

# Additional Premises Proposal Form

## 1. Name of organisation

## 2. Contact Information

Contact Name

Position

Email

Phone

Fax

Postal Address

Suburb

State

Postcode

## 3. New Property Address

Address

Suburb

State

Postcode

## 4. Building (including leasehold improvements) [Replacement Value]

## 5. General Contents [All other contents e.g. furniture etc] (minimum \$20,000)

## 6. Portable Equipment [e.g. laptops, light projectors, portable items] (minimum \$5,000)

## 7. Static Electronic Equipment [e.g. desktop computers, photocopier, fax etc] (minimum \$5,000)

## 8. Loss of Rent [Income generated from rent charged to a tenant]

## 9. Ownership of the premises, is the premises;

☐ Owned by you

☐ Leased to you

☐ Owned and leased by you

## 10. Occupation of the premises

☐ Self

☐ Tenant

☐ Self and tenant

☐ Not Occupied

## 11. Age of the premises. What is the age of the Premises (years)?

## 12. Heritage Listing; Is the building Heritage Listed?

☐ Yes

☐ No

## 13. Asbestos; Does the building have asbestos in it?

☐ Yes

☐ No



## Additional Premises Proposal Form (continued)

### 14. Construction

Walls	<input type="checkbox"/> Brick	<input type="checkbox"/> Concrete	<input type="checkbox"/> Timber	<input type="checkbox"/> Fibro	<input type="checkbox"/> Metal	<input type="checkbox"/> Other (please specify)	<input type="text"/>
Floors	<input type="checkbox"/> Concrete	<input type="checkbox"/> Timber				<input type="checkbox"/> Other (please specify)	<input type="text"/>
Roof	<input type="checkbox"/> Tile	<input type="checkbox"/> Concrete	<input type="checkbox"/> Metal			<input type="checkbox"/> Other (please specify)	<input type="text"/>

### 15. Security

<input type="checkbox"/> External Doors - Key Locks	<input type="checkbox"/> External Doors - Deadlocks	<input type="checkbox"/> External Windows - Key Locks	<input type="checkbox"/> External Windows - Deadlocks
<input type="checkbox"/> Alarm - Local/monitored	<input type="checkbox"/> Security Grills	<input type="checkbox"/> Regular Security Patrol	

### 16. a) Fire Protection

<input type="checkbox"/> Fire extinguishers	<input type="checkbox"/> Monitored fire alarm	<input type="checkbox"/> Smoke alarms - battery	<input type="checkbox"/> Fire hydrants/fire hose reel
<input type="checkbox"/> Smoke alarms - hardwired	<input type="checkbox"/> Fixed fire sprinklers		

16. b) Do you have a Fire Protection Maintenance Agreement currently in force?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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17. From what date is the coverage required?

18. a) Is this additional premises replacing a premises that is currently insured by you through Coverforce Insurance Broking?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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18. b) Do you require the property to be removed from cover?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes please provide the property address below:

### Duty of Disclosure

Under insurance law, you are required to tell us anything you know that may affect the insurer's decision to accept your insurance.

You must tell us these things before the insurer can issue cover, and whenever you renew, extend, vary or reinstate a policy of insurance.

If you do not disclose all relevant information, or if you misrepresent the facts, then the insurer may be entitled to cancel the policy, reduce the sum insured or treat the policy as having never existed. If your non disclosure is fraudulent, the insurer may also have the option of avoiding the contract of insurance from the beginning.

You do not need to inform the insurer anything that:

- > Reduces their risk
- > Is commonly known
- > The insurer knows or ought to know in the ordinary course of business.

I/We have read and understand the important facts and duty of disclosure which has been provided, and I/We understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance. I/We agree to authorise the appointed insurer to obtain from other insurers or an insurance or credit reference bureau any information relating to this insurance and any other insurance held by me/us now or in the past including claims under those insurances.

Signature of Insured/representative

Print Name

Name of Organisation

Date (DD/MM/YY)

## Returning Your Form

Please make a copy for your own records and return the completed document to:

### Account Executive

Niamh Hynes  
communityguard@coverforce.com.au  
D 02 9376 7836

## Contact Coverforce

Coverforce Insurance Broking Pty Ltd  
ABN 11 118 883 542  
ACN 118 883 542 AFSL 302522  
communityguard  
@coverforce.com.au  
coverforce.com.au/communityguard

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International Towers Sydney,  
Barangaroo NSW 2000

Locked Bag 5273  
Sydney NSW 2001

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