yes, please list types: _____

If Yes', how much (litres/ kilograms)? _____

Are they stored in? tanks drums bottles

Are they kept in an approved flammable goods cabinet or store?

Yes No

Is the Store? internal external

It is Bunded? Yes No

If No, how are they stored? _____

Are the premises protected by?

(a) Sprinkler System? Yes No

Total Area of premises Partial (*Describe*) _____

(b) Automatic fire alarm and/or Smoke Alarm? Yes No

Connected to a Fire Station? Yes No

Connected to Alarm Monitoring Company? Yes No

Local Only Yes No

(c) Hose Reels? Yes No

(d) Extinguishers
What Type? _____

How Many? _____

Is there a maintenance agreement in place? Yes No

Date Last Serviced? _____

(e) Fire blankets? Yes No

(e) Reticulated/mains water supply (non- metropolitan areas)? Yes No

(f) Deadlocks and/or padlocks to all external doors? Yes No

(g) Bars and/or key operated locks to all external windows? Yes No

(h) Burglar Alarms (please tick the appropriate type below) Yes No

Back to Base (dedicated line) Securitel

Dialler/Radio Audible Local Alarm?

Which of the following are present and activate the Alarm?

Reed Switches Motion Detectors (PIR) Tremblers IR Beam

Pressure Pads Heat Sensors Panic Buttons

(g) Safe? Yes No

How Many? _____

Manufacturer? 1. _____ 2. _____

Year Manufactured? 1. _____ 2. _____

Torch and Drill Resistant? 1. Yes No 2. Yes No

Time Delay Locks? 1. Yes No 2. Yes No

SECTION 1 - SPECIFIED EVENTS

The policy insures Buildings and/or Contents for reinstatement or replacement and Stock for indemnity, unless you request otherwise.

	Sum insured
Buildings:	\$ _____
Contents including Plant and Machinery:	\$ _____
Stock:	\$ _____
Accidental Damage:	\$ _____

NB: An automatic seasonal increase of 100% applies to Stock sum insured (refer to policy for full details)

SECTION 2 - BUSINESS INTERRUPTION

	Sum insured
Gross Income	\$ _____

"Gross Income" is money paid or payable to you for goods sold and/or services rendered and rental income received or payable in the course of Business less the purchase cost of Stock

Indemnity Period: _____ Months
NB: if the indemnity period is less than twelve (12) months, the sum insured must be 12 months gross income

Claims Preparation Costs (incl. Professional Fees):	\$ _____
Optional Benefit	
Outstanding Accounts Receivable:	\$ _____

SECTION 3 - BURGLARY

	Sum insured
(a) Contents:	\$ _____
(b) Stock including Alcohol:	\$ _____
(c) Stock of Tobacco and Cigarettes:	\$ _____
(d) Stock (Other):	\$ _____
(e) Employees Tools, Equipment, Personal Effects and Clothing	\$ _____

NB: An automatic seasonal increase of 100% applies to Stock sums insured (see policy for full details).

SECTION 4 - MONEY

	Sum insured
Money In Transit:	\$ _____
Money On Premises During Business Hours:	\$ _____
Money On Premises Outside Business Hours:	\$ _____
Money On Premises In Securely Locked Safe/Strongroom:	\$ _____
Money On Premises In Securely Locked Auto Teller Machine/TAB Machine:	\$ _____
Money On Premises In Securely Locked Gaming Machine:	\$ _____
Money In a Private Residence/Personal Custody	\$ _____
Damage to Safe:	\$ _____

NB: An automatic seasonal increase of 100% applies to the sum insured (see policy for full details).

SECTION 5 - GLASS

Is cover required for Internal/External Glass? Yes No (If 'Yes' please tick the following):

Single Front Double Front Multi front Factory/Warehouse/Other

Is cover required for Signs (identification/advertising signs)? Yes No

If 'Yes' How Many? _____

Sum Insured for Signs	\$ _____
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NB: Additional benefits: temporary shuttering, sign writing, stock spoilage etc (see policy for details)

SECTION 6 - GENERAL PROPERTY

This Section covers insured items anywhere in Australia against unforeseen physical loss or damage due to any cause not excluded by the Policy. Please specify the items you wish to insure:

Description	Model	Serial Number	Current Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total Sum Insured			\$ _____
Limit Any One Item			\$ _____

SECTION 7 - MACHINERY BREAKDOWN

	Limit Any One Loss	Aggregate Limit
1. Machinery, Plant, Boilers and Pressure Vessels	\$ _____	\$45,000
2. Loss or Damage to Refrigerated Goods	\$ _____	
Please detail quantities of this equipment and capacity of motors:		
Type	No.	Capacity (KW/HP)
<u>Air-conditioning Equipment</u>		
Split System	_____	_____
Window/ Wall Type	_____	_____
<u>Commercial Refrigeration Equipment</u>		
Freezers/Soft Serve Machine	_____	_____
Temprites	_____	_____
Other Units	_____	_____
<u>Kitchen Equipment</u>		
Dish or Glass Washers	_____	_____
Exhaust Fans (incl. Canopy)	_____	_____
Microwave Ovens	_____	_____
Slicing, Mincing & Mixing Equip	_____	_____
Type	No.	Capacity (KW/HP)
Laundry Equipment	_____	_____
Washers, Extractors, Dryers	_____	_____
<u>Misc. Equipment</u>		
Air Compressor	_____	_____
Auto Car Wash	_____	_____
Car Hoist	_____	_____
Cash Register/Scanning Equip	_____	_____
Coffee Machine	_____	_____
Electronic Scales	_____	_____
Engine Diagnostic Equipment	_____	_____
Pump (noc)	_____	_____
Refrigerant Reclaimer	_____	_____
Vacuum Cleaners	_____	_____
Wheel Aligner/Balancer	_____	_____
Work Shop Plant (noc)	_____	_____

SECTION 8 – ELECTRONIC EQUIPMENT

List items (including make, model and serial numbers)	Sum Insured
_____	\$ _____
_____	\$ _____
Data Replacement Cost	\$ _____
Increased Cost of Working	\$ _____
Indemnity Period	3 months
Excess	2 working days

SECTION 9 - FIDELITY GUARANTEE

How many employees do you have in your employ?	Full Time: _____	Casual: _____
How many employees handle cash or negotiable instruments?	Full Time: _____	Casual: _____
Do you operate a TAB services or Poker Machines ?:	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Limit Any One Employee:	\$ _____	
Limit Any One Period of Insurance	\$ _____	

DECLARATION

I/We have read and understood the Important Facts on page 1 of this Proposal Form and confirm that this advice was provided to me/us prior to entering into the contract of insurance.

The information I/We have provided is true and correct.

I/We understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance.

If additional pages are attached for inclusion in this proposal, then they form part of this proposal.

Where answers in this proposal are not in my/our own handwriting, they have been checked by me/us and I/We agree that they are correct and that the other person who completed this form did so as my Agent.

Signature: _____

Full Name: _____

Position/Title: _____ Date: ____ / ____ / ____