



COMMERCIAL / BUSINESS APPLICATION

Custodian Underwriting Agency Suite 3.1 56 Delhi Road NORTH RYDE 2113
AFSL 301 970
ABN 17 116 860 103

Broker Name

Period of Insurance From To

Full Name of Insured

Trading Name

Postal Address

Contact Details Tel Fax Mobile Email

Tax Status ABN Taxable %

Interested Party Name

Address

Address of Business

Please provide a full description of all your business activities for the next 12 months

For the actual scope of cover provided please refer to the policy wording and the policy schedule

Number of years In this business At this address

Occupancy Owner of the premises Owner occupier Tenant

Construction Walls Floors Roof EPS % No of storeys Age of building
If the building is over 30 years old has it in the last 5 years been ? Rewired Re-plumbed

Security Do your premises have ? An Alarm Local Alarm Back to Base Dialler Securitel TCD Alarm Other Alarm

Security

Do your premises have ?

- Deadlocks on Doors YES NO
- Keyed Window Locks YES NO
- Bars & / or grills on Doors YES NO
- Bars & / or grills on Windows YES NO
- Bollards YES NO
- CTV YES NO
- A safe YES NO

If yes please advise

Number
Type

If yes to Other Alarm please provide details

Fire protection

Are your premises sprinklered ?

- YES NO

Do your premises have ?

- Monitored Fire & Smoke Alarms YES NO
- Smoke Alarms YES NO
- Hose Reels YES NO
- Fire Extinguishers YES NO
- Fire Blankets YES NO
- Other fire protection measures YES NO

If yes to any of the above please provide details

Cooking / Flammable Liquids

Is commercial cooking done on the premises ?

- YES NO

Is it Thermostat controlled ?

- YES NO

Are there any flammable liquids or explosives stored on premises ?

- YES NO

If yes please advise

Type

Quantity

Are flammables stored in approved flammable goods cabinets or store ?

- YES NO

If no, how are they stored ?

SUMS INSURED**PROPERTY SECTION**

Building	\$
Contents	\$
Stock	\$
Plant & Machinery under 10 year	\$
Plant & Machinery over 10 years	\$
Removal Of Debris (Instead Of The Automatic Policy Limit)	\$
Accidental Damage (Instead Of The Automatic Policy Limit)	\$

BUSINESS INTERRUPTIONIS COVER REQUIRED ? YES NO

Gross Income (Annual takings less costs of goods & services)	\$
Gross Rental Income	\$
Additional Increased Cost Of Working	\$
Claims Preparation Costs (Instead of the Automatic Policy Limit)	\$
Payroll	\$
Indemnity Period	Months / Weeks
What is the normal time frame to obtain replacement stock?	Months / Weeks
What is the normal time frame to obtain replacement of Specialised Equipment or Machinery?	Months / Weeks
Can your company's products be outsourced whilst the business is re-established?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can your business be permanently or temporarily be relocated?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your business depend on one or two customers or suppliers for more than 40% of its turnover?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If yes, please list all Critical Dependencies

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THEFTIS COVER REQUIRED ? YES NO

Contents	\$
Stock	\$
Tobacco Cigarettes & Cigars	\$
Other	\$

MONEYIS COVER REQUIRED ? YES NO

In Transit	\$
On Premises During Business Hours	\$
On Premises Outside Business Hours	\$
In Safe & / Or Strongroom	\$
In Personal Custody	\$

PLATE GLASSIS COVER REQUIRED ? YES NO

Internal	<input type="checkbox"/> YES <input type="checkbox"/> NO
External	<input type="checkbox"/> YES <input type="checkbox"/> NO
Increased Cover On Advertising Signs / Signwriting	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please advise value \$</i>

LIABILITYIS COVER REQUIRED ? YES NO

Limit Of Indemnity Required	\$
Estimated Turnover	\$
Estimated Wages	\$
Estimated Rentals	\$
The number of staff including principals	

What is the nature of your business ?	Retailer <input type="checkbox"/>	Property Owner <input type="checkbox"/>	Manufacturer <input type="checkbox"/>
	Wholesaler <input type="checkbox"/>	Other <input type="checkbox"/>	

If other please advise details

IF YOU REQUIRE PRODUCTS LIABILITY PLEASE PROVIDE ANSWERS FOR THE FOLLOWING

Do you require cover for Property In Your Physical Legal Control YES NO
(Instead of the Automatic Policy Limit)

If yes, please advise

- nature of property concerned _____
- limit of Indemnity \$ _____

Do you perform work away from premises YES NO

If yes, please advise

- what duties do you perform _____
- the Percentage % _____

Do you employ contractors or sub contractors YES NO

If yes, please advise

- nature of work usually carried out _____
- what is the annual value of the subcontract work \$ _____

Do you check that they carry their own liability cover YES NO

Are you always named as principal on contractors or sub contractors liability policy YES NO

Do Your Operations Include :

- Use or storage of explosive YES NO
- Welding at your premises or away from your premises YES NO
- Boilers &/or compressors which require government certificates YES NO
- Lifts, escalators, cranes, hoists or other lifting equipment YES NO
- Unregistered vehicles YES NO
- Manufacture, distribution, storage, transportation, Disposal or Discharge of chemical or other toxic or harmful matter YES NO
- Construction work YES NO

If yes to any of the above, please provide details

Do you sell or distribute any product of a type not normally associated with your business / occupation YES NO

Do you manufacture, pack or relabel any products which you sell or distribute YES NO

Are your products manufactured to comply with any federal or state regulation or recognised international standard or code YES NO

If yes to any of the above, please provide details

Please provide full details of products
(attach product brochure, price list etc)

Do you require cover for discontinued products YES NO *If yes, please attach complete details of products*

Do you intend launching any new products during the next 12 months YES NO *If yes, please attach complete details of Products*

Do you keep records that will enable your source of purchase to be identified YES NO

Are raw materials / ingredient laboratory tested for quality or impurity before use YES NO

Do you have a quality control program in place for finished products YES NO

Do you assume liability under contract or hold harmless YES NO *If yes, please provide details*

Please Provide Full Details Of All Products Exported			
Description of Goods	Country of Destination	Turnover / Value	%
	Australia & New Zealand	\$	

Please Provide Full Details Of All Products Imported			
Description of Goods	Country of Origin	Turnover / Value	%
	Australia & New Zealand	\$	

Could any of the above products or services be used in connection with :

Aircraft / Missile / Aerospace YES NO

Watercraft or Offshore YES NO

Transportation YES NO

Could these products be classified as :

Pharmaceuticals YES NO

Cosmetics YES NO

Are any of these products sold under another's name or label ? YES NO

If yes to any of the above, please provide details

YOUR PREVIOUS HISTORY

Have you either alone or jointly with any other party had any of the following in the last FIVE (5) years

Had any losses (whether insured or not) YES NO

If yes, please provide details

200 to 200			200 to 200			200 to 200			200 to 200			200 to 200		
Amount	no	Excess	Amount	no	Excess	Amount	no	Excess	Amount	no	Excess	Amount	no	Excess

Had any insurance policy declined or cancelled, proposal rejected, renewal refused or special conditions such as a high excess imposed ? YES NO

Had any insurer decline any claim submitted ? YES NO

Have you or any of your partners, shareholders or directors of the business ever been declared bankrupt or ever been involved in a company or business which became insolvent or subject to any form of insolvency ? YES NO

Have you **ever at any time** been convicted of a serious criminal offence (other than traffic) ? YES NO

Have you **ever at any time** suffered a large loss (greater than \$250,000) whether insured or not? YES NO

If yes to any of the above please provide details & advise what precautions have you taken to prevent future similar losses (if insufficient space please refer to additional information)

Please advise names of all companies with whom you have previously insured

GENERAL INFORMATION

Are the premises and machinery used in connection with your business in good repair & condition & have all statutory requirements been met ? YES NO

If no, please provide details

IMPORTANT (Please read the following carefully before signing this Application)

DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the insurer anything that you could be reasonably expected to know is relevant to the Insurer’s decision whether to accept the risk of the insurance & , if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

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

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

PRIVACY

Custodian Underwriting Agency respects your privacy & complies with the Privacy Act & the National Privacy Principals. A copy of our Privacy Statement is available from our office or online at www.custodianua.com.au

CO INSURANCE

Our policy contains a condition of co-insurance which means that if your Sums(s) Insured is / are inadequate at the time of loss, part of the loss may not be covered. In addition, we will never pay more that the Sum(s) Insured.

GOODS & SERVICES TAX (GST)

To ensure you do not incur any unnecessary GST Liabilities on Claim Settlements please ensure you r Australian Business Number (ABN) & tax status are entered in the space provided in this Application. Any GST Liability from Your incorrect advice is payable by you.

POLICY DETAILS

Anything you state in the Application will form part of the Policy Document unless we tell you otherwise. Before you complete the Application, you should read carefully the Policy because it will tell you about the Insurance you are proposing we provide & contains definition of words used in this Application.

ADDITIONAL INFORMATION

If inadequate space is provided to answer any of the questions raised in this Application, please attach a separate signed Addendum giving full details of the additional information.

DECLARATION & SIGNATURE

You declare & acknowledge as follows

- You have not suppressed misrepresented or mis-stated any material information within your knowledge likely to affect our decision as to your eligibility for insurance & the answers given in this Application are in every respect true & correct.
- You authorise Assetinsure P/L ABN 56 066 463 803 to give to or obtain information from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance I have including this completed application & my insurance claims history & my credit history

Applicant’s Signature

Date

Applicant’s Name

Applicant’s Position

Thank you for Completing This Application