

*For the purpose of this document "I"/"You", "Your" shall mean (each of) the person(s) shown in the Proposal as the Insured(s). "We", "Our", "Us" shall mean AusnetUnderwriting Agency Pty Ltd. Please answer each question on behalf of the all Proposers, Partners and their Spuses or any Business which has or had substantially the same ownership. All questions are to be answered. If insufficient space please attach additional information.*

Period of Insurance    TO    Policy Number   
 Day Month Year Day Month Year

ACCOUNT NUMBER  CLIENT NUMBER  BROKER REFERENCE NO.

**THE INSURED**

NAME   
 ABN No.   
 PRINCIPLE ADDRESS & ADDRESS FOR NOTICES   
 STATE  POSTCODE   
 TELEPHONE NUMBER: BUSINESS (  ) PRIVATE (  )

**THE BUSINESS**

DESCRIPTION OF BUSINESS (Describe fully, listing occupation of ALL tenants)

**INTERESTED PARTIES**

1.   
 2.   
 3.

**IMPORTANT – All questions must be answered**

You are required to answer the following questions in which "You/Your" means the Insured, husband, wife or company of the Insured. Particulars required do not include details of motor vehicle, marine, personal disability or workers' compensation matters. If the answer is "YES", please supply particulars of each occasion and indicate the name of the Insurer.

- Has any Insurer ever declined, refused to renew, cancelled or imposed special terms or conditions to any application, renewal or policy held by You, either alone or jointly with another person?  Yes  No
- Do you use radioactive materials in any product or operation? If yes, please give details.  Yes  No
- Do You use any explosives or highly flammable or toxic or other potentially dangerous goods. If yes please give details.  Yes  No
- Are there any effluent, fumes or anything of a noxious nature stored, discharged or disposed from Your premises? If Yes, please give details.  Yes  No

5. Are all Your premises, plant and machinery in good repair and are all statutory requirements complied with?  Yes  No  
 If No, please give details.

6. How old is the electrical wiring in the building?  Years

7. When did an electrician last inspect the wiring? (Give the approximate date.

8. (a) Please provide loss history (whether insured or not) for the past three years.

Year	\$ Loss	Description of Loss

(b) Describe what precaution have now been taken to prevent similar losses reoccurring?

  
  


<i>LOCATION OF PREMISES (Situations)</i>	<i>Postcode</i>
1.	
2.	
3.	
4.	
5.	
6.	

<i>DESCRIPTION OF SITUATIONS</i>	<i>Situation 1</i>	<i>Situation 2</i>	<i>Situation 3</i>	<i>Situation 4</i>	<i>Situation 5</i>	<i>Situation 6</i>
<i>Occupation Type</i>						
<i>Construction type</i>						
<i>Age (years)</i>						
<i>Condition(Excellent/Good/Average/Poor)</i>						

**Fire Protection** (please tick)

Sprinklers a) Dual Supply

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

b) Single Supply

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Hydrant/Hose Reels

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Extinguishers

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**Burglary Protection** (please tick)

Monitored Alarms

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Local Alarms

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Deadlocks

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

CCTV

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Guards

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Other

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**ASSETS**

\* = Replacement Values

**Buildings** \* (incl. fixtures & fittings. Air Cond.)

**General Contents** (Incl. plant & machinery)

**Stock in Trade**

**Work in Progress**

**Customers Goods**  
(In physical control of the insured)

**Other**

**TOTAL**

	Situation 1	Situation 2	Situation 3	Situation 4	Situation 5	Situation 6
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$

**DECLARED VALUES**

Section 1- property Insured

Section 2- Gross Profit

Insured Payroll

\$
\$
\$

**LIMITS OF LIABILITY**

The amounts set out hereunder represent Our maximum limits of liability any one loss or series of losses arising out of any one original source or cause at any one situation to any sub-limits of liability specified elsewhere.

Section 1 - Property Damage

Section 2 - Consequential Loss or Profits

- Payroll (as defined)

Sections 1 & 2 Combined

\$
\$
\$
\$

**SUB LIMITS OF LIABILITY**

a) Section 1 - Property Damage

**SITUATION**

Burglary/Theft or attempted theft

Money

- In transit

- On premises during business hrs

- On Premises outside business. Hrs

- In Securely Locked safe/strongroom

- In Personal Custody of Insured

- Damage to Safe

- Blanket Cover

Accidental Damage

Glass Breakage

Removal of Debris

Extra Costs of Reinstatement

Rewriting of Records

Directors & Employees Property

Other

Other

Other

Other

Other

	1	2	3	4	5	6
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$	\$

**b) Section 2- Consequential Loss**

Additional Increased Cost of Working	\$	\$	\$	\$	\$	\$
Claims Preparation Costs	\$	\$	\$	\$	\$	\$
Gross Rentals	\$	\$	\$	\$	\$	\$

Insured Payroll – 100% for

Payroll limit (dual basis)	%	wks	%	wks	%	wks	%	wks	%	wks
Consolidated Period (Dual basis)	\$		\$		\$		\$		\$	
Other	\$		\$		\$		\$		\$	
Other	\$		\$		\$		\$		\$	
Other	\$		\$		\$		\$		\$	
Other	\$		\$		\$		\$		\$	
Other	\$		\$		\$		\$		\$	

Indemnity Period  Months

**UNINSURED WORKING EXPENSES**

(Applicable only to the definition of Gross Profit). The word and expressions used herein shall have the meaning usually attached to them in the books and accounts of the Insured unless otherwise defined in this policy.


**DEDUCTIBLES**

The Insured shall bear the following amounts in respect of each claim or series of claims arising out of any one original source or cause.

**SECTION 1**

- a) Property Damage (Earthquake, Subterranean Fire or Volcanic Eruption)
  - i) An amount equal to 1% of the total declared values for Property Insured at all Situations
  - OR
  - ii) \$20,000 which ever is the lesser
- b) All other claims

**TOTAL PREMIUM PAYABLE**

Risk Premium	FSL	GST	Stamp Duty	Total Premium Payable
\$	\$	\$	\$	\$

## ***Declaration and Acknowledgements***

---

I/We declare and acknowledge as follows: -

1. I/We have not suppressed, misrepresented or misstated any information within my/our knowledge likely to affect the decision of Underwriters as to my/our eligibility for insurance, and the answers given in this Proposal are truthful and frank in every respect.
2. Insurance cover will only arise upon the Underwriter's acceptance of this Proposal as notified by the issue on an appropriate Certificate Schedule and/or Certificate Document
3. Subject to the Insurance (Agents and Brokers) Act, if this Proposal is accepted by the Underwriter, the Proposal and the Certificate and the Certificate Schedule which are issued shall constitute the entire agreement between the parties and shall supersede any prior representations or warranties.
4. The Underwriter will be relying on the information provided by me/us in the Proposal in deciding whether to provide cover, and if so, on what terms.
5. I/We have read and understood the notice concerning my/our duty of disclosure.
6. Where answers to questions contained on this Proposal are not in my handwriting they have been checked by me/us and I/we certify that they are in every respect, truthful and frank.
7. I/we will make the premises available for inspection by Ausnet Underwriting Agency Pty Limited and/or their agent.

Your signature: \_\_\_\_\_ Dated: \_\_\_\_\_

If you are signing on behalf of a partnership or company, please your position (eg. Partner, director, company accountant etc.)

Company Seal: (if required) Position: \_\_\_\_\_

### ***Important Notice to the Insured***

Your insurance contract\* may be/\*has been arranged or effected wholly or partly with an unauthorised foreign Underwriter that is not authorised under the Insurance Act 1973 to conduct insurance business in Australia. Such Underwriters are not subject to the provisions of that Act, which establishes a system of financial supervision of general Underwriters in Australia.

It is a matter for your consideration whether you should obtain information from the insurance intermediary involved on such matters as:

- a) Name and postal address of Underwriter;
- b) Country of incorporation of Underwriter and whether that country has a scheme of financial supervision of Underwriters;
- c) Paid up capital of the Underwriter;
- d) Which country's laws determine disputes under the contract.

### ***ACKNOWLEDGEMENT***

I, \_\_\_\_\_ (full name) of \_\_\_\_\_  
of \_\_\_\_\_ (address)

Have read the above notice and I acknowledge that the insurance contract \*may be/ \*has been arranged or effected wholly or partly with an unauthorised foreign Underwriter that is not authorised under the Insurance Act 1973 to conduct insurance business in Australia

Dated: \_\_\_\_\_ 20\_\_\_\_\_ (Signature of Insured) \_\_\_\_\_