

Coverforce Insurance Broking Pty Ltd (ARs)

Business Pack Insurance Application Form

- Please answer all questions. Blanks and/or dashes, or answers "known to underwriters or brokers" or "N/A" are not acceptable and will delay processing of this application.
- If there is insufficient room to complete a question, please attach a signed & dated addendum.
- Any documents attached to the proposal form part of this application.
- Where appropriate, please tick the yes or no box which best indicates your reply.

1. Your Details

1.1. Period Insurance

Start Date Expiry Date Effective Date

1.2. Insured

Insured Name

Trading Name

What is your web site address?

What is your Input Tax Credit?

What is your ABN?

Are you exempt from stamp duty?

☐

Yes

☐

No

If Yes, specify number:

Address Line 1

Address Line 2

Suburb

State

Post Code

1.3. Duty of Disclosure

Have you or any partner(s) or director(s) of the business:

(1) Ever had an insurance policy cancelled, declined or terms imposed?

☐

Yes

☐

No

Date

Description

(2) Ever been declared bankrupt?

☐

Yes

☐

No

Date

Description

(3) Ever been involved in a company or business which became insolvent or subject to any form of insolvency or voluntary administration (e.g. liquidation or receivership)?

☐

Yes

☐

No

Date

Description

| | | | | |
|--|--------------------------|-----|--------------------------|----|
| (4) Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Date <input type="text"/> | Description | | | |
| (5) Been liable for any civil offence or pecuniary penalty (exceeding \$5,000)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Date <input type="text"/> | Description | | | |
| (6) Any other matters you should disclose? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Date <input type="text"/> | Description | | | |

1.4. Claims Experience

| | | | | |
|---|--------------------------|-----|--------------------------|----|
| Have you had any claims in the last 3 years under the sections to be insured? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|---|--------------------------|-----|--------------------------|----|

Claim #

Sections

| | |
|--|--|
| <input type="checkbox"/> Business Property | <input type="checkbox"/> Business Interruption |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Money |
| <input type="checkbox"/> Machinery Breakdown | <input type="checkbox"/> Electronic Equipment |
| <input type="checkbox"/> Public and Products Liability | <input type="checkbox"/> Glass |
| <input type="checkbox"/> General Property | |

| | |
|----------------------|----------------------|
| Date Of Loss | Amount of Claim |
| <input type="text"/> | <input type="text"/> |

Please provide a brief description of the claim

Preventative/Corrective action details

2. Situation Details

Situation:

2.1. Sections

Please select the sections you want to cover for this situation

| | |
|--|--|
| <input type="checkbox"/> Business Property | <input type="checkbox"/> Business Interruption |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Money |
| <input type="checkbox"/> Machinery Breakdown | <input type="checkbox"/> Electronic Equipment |
| <input type="checkbox"/> Public and Products Liability | <input type="checkbox"/> Glass |
| <input type="checkbox"/> General Property | <input type="checkbox"/> Employee Dishonesty |
| <input type="checkbox"/> Goods In Transit | <input type="checkbox"/> Tax Audit |
| <input type="checkbox"/> Management Liability | |

2.2. Business Details

Business

Petrol Retailing

Describe Business if different from above

What is your estimated turnover for the next twelve months

Total number of staff – Full Time

Total number of staff – Part time / Casual

2.3. Situation Details

Address Line 1

Address Line 2

Suburb

State

Post Code

Construction

Multiple Buildings on site

☐ Yes ☐ No

Year built (yyyy)

Year last rewired (yyyy)

How much Expanded Polystyrene (EPS) does the premises contain (e.g. Foam insulation)?

Building Details

No. of Storeys

Floors

☐

Concrete

☐

Brick

☐

Other/Mixed(Non Combustible)

☐

Tile

☐

Iron / Steel

☐

Wood

☐

Other/Mixed (Full/Partial Combustible)

Walls

☐

Concrete / Stone

☐

Iron/Steel/Aluminium on steel

☐

Brick

☐

Expanded Polystyrene (EPS)

☐

Mixed < 75% Brick/Concrete/Iron on steel

☐

Glass

☐

Polystyrene

☐

Concrete Tilt Slab

☐

Iron/Steel/Aluminium on wood

☐

Masonry

☐

Wood

☐

Mixed > 75% Brick/Concrete/Iron on steel

☐

Metal

☐

Other

Roof

☐

Concrete

☐

Tiles / Slate

☐

Fibro

☐

Iron/Steel/Aluminium on wood

☐

Wood

☐

Glass

☐

Other/Mixed (Full/Partial Combustible)

☐

Masonry

☐

Asbestos

☐

Iron/Steel/Aluminium on steel

☐

Expanded Polystyrene (EPS)

☐

Polystyrene

☐

Other/Mixed (Non Combustible)

Fire Protection

Fire Protection Provided

☐

None

☐

Hose Reels

☐

Smoke Detectors - Monitored

☐

Heat Detectors

☐

Monitored base alarm

☐

Fire Extinguishers

☐

Sprinklers

☐

Smoke Detectors - Non Monitored

☐

Fire alarm

☐

Fire Blankets

Sprinkler Type

100% Coverage

☐ Yes ☐ No

Water Supply

☐ Dual ☐ Single

Conforms to Australian Standards

☐ Yes ☐ No

Security

Security Protection Provided

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Bars on windows |
| <input type="checkbox"/> Deadlocks on doors | <input type="checkbox"/> Protection of Display Windows |
| <input type="checkbox"/> Electronic key pad/swipe card access | <input type="checkbox"/> Security fencing |
| <input type="checkbox"/> Locks on all external windows without bars | <input type="checkbox"/> CCTV system installed |
| <input type="checkbox"/> Bollards in front of glazing/display windows/roller shutters | <input type="checkbox"/> External Lighting |
| <input type="checkbox"/> Local alarm | <input type="checkbox"/> Roller Shutters |
| <input type="checkbox"/> Watchman patrols | <input type="checkbox"/> Monitored base alarm |

If applicable, please specify the type of monitored alarm:

- | | |
|--|--|
| <input type="checkbox"/> Class 2 e.g. Digital Dialler | <input type="checkbox"/> Class 2 e.g. Digital Dialler + GSM Cellular phone back-up polled daily |
| <input type="checkbox"/> Class 3 e.g. Multi-path GPRS polled < 120 sec | <input type="checkbox"/> Class 4 + 5 e.g. Direct Line or Multi-path Ethernet /GPRS polled < 60 sec |

Other Details

Is there an ATM on premises?

☐ Yes ☐ No

2.4. Other Situation Details

Where are the premises located?

- | | |
|--|---|
| <input type="checkbox"/> Main or Suburban street | <input type="checkbox"/> Wholly within a shopping centre (No external openings to outside centre) |
| <input type="checkbox"/> Within a shopping centre (With external openings) | <input type="checkbox"/> Within an Industrial Complex |
| <input type="checkbox"/> Within an Office Block (incl Ground or 1st floor) | <input type="checkbox"/> Within an Office Block (2nd floor or above) |
| <input type="checkbox"/> Outside Metropolitan, regional or town boundaries | <input type="checkbox"/> Shipping Container |
| <input type="checkbox"/> Market | <input type="checkbox"/> Other |

Is premises connected to town water?

☐ Yes ☐ No

Type Of Fire Brigade

- | | |
|---|---|
| <input type="checkbox"/> Professional Manned 24 hours | <input type="checkbox"/> Professional Manned part time |
| <input type="checkbox"/> Own on site staff fire brigade Manned 24 hours | <input type="checkbox"/> Own on site staff brigade Manned part time |
| <input type="checkbox"/> Rural or country volunteer brigade | <input type="checkbox"/> Other |

Store Flammable Goods?

☐ Yes ☐ No

If Yes

What quantity

Store substances in accordance with Australian Standards and local/ state government regulations?

☐

Yes

☐

No

If Yes, are goods stored in approved cabinets/bunded storage facilities?

☐

Yes

☐

No

2.5. Interested Parties

Do you wish to note any interested parties?

☐

Yes

☐

No

If Yes, **Interested Party #**

Sections

☐

Business Property

☐

Money

☐

Electronic Equipment

☐

Glass

☐

Employee Dishonesty

☐

Tax Audit

☐

Theft

☐

Machinery Breakdown

☐

Public and Products Liability

☐

General Property

☐

Goods In Transit

☐

Management Liability

Name

Nature of Interest

☐

1st Mortgagee

☐

2nd Mortgagee

☐

3rd Mortgagee

☐

Local Government Authority

☐

Hire Purchase

☐

Landlord

☐

Lease

☐

Premium Funder

☐

Principal

☐

Other

Address Line 1

Address Line 2

Suburb

State

Post Code

3. Business Property

3.1. Business Property Information

Is your premises more than 50% vacant?

☐

Yes

☐

No

Is the building heritage or national trust listed?

☐ Yes ☐ No

Does your premises contain a restaurant or bar?

☐ No ☐ Restaurant ☐ Bar ☐ Both

Are there any deep fryers or any wok cooking?

☐ No ☐ Deep Frying ☐ Wok Cooking ☐ Both

If Yes, what is the total number of litres of oil used for deep frying?

If Yes, does the capacity of single vat or twin vat deep fryers exceed 10 litres?

☐ Yes ☐ No

If Yes, do all Deep Fryers have an automatic suppression unit and exhaust extraction system?

☐ No ☐ Auto Suppression ☐ Exhaust Extraction ☐ Both

3.2. Sum Insured

Do you require Strata title mortgagee(s) interest cover only?

☐ Yes ☐ No

Building(s)

☐ Replacement ☐ Indemnity

Contents

☐ Replacement ☐ Indemnity

Stock

Specified Item

Sum Insured

Category

☐ Antique
☐ Container contents
☐ Floating stock
☐ Stock of caravans
☐ Stock of watercraft
☐ Other

☐ Customer vehicles
☐ Customer goods
☐ Floating stock and/or contents
☐ Stock of petrol
☐ Work of art

Total Sum Insured

3.3. Additional Cover

Extra Cost of Reinstatement

☐ Wording Coverage

☐ Other Amount

If Other Amount, specify amount

Removal of Debris

☐ Wording Coverage

☐ Other Amount

If Other Amount, specify amount

Rewriting of Records

☐ Wording Coverage

☐ Other Amount

If Other Amount, specify amount

Playing Surfaces ☐ Wording Coverage ☐ Other Amount
If Other Amount, specify amount
Flood ☐ Yes ☐ No

3.4. Excess

Please indicate the Excess you prefer for Business Property

☐ \$ 100 ☐ \$ 250 ☐ \$ 500 ☐ \$ 750
☐ \$ 1,000 ☐ \$ 2,000 ☐ \$ 5,000 ☐ \$ 7,500

3.5. Other Information

Do you wish to provide any additional information ? ☐ Yes ☐ No

4. Business Interruption

4.1. Sum Insured

Business Interruption

Type

☐ Insurable Gross Profit ☐ Annual Revenue
☐ Weekly Revenue ☐ AICOW Only

Additional Increase in Cost of Working ☐ Wording Coverage ☐ Other Amount

If Other Amount, specify amount

Accounts Receivable ☐ Wording Coverage ☐ Other Amount

If Other Amount, specify amount

Claims Preparation Costs ☐ Wording Coverage ☐ Other Amount

If Other Amount, specify amount

Loss of Rent Receivable

Indemnity Period

☐ 6 months ☐ 12 Months ☐ 18 Months ☐ 24 Months ☐ 36 months
☐ 26 Weeks ☐ 52 Weeks

4.2. Additional Benefit

Documents

☐

Wording Coverage

☐

Other Amount

If Other Amount, specify amount

4.3. Optional Benefit

Goodwill

4.4. Uninsured Working Expenses

Purchases

Discounts Allowed

Bad Debt

Other

Enter %

4.5. Specified Customers and Suppliers

Do you wish to specify any Customers or Suppliers?

☐

Yes

☐

No

Customer / Supplier #

Type

☐

Supplier

☐

Customer

Name

Address Line 1

Address Line 2

Suburb

State

Post Code

Country

Goods Supplied

Percentage of Dependency

4.6. Other Information

Do you wish to provide any additional information ?

☐

Yes

☐

No

5. Theft

5.1. Sum Insured

Contents - including stock

Contents - excluding stock

Stock in Trade

Cigarettes / Tobacco

Alcohol

Do you wish to add any specified items?

☐

Yes

☐

No

If Yes, **Specified Item #**

Description

Category

☐

Floating stock and/or contents

☐

Antique

☐

Customers vehicles

☐

Stock of caravans

☐

Stock of watercraft

☐

Work of art

☐

Additional loss of keys

☐

Customer goods

☐

Stock of vehicles

☐

Stock of petrol

☐

Trees/Shrubs/Plants

☐

Other

Sum Insured

5.2. Additional Benefits

Damage to Rented Premises

☐

Wording Coverage

☐

Other Amount

If Other Amount, specify amount

Theft Without Forcible and Violent Entry

☐

Wording Coverage

☐

Other Amount

If Other Amount, specify amount

Theft of property insured in the open air

☐

Wording Coverage

☐

Other Amount

If Other Amount, specify amount

5.3. Excess

Please indicate the Excess you prefer for Theft

☐

\$ 100

☐

\$ 250

☐

\$ 500

☐

\$ 750

☐

\$ 1,000

☐

\$ 2,000

☐

\$ 5,000

☐

\$ 7,500

5.4. Other Information

Do you wish to provide any additional information ?

☐

Yes

☐

No

6. Money

Blanket Cover

Money in transit

Money in the Building - during business hours

Money in the Building - outside business hours

Money in the Building - locked safe or strongroom

Money in Custody

6.1. Additional Benefit

Loss of or damage to Safes, Strongrooms and cash carrying bags

☐

Wording Cover

☐

Other

Sum Insured

6.2. Excess

Please indicate the Excess you prefer for Money

☐

\$ 100

☐

\$ 250

☐

\$ 500

☐

\$ 750

☐

\$ 1,000

☐

\$ 2,000

6.3. Other Information

Do you wish to provide any additional information ?

☐

Yes

☐

No

7. Machinery Breakdown

7.1. Blanket Plant and Machinery Details

Blanket Plant and Machinery

Machinery Type

Size/Capacity/Power

No. of Units

Air Compressor

Less than 5 HP (< 3.7 kw)

| | | |
|-------------------------------------|--------------------------------------|--|
| Air Compressor | Over 5 to 7.5 HP (3.7kw - 5.6kw) | |
| Air Compressor | Over 7.5 to 10 HP (>5.6kw - 7.5kw) | |
| Air Conditioners - Split System | Up to 5 HP (3.7kw) | |
| Air Conditioners - Window/Wall Type | Up to 5 HP (3.7kw) | |
| Auto Car Wash (Conveyer) | All Units | |
| Auto Car Wash (not dryer) | All Units | |
| Bandsaws | All Units | |
| Bar Coding Scanners | All Units | |
| Bottle/Display Cabinets | All Units | |
| Car Hoist - 2 & 4 Post | All Units | |
| Cash Registers | All Units | |
| Centrifugal Pump | Less than 2 HP (< 1.5kw) | |
| Centrifugal Pump | Over 2 to 7.5 HP (1.5kw - 5.6kw) | |
| Centrifugal Pump | Over 7.5 to 15 HP (>5.6kw - 11.2kw) | |
| Centrifugal Pump | Over 15 to 25 HP (>11.2kw - 18.6kw) | |
| Clothes Dryers | All Units | |
| Clothes Washers | All Units | |
| Coffee Machines | All Units | |
| Cold/Freezer Rooms Less than 3 HP | All Units | |
| Computer controlled lathes | All Units | |
| Deep Freezers | up to 2m long | |
| Deep Freezers | over 2m long | |
| Dish Washers | All Units | |
| Domestic Fridges | All Units | |
| Domestic Freezers | All Units | |
| Electric Motors | Less than 2 HP (< 1.5kw) | |
| Electric Motors | Over 2 to 10 HP (1.5kw - 7.5kw) | |
| Electric Motors | Over 10 to 20 HP (>7.5kw - 14.9kw) | |
| Electric Motors | Over 20 to 40 HP (> 14.9kw - 29.8kw) | |
| Electronic Scales | All Units | |
| Engine Diagnostic Unit | All Units | |
| Evaporative Coolers | Less than 3 HP (2.24kw) | |
| Generator Sets | Less than 2 kva | |
| Glass Washers | All Units | |

| | | |
|-------------------------------|-------------------------|--|
| Hair Dryers | All Units | |
| Hot Water Boiler | Less than 25 KW | |
| Hot Water Boiler | Over 25 KW to 75 KW | |
| Ice Maker/Storage Bin | All Units | |
| LPG Cylinders | Less than 25 KG | |
| LPG Cylinders | Over 25 KG to 100 KG | |
| LPG Cylinders | Over 100 KG | |
| Meat Display Cabinets | All Units | |
| Meat Slicers | All Units | |
| Microwave - Commercial | All Units | |
| Microwave - Domestic | All Units | |
| Mincers | All Units | |
| Other Auto Workshop Machinery | All Units | |
| Post Mix Machine | All Units | |
| Pressure Vessels | Less than 2 mtrs | |
| Pressure Vessels | From 2 to 5 mtrs | |
| Range Exhaust Fans | Less than 1 HP (0.75kw) | |
| Refrigeration up to 5 HP | All Units | |
| Sausage Machines | All Units | |
| Sewerage Pumps | All Units | |
| Silent Cutter/Mixers | All Units | |
| Soft Serve Ice Cream Machines | All Units | |
| Spa/ Swimming Pool Pumps | All Units | |
| Submersible Pumps | Less than 1 HP (0.75kw) | |
| Temprite/Beer Coolers | All Units | |
| Vacuum Cleaners | All Units | |
| Wheel Aligner | All Units | |
| Wheel Balancer | All Units | |

Limit any one loss

☐

\$ 0

☐

\$ 10,000

☐

\$ 15,000

☐

\$ 20,000

☐

\$ 25,000

☐

\$ 30,000

☐

\$ 40,000

☐

\$ 50,000

☐

Other

If Other

Number of air conditioners

Specified Item #

Description

Category

☐

Laser cutting machinery

☐

Mobile plant

☐

Woodworking extraction system

☐

Lathe

☐

Other

Sum Insured

7.2. Additional Cover

Deterioration of stock

7.3. Excess

Please indicate the Excess you prefer for Machinery Breakdown

☐

\$ 100

☐

\$ 250

☐

\$ 500

☐

\$ 750

☐

\$ 1,000

☐

\$ 2,000

7.4. Other Information

Do you wish to provide any additional information ?

☐

Yes

☐

No

8. Public and Products Liability**8.1. Limits of Liability**

Limit of Liability - Public & Products Liability

☐

\$ 5,000,000

☐

\$ 10,000,000

☐

\$ 15,000,000

☐

\$ 20,000,000

☐

Other

If Other Amount, specify amount

8.2. Additional Cover

Property in Physical & Legal Control - Limit

☐

Wording Coverage

☐

Other Amount

If Other Amount, specify amount

USA / Canada Exports

☐

Yes

☐

No

If Yes, Product

Turnover

8.3. Excess

Please indicate the Excess you prefer for Property Damage

| | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> \$ 100 | <input type="checkbox"/> \$ 250 | <input type="checkbox"/> \$ 500 | <input type="checkbox"/> \$ 750 | <input type="checkbox"/> \$ 1,000 |
| <input type="checkbox"/> \$ 2,000 | <input type="checkbox"/> \$ 5,000 | <input type="checkbox"/> \$ 7,500 | <input type="checkbox"/> \$ 10,000 | |

8.4. Details of the Business

Property Owner Liability only?

☐ Yes ☐ No

8.5. Contractors and Subcontractors

Do you engage contractors and/or subcontractors in your business?

☐ Yes ☐ No

If Yes:

Do you ensure that contractors and/or subcontractors have their own liability and where necessary, Workers Compensation insurance?

☐ Yes ☐ No

Estimate of the amount to be paid to contractors and subcontractors in the next 12 months:

Labour only \$

Labour and plant \$

Labour, plant and materials \$

What type(s) of work do contractors and/or subcontractors perform for you?

8.6. Labour Hire

Do you engage labour hire or hired in labour in your business?

☐ Yes ☐ No

Estimate the amount to be paid to labour hire firms in the next 12 months \$

What type(s) of work do staff from labour hire firms perform for you?

8.7. Designated Contracts

Do you have any contracts to be designated?

☐ Yes ☐ No

If Yes, Description

8.8. Imported Goods

Do you, or do you intend to import goods?

☐ Yes ☐ No

If Yes, Specified Item #

Product

Country

Turnover

8.9. Hazardous Activities and Substances

Do you, or do you intend to use, store or handle hazardous substances?

☐ Yes ☐ No

Do you discharge waste or hazardous material into the atmosphere, sewer or elsewhere?

☐ Yes

☐ No

8.10. Hire Out Equipment or Staff

Do you hire out equipment and/or staff?

☐ Yes

☐ No

If Yes:

Is there a Hire Agreement with a disclaimer or legal waiver in place that the hirer signs before hiring?

☐ Yes

☐ No

Is all equipment checked and maintained after each hire?

☐ Yes

☐ No

Equipment hired out

Turnover

8.11. Optional Extensions

Is Driving Risk required?

☐ Yes

☐ No

Limit of Indemnity

Licensed Name # 1

Licence Number

8.12. Other Information

Do you wish to provide any additional information ?

☐ Yes

☐ No

9. Glass

9.1. Cover

External Glass

☐ Yes

☐ No

Internal Glass

☐ Yes

☐ No

Do you wish to add any specified glass items?

☐ Yes

☐ No

If Yes, Description

Floors Occupied

☐

Ground level floor only

☐

Above ground floor - Single floor

☐

Ground floor plus one or more floors

☐

Above ground floor - Two or more floors

9.2. Additional Benefit

Signs

☐

Wording Coverage

☐

Other Amount

If Other Amount, specify amount

9.3. Extra Covers

Costs

☐

Wording Cover

☐

Other

Sum Insured

Destruction of Stock or Contents

☐

Wording Cover

☐

Other

Sum Insured

9.4. Excess

Please indicate the Excess you prefer for Glass

☐

\$ 100

☐

\$ 250

☐

\$ 500

☐

\$ 750

☐

\$ 1,000

☐

\$ 2,000

9.5. Other Information

Do you wish to provide any additional information ?

☐

Yes

☐

No

10. Your Contact Details

Your Name

Address

Suburb

State

Post Code

Mobile

Phone

Email

Preferred Contact Method

How did you hear about us?

☐

Web Search

☐

Advertisement

☐

Word of Mouth

☐

Tradeshow

☐

Company Website

☐

Other

If Other, how else did you hear about us?

Would you also like to obtain more information or quotations for other types of insurance?

☐

Your Business

☐

Car

☐

General and Products Liability

☐

Home

☐

Management Liability

☐

Landlord

☐

Corporate Travel and Group Personal Accident

☐

Travel

☐

Workers Compensation

☐

Boat

☐

Commercial Motor Vehicles

☐

Caravan

11. Notice

We draw your attention to the Important Notice accompanying this Application form. You must read the Important Notice carefully. If you do not understand the content of Important Notice, please contact us immediately.

If any of the statements in this Application form are untrue, and you have suppressed or mis-stated any facts and/or should any information given by you alter between the date of this Application form and the inception date of the insurance to which this Application form relates you must immediately notify us.

You authorise us to collect or disclose any personal information relating to this insurance to any insurer or insurance reference service. Where you have provided information about another individual (for example, a relative, employee or client), you have or you will make the individual aware of that fact and the section in the Policy on "The way we handle your personal information".

You agree that you have read and understood this notice by doing any of the following:

- (a) Signing and returning a copy of this form; or
- (b) Providing the information requested and returning the form to us; or
- (c) Providing us with instructions to place the policy.

| | | |
|---------------------------|-------------|-------------|
| Signature of Applicant(s) | <div></div> | <div></div> |
| Position held | <div></div> | <div></div> |
| Date | <div></div> | <div></div> |