



Industrial Special Risks Proposal Form

Important Notices:

Please read the following advice before completion of this Proposal Form

- The persons whose interests are to be insured under this policy should understand the terms, definitions and cover provided by this policy by reference to our Policy Wording. It is available from Your Insurance Adviser or our Website.
- When SRS Underwriting Agency Pty Ltd place this policy of insurance under an authority given to us by the Insurer, we will be effecting the contract as Agent of the Insurer.

Your Duty of Disclosure.

When we provide Insurance terms for you, whether for a new policy, renewal of a policy or changes to or reinstatement of your policy, we rely on the information you provide to us. You must tell us anything that you know, or should know, that could affect

- Our decision to insure you,
- the amount of the premium we charge you or
- whether we should impose special conditions to this cover.

You do not need to tell us about anything which:

- Reduces the likelihood of a claim
- Is of common knowledge
- We know, or as an Insurer should know
- We indicate that we do not want to know

What you must tell us. When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

Who needs to tell us. It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

If you do not tell us. If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having existed

Privacy Statement

We are committed to protecting your 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 underwriters 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 do not provide us with complete information, we cannot properly quote for your insurance and we cannot insure you. You can check the personal information we hold about you 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, ask us for a copy or visit our website.

No Cover if Rights "Signed Away"

This policy does not cover loss, destruction, damage or legal liability in respect of which any right which you may otherwise have had against any person, company or partnership is excluded or limited by reason of any agreement you may enter into.

Please be careful before you sign anything that you do not jeopardise your entitlement to be covered under this Policy.

Persons Covered

Unless this insurance is otherwise extended, the insurance proposed here will, when incepted, cover only the interests of those persons/entities specifically named in this proposal and accepted by us. It will not cover the interests of any other persons / entities.

Please note if there is insufficient space provided to fully answer any question, please attach an additional sheet of paper with the extra information as required. All such attachments will form part of your application for insurance and be subject to the Declaration on the last page of this Proposal.

Please answer all questions. Any question left unanswered or answered as known to broker or insurer or otherwise answered in an incomplete way may delay the processing of your request for this insurance. **Ensure the cover you request is adequate for your requirements.**

Your Insurance adviser can assist you to complete this form. They will send it to us so that we may quote on your insurance request.

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Please print and/or tick the appropriate answers to all questions below.

1. Proposer(s)

Name(s) in full of Principals/Partners/Directors:
Trading Name:
Postal Address: Postcode:
Contact Name: Email:
Phone: Fax:

2. Full Name of Interested Parties (eg Mortgagee):

Nature of Interest:

3. Period of Insurance Requested: From: at 4pm To: at 4pm

4. General Questions

(If more than one person, director, company or entity comprises the Insured, all questions apply to all persons, directors, companies and entities and answers provided will be regarded as answers by all parties to this proposal.)

- (i) Has any insurer declined an application from you, or cancelled or refused to renew a policy of yours or imposed special terms on your insurance?
(ii) Has the business been operating for less than twelve months?
(iii) Is any portion of the property to be insured in a state of disrepair or poor condition?
(iv) Has the business been operating without insurance for more than 3 months?
(v) Have you, or any person who will receive insurance protection under the proposed policy been charged with, or convicted of any criminal offence in the past 10 years?
(vi) Have you sustained any loss or damage to property (whether or not you made an insurance claim) in the last 5 years?
(vii) Are there any relevant facts relating to the proposed risk which you should disclose to us?

If "Yes" to any of the above, please provide full details:

- (viii) Is the business trading profitably?
(ix) Are your financial accounts audited at regular periods?
(x) Is a complete record kept of stock received and sold?

If "No", explain how a loss could be quantified and valued:

5. Location(s) of Property to be Insured

Location 1 Postcode
Location 2 Postcode
Location 3 Postcode

6. Details of Premises listed (Provide details for each Location):

	<i>Location 1</i>	<i>Location 2</i>	<i>Location 3</i>
Occupancy
Construction			
Walls
Frame
Roof
Floors – Ground
Floors – Other
No. of Storeys
Approx. Age

(If construction of walls consists of more than one material please advise approximate percentage split)

7. Declared Values

(i) Section 1 - Property Damage	<i>Location 1</i>	<i>Location 2</i>	<i>Location 3</i>
Building/s	\$.....	\$.....	\$.....
Trade Contents (excluding Stock)	\$.....	\$.....	\$.....
Stock / Merchandise	\$.....	\$.....	\$.....
Removal of Debris	\$.....	\$.....	\$.....
Other (Please specify)	\$.....	\$.....	\$.....
TOTAL DECLARED VALUES	\$.....	\$.....	\$.....

(ii) Section 2 – Consequential Loss	
(a) Gross Profit:	\$.....
Professional Fees:	\$.....
Payroll	\$.....
Additional increase cost of working	\$.....
Other:	\$.....
TOTAL	\$.....

- (b) Indemnity Period: months
- (c) Payroll Limits: \$..... for weeks % for weeks
- (d) Consolidation period: weeks
- (e) Uninsured Working Expenses (applicable only to the definition of Gross Profit):

(f) Extension – Suppliers' / Customers' Premises			
<i>Name of Supplier/Customer</i>	<i>Situation</i>		<i>% limit or Gross Profit</i>
.....
.....
.....
.....

8. Limits of Liability – Maximum Limit of Liability at any one location:

Section 1 – Material Loss Damage \$

Section 2 – Consequential Loss \$

9. Sub-Limits of Liability and Deductibles

	Sub-Limit	Deductible
Loss or Destruction of damage to or by:		
(i) Burglary or theft, or any attempt thereat	\$.....	\$.....
(ii) Money (a) In transit	\$.....	\$.....
(b) On the Proposer's premises during business hours	\$.....	\$.....
(c) On the Proposer's premises outside business hours	\$.....	\$.....
(d) On the Proposer's premises whilst contained in securely locked safe or securely locked strongroom	\$.....	\$.....
(e) In the personal custody of:.....	\$.....	\$.....
(iii) Clothing and tools of trade of directors and employees	\$.....	\$.....
(iv) Accidental Damage	\$.....	\$.....
(v) Glass Breakage	Replacement Value	\$.....
(vi) Cost of demolition and removal of debris	\$.....	\$.....
(vii) Other – please specify:	\$.....	\$.....

10. Fire Protection (at each Location)

Please tick which of the following are applicable

	Location 1	Location 2	Location 3
Are the premises sprinkler protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes",			
• Are they maintained under a service contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• What type of supply?	<input type="checkbox"/> Single <input type="checkbox"/> Dual	<input type="checkbox"/> Single <input type="checkbox"/> Dual	<input type="checkbox"/> Single <input type="checkbox"/> Dual
Fire hydrants located throughout the premises	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire blankets	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hoses and reels	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hard wired thermal / smoke detectors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are premises on town water supply	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", please provide full details of water source:			
Distance (in kilometres) to nearest Fire Brigade
Is Fire Brigade permanently staffed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Woodworking - is dust extraction system used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If cooking equipment used, are deep fryers in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", are units fitted with thermostatically controlled cut off switches?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Security (at each location)

Please tick which of the following are applicable

	Location 1	Location 2	Location 3
Are all perimeter doors deadlocked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all perimeter windows protection by Bars/Grills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any skylights in the roof?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes", how are they protected:

.....

Random visit Security night patrols	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic Burglar Alarm with Movement sensors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local sounding alarm only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Connected to monitoring bureau	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes",

• Monitored by whom:

• What type of system? Land Line Securitel Digital Dialler

• Has the monitoring company been instructed to send a security patrol in response to alarm activation? Yes No

• Does the monitoring company have access to the premises to investigate alarm activation? Yes No

Details of other security measures (eg. On Site Guards/Watchman, Guard Dogs, CCTV):

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.....

Declaration and Agreement:

I/We agree to make the property to be insured by this policy available for inspection by SRS or their representatives.

I/We acknowledge that no cover is provided unless and until, underwriters advise in writing of the cover and terms which they can provide, this cover and terms is then accepted by the Insured, Underwriters are advised of acceptance of their cover and terms offer and SRS acknowledges to the Insured that Cover is provided.

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

The answers and information given by me/us in this proposal are true and correct in all respects.

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.

I/We acknowledge having been clearly informed of and understand the effect of all of the Notices on Page 1 of this Form.

I/We authorise SRS to give to, or obtain from other insurers any information relating to or which may impact on this insurance cover, and any other insurances held by me/us and claims under those insurances.

By signing this application, I/We agree to SRS collecting, using and disclosing my/our personal information, including sensitive information if applicable, in accordance with the Privacy Statement and the SRS Privacy policy.

Signature/s:..... **Date:**

..... **Date:**

Full Name of such Person/s: **Title:**

..... **Title:**