



INDUSTRIAL SPECIAL RISKS INSURANCE APPLICATION

Custodian Underwriting Agency Suite 3.1 56 Delhi Road NORTH RYDE 2113

AFSL 301 970
ABN 17 116 860 103

Broker Name _____

Policy Number _____

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 _____

Please provide a full description of all your business activities _____

Date Business Started _____

DETAILS OF ALL ADDRESSES FROM WHICH THE BUSINESS IS TO BE CONDUCTED

ADDRESS 1 _____

Occupied by _____

Construction Walls _____ Floors _____ Roof _____

No of storeys _____ Age of building _____

If the building is over 30 years old has it in the last 5 years been ?
Rewired YES NO Re-plumbed YES NO

Fire Protection _____

Security _____

Declared Values

Building	\$	_____
Contents	\$	_____
Stock	\$	_____
Other – please specify _____	\$	_____

ADDRESS 2

Occupied by

Construction

Walls _____ Floors _____ Roof _____

No of storeys _____ Age of building _____

If the building is over 30 years old has it in the last 5 years been ? Rewired YES NO Re-plumbed YES NO

Fire Protection

Security

Declared values

Building	\$	_____
Contents	\$	_____
Stock	\$	_____
Other – please specify _____	\$	_____

TOTAL DECLARED VALUES

Section 1 Material Damage \$ _____

Section 2 Consequential Loss

1 Gross Profit / Gross Rentals \$ _____

2 Professional Fees \$ _____

3 Payroll \$ _____

100 % for _____ weeks

_____ % for _____ weeks as defined herein

_____ weeks consolidated period

4 Additional Increased Cost of Working \$ _____

5 Other – please specify _____ \$ _____

6 Uninsured Working Expenses _____

Indemnity Period _____ months

LIMITS OF LIABILITY

Section 1 Material Damage \$ _____

Section 2 Consequential Loss \$ _____

SUB LIMITS OF LIABILITY

Section 1 Material Damage

Burglary or Theft or any attempt thereat \$ _____

Money *in transit* \$ _____

on premises during business hours \$ _____

on premises outside business hours \$ _____

In securely locked safe or strongroom \$ _____

In personal custody of authorised persons \$ _____

Accidental Damage \$ _____

Glass \$ _____

Other- please specify _____ \$ _____

Other- please specify _____ \$ _____

Section 2 Consequential Loss

Additional Increased Cost of Working \$ _____

Other- please specify _____ \$ _____

Other- please specify _____ \$ _____

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) <input type="checkbox"/> YES <input type="checkbox"/> NO														
<i>If yes please provide details</i>														
20__ to 20__			20__ to 20__			20__ to 20__			20__ to 20__			20__ to 20__		
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

Been convicted of or charged with any criminal offence (other than minor traffic convictions)? 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 explosives, gases, or other hazardous materials used or stored YES NO

If yes, please provide details

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 _____

Thank you for Completing This Application