



INSURANCE ADVISERNET AUSTRALIA PTY LIMITED

Australian Financial Services Licence Number 240549

ABN 15 003 886 687

www.insuranceadviser.net

Risk Analysis - Client Details

Please enter the appropriate answer to each question.

Branch Code: _____ **Client Code:** _____

Adviser: _____ **Referral:** _____
(not compulsory)

Client Name: _____

Client Type: Client / Prospect

Accepts Marketing Material: Yes / No _____

Accepts Electronic Disclosure Documents: Yes / No _____

Postal Address	
Addressee	_____
Address	_____ _____ _____
Suburb	_____
State	_____ Postcode _____

Contact Details	
Business Phone	() _____
Home Phone	() _____
Mobile Phone	_____
Email	_____
Web	_____
Fax	() _____

Street Address (If differing to Postal Address)	
Addressee	_____
Address	_____ _____ _____
Suburb	_____
State	_____ Postcode _____

Bank Account	
Type	Cheque / Credit / Savings _____
BSB	_____
Account Number	_____
Account Name	_____

Notes
_____ _____

Insured Name	
Full Name of Insured:	(Including Subsidiary/Associated Companies) _____
_____	_____
_____	_____
Occupation:	_____
_____	_____

GST	
GST Exempt	Yes / No _____
GST Registered	Yes / No _____
ABN	_____
Input Tax Credit %	_____
Input Tax Credit Status	Taxable Input Taxed Unregistered Partially Taxed

Risk Analysis - Privacy Statement

We are covered by the Federal Privacy Act and its National Privacy Principles (NPPs) which set out standards for the collection, use disclosure and handling of personal information. This statement tells you how Insurance Advisernet Australia Pty Limited (ABN 81 072 343 643) collects, uses and discloses personal information and what we expect of you.

- "Personal information" is essentially information or an opinion which identifies individuals, including for example, and individual who is an insured and an individual who may simply be referred to in the application for cover or claim form (such as an employee, director, claimant, witness etc). Examples of personal information include name, address, date of birth.
- Our Privacy Policy applies to any personal information we collect, use or disclose after 21 December 2001.
- It is important that you read, understand and agree to the following which applies from 21 December 2001.

How we use and disclose personal information

- We do not use or disclose personal information for any purpose that is unrelated to our services and that you would not reasonably expect (except with your consent).
- We have a duty to maintain the confidentiality of our client's affairs, including personal information. Our duty of confidentiality applies except where disclosure of your personal information is with your consent or compelled by law.
- We disclose personal information to third parties that are essential in assisting us to provide our services. For example, in arranging and managing your insurance needs we may provide information to insurers, reinsurers, and other insurance intermediaries, lawyers and accountants and others involved insurance reference bureaus, our advisers such as loss adjusters, in the claims handling process.
- We take reasonable steps to ensure that your personal information is accurate, complete and up to date whenever we collect or use or disclose it.
- If the required personal information is not provided, we or any involved third parties may not be able to provide appropriate services.

What we expect of you

- When you provide us with personal information about other individuals, we rely on you to have made them aware that you will or may provide their information to us, the purposes we may use it for, the types of third parties we disclose it to and how they can access (as described in this document). It is sensitive information we rely on you to have obtained their consent to the above. If you have not done either of these things, you must tell us before you provide the relevant information.
- If we give you personal information, you and your representative must only use it for the purposes we agreed to.
- Where relevant you must meet the requirements of the National Privacy Principles set out in the Privacy Act 1988 when collecting, using, disclosing and handling personal information on your behalf.
- You must also ensure that your agents, employees and contractors meet the above requirements.

Security of your personal information

- We endeavour to protect any personal information that we hold from misuse and loss, unauthorised access, modification and disclosure.
- We maintain physical security over our paper and electronic data stores and premises, such as locks and security systems.
- We also maintain computer and network security; for example we use firewalls (security measure for the Internet) and other security systems such as user identifiers and passwords to control access to computer systems.

Transfer of information overseas

- We may transfer your personal information overseas where it is necessary to provide our services. For example we sometimes use the internet to collect and process information. In addition, some insurers or reinsurers are based overseas and we need to provide your personal information to them arrange your cover. In most cases we only do this with your consent.

Opting Out

- If we send you any information about services or products, or you do not want us to disclose your personal information to any other organisation (including related bodies corporate) you can opt out by contacting us as per our contact details below.

How to contact us

- If you wish to gain access to your personal information, or you want us to correct or update it, or you have a complaint about a breach of your privacy, or any other query relating to our Privacy Policy, contact our Privacy Officer during business hours:
Telephone: (02) 9954-1311; Fax: (02) 9954-1809; Mail: P.O. Box 633, North Sydney, NSW, 2059;
- You will be asked to complete a simple form setting out the details of your request and you will receive an initial response within 48 hours. We will respond to your query or complaint as soon as possible, and will try to resolve any complaint within 5 working days. If this is not possible we will contact you within that time and let you know how long we estimate that it will take to resolve any complaint within 5 working days. If this is not possible we will contact you within that time and let you know how long we estimate that it will take to resolve your complaint. Any unresolved complaints should be referred to the Privacy Commissioner.

If you do not notify us otherwise before next dealing with us, you confirm agreement to this above on your own behalf and/or on behalf of those you represent.

Risk Analysis - Applicant Declaration

The following information has been provided and/or reviewed with me:

- Financial Services Guide
- IAA's Privacy Policy
- Review of General Insurance Covers Required/Not Required

Duty of Disclosure:

Your Duty of Disclosure requires you to tell us of any information that may affect our/insurer decision to insure you. Each person(s) or entity named as the Insured has this duty of disclosure. If you do not tell us about any information which may be relevant to accepting this insurance, this may result in the refusal or reduction of claims or the cancellation of this policy.

Duty of Disclosure Questions:

In the past 10 years have you or any Insured person/business/corporation/director had any insurer decline any proposal from inception or decline any claim, cancelled or refused to renew a policy or imposed special conditions? Yes / No

In the past 10 years have you or any Insured person/business/corporation/director ever been declared bankrupt or involved in any form of insolvency administration and not been discharged for at least one year? Yes / No

In the past 10 years have you or any Insured person/business/corporation/director been convicted or have charges pending, for any criminal offence, including arson, or involving dishonesty of any kind? Yes / No

Have you ever had a non motor vehicle loss, whether insured or not, in excess of \$20,000? If Yes, provide details (acceptance will be required from the Insurer/s) Yes / No

Do you authorise us to give to, or obtain from, other insurers or any reference service, any information relating to insurance held by you or any claim in relation thereto? Yes / No

Are you aware of any exceptional circumstances, not covered above, that would influence the underwriter's decision to accept the risk of insurance, or alter the terms? If Yes, provide details (acceptance will be required from the Insurer/s) Yes / No

I/we agree the Privacy Policy Statement is acceptable Yes / No

Details:

All answers and statements made in this declaration and risk analysis are to the best of my knowledge true and correct.

I/we understand that this declaration will be relied upon by IAA and/or insurers.

I/We understand that IAA's recommendations will be based on this information provided by us/me.

Client signature: _____

Client name: *(print)* _____

Date: _____

Adviser signature: _____

Adviser name: *(print)* _____

Date: _____

Review Analysis - Review of Business Insurance Covers

Types of cover under Business Insurance

Type of Cover	Required Yes No	Type of Cover	Required Yes No
Burglary (Theft of property following forcible and violent entry to premises.)	<input type="checkbox"/> <input type="checkbox"/>	Business Interruption (Loss of income and increased expenses due to damage to fixed assets.)	<input type="checkbox"/> <input type="checkbox"/>
Commercial Motor Vehicle (Loss or damage to vehicles, mobile plant and the like.)	<input type="checkbox"/> <input type="checkbox"/>	Electronic Equipment Breakdown (Material damage and loss of data following breakdown or malfunction.)	<input type="checkbox"/> <input type="checkbox"/>
Employee Dishonesty (Losses due to the dishonesty of employees.)	<input type="checkbox"/> <input type="checkbox"/>	Engineering (Cost to repair following mechanical or electrical breakdown of plant and equipment.)	<input type="checkbox"/> <input type="checkbox"/>
Equipment Breakdown (Repair or replacement of fixed mechanical, pressure, electrical and electronic equipment that breakdown.)	<input type="checkbox"/> <input type="checkbox"/>	General Property (Loss or damage to portable property, tools and the like away from your premises.)	<input type="checkbox"/> <input type="checkbox"/>
Glass (Damage to fixed glass.)	<input type="checkbox"/> <input type="checkbox"/>	Goods in Transit - Import/Export (Damage to goods while in transit.)	<input type="checkbox"/> <input type="checkbox"/>
Goods in Transit - Inland (Damage to goods while in transit.)	<input type="checkbox"/> <input type="checkbox"/>	Liability (Personal injury and/or property damage as a result of an occurrence in connection with your business.)	<input type="checkbox"/> <input type="checkbox"/>
Management Liability (Provides management liability for individual and corporate exposures.)	<input type="checkbox"/> <input type="checkbox"/>	Money (Loss or damage to cash, cheques, negotiable instruments.)	<input type="checkbox"/> <input type="checkbox"/>
Personal Accident & Sickness (Death or disability following an accident or illness (cancellable contract).)	<input type="checkbox"/> <input type="checkbox"/>	Property (Damage to fixed assets caused by a range of nominated risks.)	<input type="checkbox"/> <input type="checkbox"/>
Tax Audit (Expenses due to unexpected audits required by any statutory body, including Australian Tax Office.)	<input type="checkbox"/> <input type="checkbox"/>		

Risk Analysis - Other Insurable Risks

The following types of insurance are able to be purchased by you through Insurance Advisernet Australia Pty Ltd. This list does not include all types of policies available in the various insurance markets and is only intended to be a brief summary of covers available to assist in your assessment of whether such insurance protection may be needed. Please contact your Authorised Representative if you would like any additional information about any of these classes of insurance.

Property

Aviation
Bonds
Builders Warranty
Burglary
Business Interruption
Contract Works
Crop
Domestic - Home, Contents, Personal Property
Electronic Equipment Breakdown
Employee Dishonesty
Engineering
Farm
Fire
General Property
Glass
Home Business
Industrial Special Risks
Landlords
Livestock
Money
Mortgage Protection
Strata Plan

Marine

Carriers Liability
Goods in Transit - Import/Export
Goods in Transit - Inland
Marine Hull / P&I (Commercial)
Marine P&I (Commercial)
Private Pleasure Craft
Shipbuilders Warranty

Life**

Term Life
Total & Permanent Disability
Trauma
Income Protection
Business Expense

**Your adviser may act as an adviser for Insurance Advisernet Financial Services Pty Ltd and is authorised to offer financial services in relation to Life / Risk / Financial Planning. If not, your enquiry will be referred to an accredited Authorised Representative or other licensee.

Liability

Association Liability
Cancellation & Abandonment
Credit Insurance
Directors & Officers
Directors & Officers Legal Expenses
Employment Practices Liability
Entertainment & Events
Excess Liability
Excess Professional Indemnity
Internet Liability
Kidnap Ransom & Extortion
Legal Expenses
Management Liability
Medical Indemnity
Medical Indemnity Support Payment
Professional Indemnity
Public & Products Liability
Statutory Liability
Tax Audit
Trustees Liability

Personnel

Corporate Travel
Domestic Workers Compensation
Personal Accident & Sickness
Travel
Voluntary Workers Personal Accident
Workers Compensation - ACT
Workers Compensation - Extra Territorial
Workers Compensation - NT
Workers Compensation - TAS
Workers Compensation - Top Up
Workers Compensation - WA

Motor Vehicle

Caravan & Trailer
Commercial Motor Vehicle
Private Motor Vehicle - Comprehensive
Private Motor Vehicle - Third Party, Fire & Theft
Private Motor Vehicle - Third Party Property Damage

Not all these covers may apply to your particular circumstances. However, as a business is continually changing, we suggest that this list be reviewed regularly to ensure that your current insurance program is still satisfactory in meeting your needs. Additionally, should a particular exposure exist which is neither included in your current insurance program, nor listed above, we would be pleased to investigate that availability of protection against such exposure.

Risk Analysis - Advice Details

Please tick your Advice Type: **Personal**

General

Personal Advice - Personal advice is when the advice takes into account one or more of the client's financial situation, objectives and needs.

General Advice - General advice is advice that is not personal advice.

If you've selected Personal Advice, please enter/circle the appropriate answer to each question. **(Please only circle ONE answer per question)**

I/we agree that General Advice has been provided and is acceptable. Whilst we may have collected risk information, your personal objectives, needs or financial situations were not taken into account when preparing this information. We recommend that you consider the suitability of this general advice, in respect of your objectives, financial situation and needs. Please consider the relevant PDS before making any decision to purchase this financial product.	<input style="width: 100%;" type="text" value="Yes"/>
Who is your current insurer/broker	<input style="width: 100%;" type="text"/>
When do your policies expire and/or when is cover required	<input style="width: 100%;" type="text"/>
Is there another date that would better suit your cash flow	<input style="width: 100%;" type="text"/>
How concerned are you to have a broad comprehensive policy coverage with a financially secure insurer	<input style="width: 100%;" type="text" value="Extremely concerned / Very concerned / Concerned / Slightly concerned / Not concerned"/>
How concerned are you to have the lowest premium available	<input style="width: 100%;" type="text" value="Extremely concerned / Very concerned / Concerned / Slightly concerned / Not concerned"/>
How concerned are you to receive fast and efficient claims advice and support	<input style="width: 100%;" type="text" value="Extremely concerned / Very concerned / Concerned / Slightly concerned / Not concerned"/>
IAA payment terms are 14 days, would you prefer to pay your premiums by monthly instalments	<input style="width: 100%;" type="text" value="Yes / No"/>
Would you consider a higher excess/deductible to assist in reducing your premium	<input style="width: 100%;" type="text" value="Yes / No"/>
What level/frequency of service calls do you expect from IAA	<input style="width: 100%;" type="text" value="Annual / Half yearly / Quarterly / Monthly"/>
What is your preferred method of communication with IAA	<input style="width: 100%;" type="text" value="Face to face / Telephone / E-mail / Post / Other"/>

Risk Analysis - Group Questions

Business

Please enter/circle the appropriate answer to each question.

(Please only circle ONE answer per question)

What year was this or a similar business established (yyyy)	<input style="width: 100%;" type="text"/>
Describe business activities	<input style="width: 100%;" type="text"/>
Describe all products sold and/or distributed	<input style="width: 100%;" type="text"/>
Has this risk analysis been completed as a hard copy (manually) (Office use only)	<input style="width: 100%;" type="text" value="Yes / No"/>
Date completed (dd/mm/yyyy) (Office use only - If completed electronically, please enter today's date)	<input style="width: 100%;" type="text" value=" / /"/>

Risk Analysis - Risk Questions

Business - Business Interruption (BB/I)

Provides cover for the interruption or interference to the business caused by loss or damage to property insured for fire, theft or other defined events as defined in the policy wording.

Situation: Postcode:

Int. Party:

Please enter/circle the appropriate answer to each question.

(Please only circle ONE answer per question)

- | | |
|---|--|
| <p>1. *What type of cover is required
If Business Income Protection cover selected proceed to Q15
- What is the weekly income sum insured</p> | Business Income Protection (weekly) / Consequential
Loss of Profits / Gross Revenue |
| <p>2. *What is the gross profit/revenue sum insured</p> | Not Insured |
| <p>3. *What is the additional/increased costs sum insured</p> | Not Insured |
| <p>4. *What is the claims preparation expenses in excess of additional benefit sum insured</p> | Included / Refer Benefits / Not Insured |
| <p>5. *What is the loss of rent sum insured</p> | Not Insured |
| <p>6. *What is the accounts receivable sum insured</p> | Not Insured |
| <p>7. What is the payroll sum insured</p> | Not Insured / Included |
| <p>8. Is other cover required</p> | Insured / Not Insured |
| <p>9. What is the other cover sum insured</p> | \$ |
| <p>10. Describe other cover</p> | |
| <p>11. What is the total sum insured</p> | |
| <p>12. Are there any uninsured working expenses</p> | Yes / No |
| <p>13. Uninsured Working Expenses</p> | |
| <p>14. *What is the indemnity period</p> | 3 months / 6 months / 9 months / 12 months / 18 months / 24 months / 36 months |
| <p>15. *What is the weekly income sum insured</p> | Not Insured |
| <p>16. What is the weekly limit of indemnity</p> | Not Insured / Not Applicable |
| <p>17. *What is the additional/increased costs sum insured</p> | Not Insured |
| <p>18. *What is the claims preparation expenses in excess of additional benefit sum insured</p> | Included / Refer Benefits / Not Insured |
| <p>19. What is the maximum limit of liability</p> | Not Insured / Not Applicable |
| <p>20. Are there any uninsured working expenses</p> | Yes / No |
| <p>21. Uninsured Working Expenses</p> | |

Risk Analysis - Risk Questions

Business - Business Interruption (BB/I)

Provides cover for the interruption or interference to the business caused by loss or damage to property insured for fire, theft or other defined events as defined in the policy wording.

22.	*What is the indemnity period	<input type="text" value="3 months / 6 months / 9 months / 12 months / 18 months"/>
		<input type="text" value="other ()"/>
23.	Policy excess:	<input type="text"/>
24.	*Select excess required	<input type="text" value="\$100 / \$250 / \$500 / \$1,000 / \$2,000 / N/A"/>
		<input type="text" value="other ()"/>
25.	Do you maintain detailed records of purchases and sales	<input type="text" value="Yes / No"/>
26.	Are your books audited by a qualified accountant at least annually	<input type="text" value="Yes / No"/>
27.	*How many business interruption claims have you had in the last 3 years	<input type="text" value="0 / 1 / 2 / 3 / 4 / 5 / 6 or more"/>
28.	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	<input type="text"/>
29.	Special Notes:	<input type="text"/>
30.	Enter details of special notes	<input type="text"/>
31.	Enter details of special notes	<input type="text"/>
32.	Enter details of special notes	<input type="text"/>
33.	Enter details of special notes	<input type="text"/>
34.	Enter details of special notes	<input type="text"/>

Risk Analysis - Risk Questions

Business - Burglary (BBUR)

Provides cover for loss or damage as a result of theft or attempted theft as defined in the policy wording.

Situation: Postcode:

Int. Party:

Please enter/circle the appropriate answer to each question.

(Please only circle ONE answer per question)

- | | | |
|-----|--|---|
| 1. | *What is the contents sum insured | <input type="text" value="Not Insured"/> |
| | | <input type="text" value="\$"/> |
| 2. | *What is the stock sum insured | <input type="text" value="Not Insured / Included in Contents"/> |
| | | <input type="text" value="\$"/> |
| 3. | *What is the tobacco/cigarettes sum insured | <input type="text" value="Not Insured"/> |
| | | <input type="text" value="\$"/> |
| 4. | *What is the liquor sum insured | <input type="text" value="Not Insured / Included in Stock / Included in Tobacco/Cigarettes"/> |
| | | <input type="text" value="\$"/> |
| 5. | *What is the burglary without forcible entry in excess of additional benefit sum insured
Note: If As per Policy is selected the standard policy benefits will apply | <input type="text" value="As per Policy / Insured / Not Insured"/> |
| | | <input type="text" value="\$"/> |
| 6. | Is cover required for other property | <input type="text" value="Insured / Not Insured"/> |
| 7. | What is the other property sum insured | <input type="text" value="\$"/> |
| 8. | Describe other property | <input type="text"/> |
| 9. | What is the total sum insured | <input type="text"/> |
| 10. | Policy excess: | <input type="text"/> |
| 11. | *Select excess required | <input type="text" value="\$100 / \$250 / \$500 / \$1,000 / \$2,000 / N/A"/> |
| | | <input type="text" value="other ()"/> |
| 12. | *Are there deadlocks on all external doors | <input type="text" value="Yes / No"/> |
| 13. | *Is there an intruder alarm system installed and operational | <input type="text" value="Yes / No"/> |
| 14. | *How is the alarm monitored | <input type="text" value="Direct Line or Multipath Ethernet/GPRS, Polled <60 seconds / Securitel Line or Multipath Ethernet/GPRS, Polled <60 seconds / Digital Dialer , Polled Daily / Digital Dialler + Mobile Phone Backup, Polled Daily / Local Alarm (not monitored)"/> |
| | | <input type="text" value="other ()"/> |
| 15. | *Is the premises fully enclosed within a modern, secured shopping centre (ie no external openings to outside centre) | <input type="text" value="Yes / No"/> |
| 16. | Is there a two metre high perimeter fence/wall totally enclosing the premises | <input type="text" value="Yes / No"/> |
| 17. | Is there exterior security lighting | <input type="text" value="Yes / No"/> |
| 18. | Is there a roller door | <input type="text" value="Yes / No"/> |
| 19. | Is there a padlock/deadlock installed on the roller door | <input type="text" value="Yes / No"/> |
| 20. | Are bollards installed in front of glazing such as glass doors, display windows and roller shutters to prevent ram attacks | <input type="text" value="Yes / No"/> |
| 21. | Are there bars on all external windows (excluding display windows) | <input type="text" value="Yes / No"/> |
| 22. | Are there locks on all external windows without security grills/bars | <input type="text" value="Yes / No"/> |

Risk Analysis - Risk Questions

Business - Burglary (BBUR)

Provides cover for loss or damage as a result of theft or attempted theft as defined in the policy wording.

23.	Are display windows protected by a minimum 11mm plate glass with poly-carbonated film or thief resistant laminated glass or security screens, bars or grills	Yes / No / N/A
24.	Is there a taped closed circuit TV system installed and operational	Yes / No
25.	Do security personnel conduct random patrols during non business hours	Yes / No
26.	Details of other security measures	
27.	*How many burglary/theft claims have you had in the last 3 years	0 / 1 / 2 / 3 or more
28.	*How many of these claims occurred in the last 12 months	0 / 1 / 2 / 3 / 4 / 5 / 6 or more
29.	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	
30.	Special Notes:	
31.	Enter details of special notes	
32.	Enter details of special notes	
33.	Enter details of special notes	
34.	Enter details of special notes	
35.	Enter details of special notes	

Risk Analysis - Risk Questions

Business - Commercial Motor Vehicle (BCM)

Provides cover for loss and/or damage to your vehicle/s and/or legal liabilities to third parties as defined in the policy wording.

Situation: Postcode:

Int. Party:

Please enter/circle the appropriate answer to each question.

(Please only circle ONE answer per question)

1.	*Is this a single vehicle risk If Yes, go to Q2 - What is the year of manufacture. If No, go to Q11 - Number of vehicles	<input style="width: 100%; height: 20px;" type="text"/>
2.	*What is the year of manufacture	<input style="width: 100%; height: 20px;" type="text"/>
3.	*What is the make and model	<input style="width: 100%; height: 20px;" type="text"/>
4.	*Select category of vehicle	<input style="width: 100%; height: 20px;" type="text"/> Up to 2 Tonne / 2-5 Tonne / 5-10 Tonne / Over 10 Tonne Rigid / Over 10 Tonne Prime Mover / Trailer / Tanker
5.	*What is the body type	<input style="width: 100%; height: 20px;" type="text"/> Flat Tray / Refrigerated / Van / Tipper / Pantech / Insulated / Prime Mover / Earthmoving / Bus
6.	*What is the registration number	<input style="width: 100%; height: 20px;" type="text"/>
7.	*What is the vin/engine number	<input style="width: 100%; height: 20px;" type="text"/>
8.	*Please select type of cover required	<input style="width: 100%; height: 20px;" type="text"/> Comprehensive / Third Party Property Damage / Own Damage Only / Fire, Theft & Third Party Property Damage / Fire & Theft Only
9.	*What is the sum insured	<input style="width: 100%; height: 20px;" type="text"/>
10.	*What is your current no claim bonus entitlement	<input style="width: 100%; height: 20px;" type="text"/> 65% / 60% / 55% / 50% / 45% / 40% / 35% / 33% / 30% / 25% / 20% / 15% / 10% / 0% / Not Applicable / Refer to Schedule
11.	*Number of vehicles	<input style="width: 100%; height: 20px;" type="text"/>
12.	Insured Vehicles	<input style="width: 100%; height: 20px;" type="text"/>
13.	*Please select type of cover required	<input style="width: 100%; height: 20px;" type="text"/> Comprehensive / Third Party Property Damage / Refer to Schedule
14.	*What is the radius of operations	<input style="width: 100%; height: 20px;" type="text"/> Up to 200km / Up to 250km / Up to 400km / Up to 600km / Up to 1,000km / Australia Wide / As per Policy
15.	*If Australia Wide, what is the principal destination or cartage and/or use	<input style="width: 100%; height: 20px;" type="text"/>
16.	*What is the third party liability limit	<input style="width: 100%; height: 20px;" type="text"/> \$20,000,000 / \$30,000,000 / \$32,500,000 / \$35,000,000
17.	*Enter description and % of goods carried (non hazardous) eg. general freight, refrigerated goods, earthworks, livestock, building, construction materials, machinery etc.	<input style="width: 100%; height: 20px;" type="text"/>
18.	*Will vehicle/s carry hazardous or dangerous goods. If Yes, provide details (quantities, type, hazardous classification)	<input style="width: 100%; height: 20px;" type="text"/> None
19.	What is the third party liability limit for hazardous goods (Leave blank to suppress on schedule)	<input style="width: 100%; height: 20px;" type="text"/> \$1,000,000 / \$2,000,000 / \$5,000,000 / \$10,000,000 / \$20,000,000 / \$30,000,000
20.	Optional Extensions:	<input style="width: 100%; height: 20px;" type="text"/>

Risk Analysis - Risk Questions

Business - Commercial Motor Vehicle (BCMVB)

Provides cover for loss and/or damage to your vehicle/s and/or legal liabilities to third parties as defined in the policy wording.

21.	What is the downtime/business interruption per vehicle	Not Insured
		\$
22.	Do you require hire car following accident on any motor vehicles under 2T	Insured / Not Insured
23.	Do you require NCB protection	Insured / Not Insured
24.	Do you require deletion of windscreen excess	Insured / Not Insured
25.	Do you require driver accident benefit	Insured / Not Insured
26.	Policy excess:	
27.	*Please select standard excess required	Refer to Schedule / \$350 / \$500 / \$750 / \$1,000 / \$1,500 / \$2,000 / \$500 or 1% (whichever is greater)
		other ()
28.	Please select hazardous goods excess (Leave blank to suppress on schedule)	\$100 / \$250 / \$500 / \$1,000
		other ()
29.	*Will vehicle/s be used for any of the following occupations: Courier, taxi, hire vehicle, removalist, tow truck, used as a mobile crane, used in mines or underground or in any occupation where tool of trade liability is required. If yes, please provide details	No
		other ()
30.	*Do vehicle/s have any non manufacturers standard modifications. If Yes, please provide details	None
		other ()
31.	*Do vehicle/s have any non standard accessories eg. canopy, small crane, personal fridge. If Yes, please provide details	None
		other ()
32.	*Do vehicle/s have any existing damage. If Yes, please provide details	None / Impact damage / Rust damage / Mechanical/accessory damage / Hail damage / Interior damage
		other ()
33.	Are vehicle/s registered, roadworthy and safe to drive	Yes / No
		other ()
34.	*Is there any finance on vehicle/s. If Yes please advise	No finance / Lease / Novated lease / Home equity loan / Personal Loan / Personal loan (secured) / Bank loan (secured) / Finance company (secured) / Credit union (secured) / Hire Purchase / Corporate Hire Purchase / Bill of sale
		other ()
35.	How are vehicle/s secured overnight	Locked Garage / Depot / Compound
		other ()
36.	How are keys to vehicle/s are secured overnight	
37.	What security/alarm system devices are incorporated in vehicle/s	
38.	Do vehicle/s have installed any GPS or other navigational device	Yes / No
		other ()
39.	What is the date of birth of the owner and/or principal driver	/ /
40.	Sex of main driver	Male / Female
		other ()

Risk Analysis - Risk Questions

Business - Commercial Motor Vehicle (BCM)

Provides cover for loss and/or damage to your vehicle/s and/or legal liabilities to third parties as defined in the policy wording.

41.	*Are there any drivers under the age of 30	Yes / No
		other ()
42.	What is the date of birth of youngest driver	/ /
43.	*Are all drivers appropriately licensed for the vehicles they are driving	Yes / No
44.	*How many driving offences have you or any other drivers had in the last 5 years	0 / 1 / 2 / 3 or more
45.	Please provide details	
46.	*How many at fault or partially at fault claims have you or any drivers had in the past 5 years	0 / 1 / 2 / 3 or more
47.	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	
48.	*How many not at fault claims have you or any drivers had in the past 5 years	0 / 1 / 2 / 3 or more
49.	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	
50.	*How many vehicles have been stolen and/or burnt out in the past 5 years	0 / 1 / 2 / 3 or more
51.	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	
52.	*What is the current due date of this policy	/ /
53.	*Who is your current insurer	
54.	*What is the current policy number	
55.	*Are you involved in any accreditation programs. If Yes, name of accreditation program/s	None
		other ()
56.	Is this a heavy motor risk	Yes / No
57.	Annual kilometres travelled per vehicle	
58.	Can you provide proof of annual kilometres	Yes / No
59.	Who is your main contract with	
60.	Percentage of turnover derived from your main contract	
61.	Number of drivers per vehicles	
62.	Special Notes:	
63.	Enter details of special notes	
64.	Enter details of special notes	
65.	Enter details of special notes	
66.	Enter details of special notes	
67.	Enter details of special notes	

Risk Analysis - Risk Questions

Business - Equipment Breakdown (BEB)

Situation: Postcode:

Int. Party:

Please enter/circle the appropriate answer to each question.

(Please only circle ONE answer per question)

- | | | |
|-----|---|---|
| 1. | *Property damage limit of liability
(Note: This is the total value of building, refrigerated stock, other stock and all other contents values) | <input style="width: 95%; height: 20px;" type="text" value="\$"/> |
| 2. | *What is the building property damage value | <input style="width: 95%; height: 20px;" type="text" value="\$"/> |
| 3. | *What is the refrigerated stock property damage value | <input style="width: 95%; height: 20px;" type="text" value="\$"/> |
| 4. | *What is the other stock property damage value | <input style="width: 95%; height: 20px;" type="text" value="\$"/> |
| 5. | *What is the all other contents property damage value | <input style="width: 95%; height: 20px;" type="text" value="\$"/> |
| 6. | *Select property damage deductible | <input style="width: 95%; height: 20px;" type="text" value="\$500 except \$1,000 on air conditioning & refrigeration equipment / \$1,000 / \$2,500"/>
<input style="width: 95%; height: 20px;" type="text" value="other ()"/> |
| 7. | *Do you require business interruption (loss of profits) cover
If cover is not required proceed to Q12 - Do you require spoilage cover | <input style="width: 95%; height: 20px;" type="text" value="Insured / Not Insured"/> |
| 8. | *What is the business interruption (loss of profits) annual value | <input style="width: 95%; height: 20px;" type="text" value="\$"/> |
| 9. | *Do you require annual gross wages cover | <input style="width: 95%; height: 20px;" type="text" value="Insured / Not Insured"/> |
| 10. | *What is the annual gross wages value | <input style="width: 95%; height: 20px;" type="text" value="\$"/> |
| 11. | *Select business interruption waiting period | <input style="width: 95%; height: 20px;" type="text" value="1 Day"/>
<input style="width: 95%; height: 20px;" type="text" value="other ()"/> |
| 12. | *Do you require spoilage cover | <input style="width: 95%; height: 20px;" type="text" value="Insured / Not Insured"/> |
| 13. | *What is the spoilage limit of liability
(Note: Value must equal refrigerated stock property value) | <input style="width: 95%; height: 20px;" type="text" value="\$"/> |
| 14. | *Select spoilage deductible | <input style="width: 95%; height: 20px;" type="text" value="10% of Loss/Minimum \$500"/>
<input style="width: 95%; height: 20px;" type="text" value="other ()"/> |
| 15. | Do you agree to allow the Insurer to contact you to obtain additional risk information if required
(If no, please provide AR contact details) | <input style="width: 95%; height: 20px;" type="text" value="Yes / No"/> |
| 16. | Please provide contact name and phone number | <input style="width: 95%; height: 20px;" type="text"/> |
| 17. | *How many previous equipment breakdowns (even if not claimed, or if no insurance was in place) have you experienced | <input style="width: 95%; height: 20px;" type="text" value="0 / 1 claim less than \$5,000 in last 3 years / Other"/> |
| 18. | *Please provide details of claims (date/year, insurer, nature of loss/claim, amount) | <input style="width: 95%; height: 20px;" type="text"/> |
| 19. | *Who is your existing equipment breakdown insurer | <input style="width: 95%; height: 20px;" type="text"/> |
| 20. | *What is your expiring equipment breakdown premium | <input style="width: 95%; height: 20px;" type="text"/> |
| 21. | *Who is the property insurer | <input style="width: 95%; height: 20px;" type="text"/> |
| 22. | Special Notes: | <input style="width: 95%; height: 20px;" type="text"/> |
| 23. | Enter details of special notes | <input style="width: 95%; height: 20px;" type="text"/> |
| 24. | Enter details of special notes | <input style="width: 95%; height: 20px;" type="text"/> |
| 25. | Enter details of special notes | <input style="width: 95%; height: 20px;" type="text"/> |
| 26. | Enter details of special notes | <input style="width: 95%; height: 20px;" type="text"/> |
| 27. | Enter details of special notes | <input style="width: 95%; height: 20px;" type="text"/> |

Risk Analysis - Risk Questions

Business - Electronic Equipment Breakdown (BEEQ)

Hardware: Provides cover against breakdown and/or accidental damage to computer and/or electronic equipment;
Restoration of Data: Provides cover for the costs incurred for the purpose of restoring data lost as a result of damage;
Increased Cost of Working: Provides cover for the increased cost of working incurred following interruption to the normal operation of an insured item;
as defined in the policy wording.

Situation: Postcode:

Int. Party:

Please enter/circle the appropriate answer to each question.

(Please only circle ONE answer per question)

1.	*Please select type of cover	Accidental Damage including Breakdown / Breakdown Only
		other (<input style="width: 50px;" type="text"/>)
2.	*What is the mobile equipment anywhere in Australia (eg laptop) sum insured	Not Insured / Included / Refer to Schedule
		\$ <input style="width: 50px;" type="text"/>
3.	*What is the computer data processing equipment sum insured	Not Insured / Included / Refer to Schedule
		\$ <input style="width: 50px;" type="text"/>
4.	*What is the office equipment sum insured	Not Insured / Included / Refer to Schedule
		\$ <input style="width: 50px;" type="text"/>
5.	*What is the non-programmable computer equipment sum insured	Not Insured / Included / Refer to Schedule
		\$ <input style="width: 50px;" type="text"/>
6.	*What is the electro-medical equipment sum insured	Not Insured / Included / Refer to Schedule
		\$ <input style="width: 50px;" type="text"/>
7.	*What is the diagnostic and therapeutic x-ray equipment sum insured	Not Insured / Included / Refer to Schedule
		\$ <input style="width: 50px;" type="text"/>
8.	*What is the audio/visual equipment sum insured	Not Insured / Included / Refer to Schedule
		\$ <input style="width: 50px;" type="text"/>
9.	*What is the microwave ovens sum insured	Not Insured / Included / Refer to Schedule
		\$ <input style="width: 50px;" type="text"/>
10.	*What is the electronic scales sum insured	Not Insured / Included / Refer to Schedule
		\$ <input style="width: 50px;" type="text"/>
11.	*What is the communications systems sum insured	Not Insured / Included / Refer to Schedule
		\$ <input style="width: 50px;" type="text"/>
12.	*What is the video games (excluding domestic situation) sum insured	Not Insured / Included / Refer to Schedule
		\$ <input style="width: 50px;" type="text"/>
13.	*Do you require cover for other specified items	Insured / Not Insured
14.	*What is the other specified items sum insured	Included / Refer to Schedule
		\$ <input style="width: 50px;" type="text"/>
15.	Please provide details of other specified items	<input style="width: 100%; height: 20px;" type="text"/>
16.	What is the total sum insured for breakdown items	<input style="width: 100%; height: 20px;" type="text"/>
17.	*What is the restoration of data sum insured	Not Insured
		\$ <input style="width: 50px;" type="text"/>
18.	*What is the increase in cost of working sum insured	Not Insured

Risk Analysis - Risk Questions

Business - Electronic Equipment Breakdown (BEEQ)

Hardware: Provides cover against breakdown and/or accidental damage to computer and/or electronic equipment;
Restoration of Data: Provides cover for the costs incurred for the purpose of restoring data lost as a result of damage;
Increased Cost of Working: Provides cover for the increased cost of working incurred following interruption to the normal operation of an insured item;
as defined in the policy wording.

		\$
19.	What is the indemnity period required for increase in cost of working (Leave blank to suppress on schedule)	4 weeks / 8 weeks / 12 weeks / 26 weeks / 52 weeks
20.	Policy excess	other ()
21.	*What is the excess required for breakdown	\$100 / \$250 / \$500 / \$1,000 / \$2,000 / Refer to Schedule
22.	What is the excess required for restoration of data (Leave blank to suppress on schedule)	\$100 / \$250 / \$500 / \$1,000 / \$2,000 / Refer to Schedule
23.	What is the excess period required for increase in cost of working (Leave blank to suppress on schedule)	2 Working Days / 3 Working Days / 4 Working Days / 5 Working Days / 7 Working days / 10 Working Days / Refer to Schedule
24.	Do you have external power surge protection device installed	Yes / No
25.	Do you have a maintenance agreement	Yes / No
26.	*How many electronic equipment claims have you had in the last 3 years	0 / 1 / 2 / 3 / 4 / 5 / 6 or more
27.	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	
28.	Special Notes:	
29.	Enter details of special notes	
30.	Enter details of special notes	
31.	Enter details of special notes	
32.	Enter details of special notes	
33.	Enter details of special notes	

Risk Analysis - Risk Questions

Business - Employee Dishonesty (BEMD)

Provides cover for loss of property (including money) resulting from fraudulent or dishonest conduct of an employee as defined in the policy wording.

Situation: Postcode:

Int. Party:

Please enter/circle the appropriate answer to each question.

(Please only circle ONE answer per question)

1.	*What is the limit any one period of insurance	<input type="text"/>
2.	*What is the limit any one employee	As Above
		\$
3.	Policy excess:	<input type="text"/>
4.	*Select excess required	\$100 / \$250 / \$500 / \$1,000 / \$2,000
		other (<input type="text"/>)
5.	*Are all employees to be covered	Yes / No
6.	*Number of employees with responsibility for money, negotiable instruments, stock and/or accounts	<input type="text"/>
7.	*Number of employees primarily engaged as cashiers, treasurers or paymasters	<input type="text"/>
8.	*Number of employees engaged outdoors handling money, negotiable instruments, stock and/or accounts	<input type="text"/>
9.	*Number of all other employees not having responsibility for money, negotiable instruments, stock and/or accounts	<input type="text"/>
10.	Total number of employees	<input type="text"/>
11.	*Do all financial transactions, \$1,000 or over, require two signatories and/or authorisation by two people	Yes / No
12.	What is the frequency of audits of money/accounts	<input type="text"/>
13.	What is the frequency of stocktake	<input type="text"/>
14.	Are audits performed by an outside accountant	Yes / No
15.	What is the frequency of bank account reconciliations	<input type="text"/>
16.	Are wages paid by cash	Yes / No
17.	*How many previous losses have there been for this cover (whether insured or not)	0 / 1 / 2 / 3 / 4 / 5 / 6 or more
18.	Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	<input type="text"/>
19.	Special Notes:	<input type="text"/>
20.	Enter details of special notes	<input type="text"/>
21.	Enter details of special notes	<input type="text"/>
22.	Enter details of special notes	<input type="text"/>
23.	Enter details of special notes	<input type="text"/>
24.	Enter details of special notes	<input type="text"/>

Risk Analysis - Risk Questions

Business - Engineering (BENG)

Provides cover for unforeseen and sudden damage to machinery, boilers and pressure vessels and deterioration of stock as defined in the policy wording.

31.	Number of sausage machines	<input type="text"/>
32.	Number of silent cutters/mixers	<input type="text"/>
33.	Number of pressure vessels less than 2m long	<input type="text"/>
34.	Number of pressure vessels over 2 to 5m long	<input type="text"/>
35.	Number of glass washers	<input type="text"/>
36.	Number of dish washers	<input type="text"/>
37.	Number of clothes dryers	<input type="text"/>
38.	Number of clothes washers	<input type="text"/>
39.	Number of range exhaust fans	<input type="text"/>
40.	Are electric motors/equipment to be insured	Yes / No
41.	Number of electric motors (not as part of a machine) less than 2HP	<input type="text"/>
42.	Number of electronic motors (not as part of a machine) over 2 to 10HP	<input type="text"/>
43.	Number of electric motors (not as part of a machine) over 10 to 20HP	<input type="text"/>
44.	Number of electric motors (not as part of a machine) over 20 to 40HP	<input type="text"/>
45.	Number of cash registers	<input type="text"/>
46.	Number of bar coding scanners	<input type="text"/>
47.	Number of generator sets less than 2KVA	<input type="text"/>
48.	*Is pumping equipment to be insured	Yes / No
49.	Number of centrifugal pumps less than 2HP	<input type="text"/>
50.	Number of centrifugal pumps over 2 to 7.5HP	<input type="text"/>
51.	Number of centrifugal pumps over 7.5 to 15HP	<input type="text"/>
52.	Number of centrifugal pumps over 15 to 25HP	<input type="text"/>
53.	Number of submersible pumps less than 1HP	<input type="text"/>
54.	Number of sewerage pumps	<input type="text"/>
55.	Number of spa/swimming pool pumps	<input type="text"/>
56.	*Is workshop equipment to be insured	Yes / No
57.	Number of air compressors less than 5HP	<input type="text"/>
58.	Number of air compressors over 5 to 7.5HP	<input type="text"/>
59.	Number of air compressors over 7.5 to 10HP	<input type="text"/>
60.	Number of wheel aligners	<input type="text"/>
61.	Number of wheel balancers	<input type="text"/>
62.	Number of other auto workshop machinery	<input type="text"/>
63.	Number of auto car washers	<input type="text"/>
64.	Number of 2 & 4 post car hoists	<input type="text"/>
65.	Do you have a maintenance agreement	Yes / No
66.	*How many machinery breakdown claims have you had in the last 3 years	0 / 1 / 2 / 3 / 4 / 5 / 6 or more

Risk Analysis - Risk Questions

Business - Engineering (BENG)

Provides cover for unforeseen and sudden damage to machinery, boilers and pressure vessels and deterioration of stock as defined in the policy wording.

- 67. *Please provide details of claims (date/year, insurer, nature of loss/claim, amount)
- 68. Special Notes:
- 69. Enter details of special notes
- 70. Enter details of special notes
- 71. Enter details of special notes
- 72. Enter details of special notes
- 73. Enter details of special notes

Risk Analysis - Risk Questions

Business - Goods in Transit - Import/Export (BGITE)

Provides cover for loss and/or damage to goods in transit as defined in policy wording.

Situation: Postcode:

Int. Party:

Please enter/circle the appropriate answer to each question.

(Please only circle ONE answer per question)

1.	*Please select type of policy	Annual / Single Transit
		other (<input style="width: 80%; border: none;" type="text"/>)
2.	*Please select risks insured	All Risks / Fire, Collision and Overturning / Fire, Collision, Overturning and Theft
		other (<input style="width: 80%; border: none;" type="text"/>)
3.	*Limit any one loss for imports	Not Insured
		\$ <input style="width: 80%; border: none;" type="text"/>
4.	Total annual imports sendings	<input style="width: 100%; border: none;" type="text"/>
5.	*Limit any one loss for exports	Not Insured
		\$ <input style="width: 80%; border: none;" type="text"/>
6.	Total annual export sendings	<input style="width: 100%; border: none;" type="text"/>
7.	Basis of valuation	Cost / Cost plus Freight / Cost plus Charges / Invoice Cost / Invoice Cost
		other (<input style="width: 80%; border: none;" type="text"/>)
8.	Select limit required (in addition to cost, cost plus freight and cost plus charges)	+10% / +15% / +20%
		other (<input style="width: 80%; border: none;" type="text"/>)
9.	Geographical limits	Australia Wide / World Wide
		other (<input style="width: 80%; border: none;" type="text"/>)
10.	Method of shipment/transport	Road / Rail / Sea / Air / Parcel Post / Courier / Road, Rail, Sea, Air, Parcel Post and/or Courier
		other (<input style="width: 80%; border: none;" type="text"/>)
11.	Conveyance principally from	<input style="width: 100%; border: none;" type="text"/>
12.	Conveyance principally to	<input style="width: 100%; border: none;" type="text"/>
13.	Policy excess:	<input style="width: 100%; border: none;" type="text"/>
14.	*Select excess required	\$100 / \$250 / \$500 / \$1,000 / \$2,000
		other (<input style="width: 80%; border: none;" type="text"/>)
15.	Principal type of goods/merchandise carried	<input style="width: 100%; border: none;" type="text"/>
16.	Type of packaging	<input style="width: 100%; border: none;" type="text"/>
17.	Will goods include cigarettes, tobacco or liquor	Yes / No
18.	*How many transit claims have you had in the last 3 years	0 / 1 / 2 / 3 / 4 / 5 / 6 or more
19.	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	<input style="width: 100%; border: none;" type="text"/>
20.	Special Notes:	<input style="width: 100%; border: none;" type="text"/>
21.	Enter details of special notes	<input style="width: 100%; border: none;" type="text"/>
22.	Enter details of special notes	<input style="width: 100%; border: none;" type="text"/>
23.	Enter details of special notes	<input style="width: 100%; border: none;" type="text"/>
24.	Enter details of special notes	<input style="width: 100%; border: none;" type="text"/>

Risk Analysis - Risk Questions

Business - Goods in Transit - Import/Export (BGITE)

Provides cover for loss and/or damage to goods in transit as defined in policy wording.

25. Enter details of special notes

Risk Analysis - Risk Questions

Business - Goods in Transit - Inland (BGITI)

Provides cover for loss and/or damage to goods in transit as defined in the policy wording.

Situation: Postcode:

Int. Party:

Please enter/circle the appropriate answer to each question.

(Please only circle ONE answer per question)

1.	*Please select type of policy	Annual / Single Transit
		other (<input style="width: 70%; height: 15px;" type="text"/>)
2.	*Please select risks insured	All Risks / Fire, Collision and Overturning / Fire, Collision, Overturning and Theft
		other (<input style="width: 70%; height: 15px;" type="text"/>)
3.	*Limit any one loss for inland sendings	
4.	*Total annual inland sendings	\$
5.	Basis of valuation	Cost / Cost plus Freight / Cost plus Charges / Invoice Cost / Invoice Cost
		other (<input style="width: 70%; height: 15px;" type="text"/>)
6.	Select limit required (in addition to cost, cost plus freight and cost plus charges)	+10% / +15% / +20%
		other (<input style="width: 70%; height: 15px;" type="text"/>)
7.	Geographical limits	Australia Wide
		other (<input style="width: 70%; height: 15px;" type="text"/>)
8.	Method of shipment/transport	Road / Rail / Sea / Air / Parcel Post / Courier / Road, Rail, Sea, Air, Parcel Post and/or Courier
		other (<input style="width: 70%; height: 15px;" type="text"/>)
9.	Conveyance principally from	
10.	Conveyance principally to	
11.	Policy excess:	
12.	*Select excess required	\$100 / \$250 / \$500 / \$1,000 / \$2,000
		other (<input style="width: 70%; height: 15px;" type="text"/>)
13.	Principal type of goods/merchandise carried	
14.	Type of packaging	
15.	Will goods include cigarettes, tobacco or liquor	Yes / No
16.	Number of goods carrying vehicles operating	
17.	*How many transit claims have you had in the last 3 years	0 / 1 / 2 / 3 / 4 / 5 / 6 or more
18.	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	
19.	Special Notes:	
20.	Enter details of special notes	
21.	Enter details of special notes	
22.	Enter details of special notes	
23.	Enter details of special notes	
24.	Enter details of special notes	

Risk Analysis - Risk Questions

Business - Glass (BGLA)

Provides cover for accidental breakage of internal and/or external fixed glass as defined in the policy wording.

Situation: Postcode:

Int. Party:

Please enter/circle the appropriate answer to each question.

(Please only circle ONE answer per question)

1.	*Select glass sum insured	Replacement Value
2.	*What cover type is required	Internal & External / External Only / Internal Only
3.	What is the curved, bent, mirrored, fancy, stained or lead light glass sum insured	Not Insured
		\$
4.	What is the number of illuminated signs	
5.	What is the illuminated/advertising signs in excess of additional benefits sum insured	Refer Benefits / Not Insured
		\$
6.	What is the specified glass, signwriting, alarm tapes and protective devices in excess of additional benefits sum insured	Refer Benefits / Not Insured
		\$
7.	What is the damage to stock in excess of additional benefits sum insured	Refer Benefits / Not Insured
		\$
8.	Policy excess:	
9.	*Select excess required	\$100 / \$250 / \$500 / \$1,000 / \$2,000 / Not Applicable
		other ()
10.	*Is the premises fully enclosed within a modern, secured shopping centre (ie no external openings to outside centre)	Yes / No
		other ()
11.	*What is the % of external glass above ground floor	0% / 5% / 10% / 15% / 20% / 25% / 30% / 35% / 40% / 45% / 50% / 55% / 60% / 65% / 70% / 75% / 80% / 85% / 90% / 95% / 100%
		other ()
12.	*What is the largest pane of glass	> 8 sq metres / > 5 sq metres < 8 sq metres / < 5 sq metres
		other ()
13.	*How many glass claims have you had in the last 3 years	0 / 1 / 2 or more
14.	*How many of these claims occurred in the last 12 months	0 / 1 / 2 or more
15.	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	
16.	Special Notes:	
17.	Enter details of special notes	
18.	Enter details of special notes	
19.	Enter details of special notes	
20.	Enter details of special notes	
21.	Enter details of special notes	

Risk Analysis - Risk Questions

Business - General Property (BGP)

Provides cover for property against accidental damage or restricted cover anywhere in Australia as defined in the policy wording.

Situation: Postcode:

Int. Party:

Please enter/circle the appropriate answer to each question.

(Please only circle ONE answer per question)

1.	*Please select type of cover required	Accidental Damage full cover excluding Fire / Accidental Damage full cover including Fire / Restricted Cover excluding Fire / Restricted Cover including Fire
		other (<input style="width: 80%; height: 15px;" type="text"/>)
2.	*What is the unspecified items sum insured	Not Insured / Included / Refer to Schedule
		\$ <input style="width: 80%; height: 15px;" type="text"/>
3.	What is the limit any one item (Leave blank to suppress on schedule)	As per Policy / Not Insured / Refer to Schedule
		\$ <input style="width: 80%; height: 15px;" type="text"/>
4.	*What is the stock sum insured	Not Insured / Included / Refer to Schedule
		\$ <input style="width: 80%; height: 15px;" type="text"/>
5.	*What is the specified electronic/computer equipment sum insured	Not Insured / Included / Refer to Schedule
		\$ <input style="width: 80%; height: 15px;" type="text"/>
6.	Please provide details of specified electronic/computer equipment (Leave blank to suppress on schedule)	
7.	*Is cover required for other specified items	Insured / Not Insured
8.	*What is the other specified items sum insured	Included / Refer to Schedule
		\$ <input style="width: 80%; height: 15px;" type="text"/>
9.	Please provide details of other specified items	
10.	What is the total sum insured	
11.	Policy excess:	
12.	*Select excess required	\$100 / \$250 / \$500 / \$1,000 / \$2,000 / N/A / Refer to Schedule
		other (<input style="width: 80%; height: 15px;" type="text"/>)
13.	*How many general property claims have you had in the last 3 years	0 / 1 / 2 / 3 / 4 / 5 or more
14.	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	
15.	Special Notes:	
16.	Enter details of special notes	
17.	Enter details of special notes	
18.	Enter details of special notes	
19.	Enter details of special notes	
20.	Enter details of special notes	

Risk Analysis - Risk Questions

Business - Liability (BLIAB)

Provides cover for all amounts which you become legally liable to pay as compensation (other than fines, penalties etc) for personal injury and/or property damage as a result of an occurrence in connection with your business for public and/or products liability as defined in the policy wording.

Situation: Postcode:

Int. Party:

Please enter/circle the appropriate answer to each question.

(Please only circle ONE answer per question)

1.	*What is the limit of liability required	\$5,000,000 / \$10,000,000 / \$20,000,000
		other (<input style="width: 80%; border: none;" type="text"/>)
2.	*What is the property in physical or legal control sum insured	Refer Benefits / Not Insured
		\$ <input style="width: 80%; border: none;" type="text"/>
3.	Do you repair or work on your customers' goods	Yes / No
4.	What is the hairdressers and beauticians treatment risk sum insured	Not Insured / Refer Benefits / \$250,000
		\$ <input style="width: 80%; border: none;" type="text"/>
5.	What is the driving risk sum insured	Not Insured / \$10,000 / \$20,000 / \$50,000 / \$100,000 / \$150,000 / \$200,000 / \$250,000
		\$ <input style="width: 80%; border: none;" type="text"/>
6.	What is optional extensions sum insured	Not Insured
		\$ <input style="width: 80%; border: none;" type="text"/>
7.	Please specify optional extensions (Leave blank to suppress on schedule)	<input style="width: 100%; height: 20px;" type="text"/>
8.	Policy excess:	<input style="width: 100%; height: 20px;" type="text"/>
9.	*Select excess for property damage claims	\$100 / \$250 / \$500 / \$1,000 / \$2,000 / \$5,000 / \$10,000 / Not Applicable
		other (<input style="width: 80%; border: none;" type="text"/>)
10.	*Select excess for personal injury claims	Nil / As per Policy / Not Applicable
		other (<input style="width: 80%; border: none;" type="text"/>)
11.	*Select excess for all other claims	\$100 / \$250 / \$500 / \$1,000 / \$2,000 / \$5,000 / \$10,000
		other (<input style="width: 80%; border: none;" type="text"/>)
12.	Select excess for hairdressers and beauticians treatment risk (Leave blank if cover not required)	\$500 / \$1,000 / \$2,000 / Not Applicable
		other (<input style="width: 80%; border: none;" type="text"/>)
13.	Select excess for driving risk (Leave blank if cover not required)	\$500 / \$1,000 / \$2,000 / Not Applicable
		other (<input style="width: 80%; border: none;" type="text"/>)
14.	Important Information:	<input style="width: 100%; height: 20px;" type="text"/>
15.	*Do you require cover as the property owner only (If No selected, proceed to question 18 - Estimated annual turnover and/or rents)	Yes / No
16.	*Total property value/sum insured of buildings	\$ <input style="width: 80%; border: none;" type="text"/>
17.	*Annual gross rent (If Property Owner only proceed to Q68 - How many liability claims have you or this business had in the last 3 years)	\$ <input style="width: 80%; border: none;" type="text"/>
18.	*Estimated annual turnover and/or rents	\$ <input style="width: 80%; border: none;" type="text"/>
19.	Annual payroll/wages	\$ <input style="width: 80%; border: none;" type="text"/>
20.	*Number of employees (including proprietors) in the business	<input style="width: 80%; border: none;" type="text"/>

Risk Analysis - Risk Questions

Business - Liability (BLIAB)

Provides cover for all amounts which you become legally liable to pay as compensation (other than fines, penalties etc) for personal injury and/or property damage as a result of an occurrence in connection with your business for public and/or products liability as defined in the policy wording.

21.	*Are you a part time sole trader	<input type="text"/>
22.	*Do you use or intend to use, store or handle hazardous substances? (If No selected proceed to Q27 - Have you used or handled asbestos at any time)	<input type="text"/>
23.	If Yes, type of goods	<input type="text"/>
24.	Quantity of goods	<input type="text"/>
25.	How are they stored	<input type="text"/>
26.	Do you comply with all laws, by laws and regulations regarding the use of these substances	<input type="text"/>
27.	*Have you used or handled asbestos at any time	<input type="text"/>
28.	If Yes, provide details	<input type="text"/>
29.	*Do you discharge waste or hazardous materials into the atmosphere, sewer or elsewhere	<input type="text"/>
30.	If Yes, provide details	<input type="text"/>
31.	*Do you perform work away from your premises that involves the use of cutting, welding or soldering equipment	<input type="text"/>
32.	If Yes, provide details	<input type="text"/>
33.	*Do you enter into any contracts or agreements It is important that you advise our office before you enter into any contracts. Many contracts contain: • Insurance, hold harmless, indemnity clauses & guarantees; • Conditions that will waive the insurers rights of recovery; • Circumstances where you assume liability for others. Entering into such contracts may limit cover and/or reduce or exclude the amount you are able to claim under this policy. Please contact your adviser to discuss further.t	<input type="text"/>
34.	If Yes, provide details of your contracts or agreements	<input type="text"/>
35.	*Do you require this policy to cover any contractors or sub contractors	<input type="text"/>
36.	Do you use subcontractors	<input type="text"/>
37.	What is the percentage of turnover or estimate of payments made to all contractors	<input type="text"/>
38.	What type of contract work is involved	<input type="text"/>
39.	Do you require all contractors to have their own Public Liability insurance	<input type="text"/>
40.	*Do you carry out any of the following: use of explosives, bridge construction/maintenance, demolition, building work over 10m, work involving chemicals, underground mines, offshore platforms, aircraft, petrochemical plants, power stations, ships	<input type="text"/>
41.	If Yes, provide details	<input type="text"/>
42.	Do you conduct searches of underground services with all relevant local authorities, telephone, gas and power suppliers and other organisations providing underground services	<input type="text"/>
43.	Do you provide any professional, technical, consultancy, advisory or like services either for a fee or as an ancilliary service to your business	<input type="text"/>
44.	If Yes, provide details	<input type="text"/>
45.	*Do you intend to import or export goods	<input type="text"/>
46.	Please describe all past and present product categories	<input type="text"/>
47.	Do your products manufactured/sold comply with any federal or state regulations or recognised international standard	<input type="text"/>

Risk Analysis - Risk Questions

Business - Liability (BLIAB)

Provides cover for all amounts which you become legally liable to pay as compensation (other than fines, penalties etc) for personal injury and/or property damage as a result of an occurrence in connection with your business for public and/or products liability as defined in the policy wording.

48.	Do you design parts of completed components for others	Yes / No
49.	Do you manufacture to the designs, formulae, plans and/or specifications of others	Yes / No
50.	Have product brochures been published	Yes / No
51.	Do you have a quality control manual	Yes / No
52.	How long has this manual been in use	
53.	When was this manual last reviewed	
54.	Is any person responsible for quality control	Yes / No
55.	Please provide name and title	
56.	Provide details of operations away from the premises including contracting, servicing/maintenance, building and/or plant erection and machinery installation	
57.	Do you have any foreign operation/companies	Yes / No
58.	Please provide details of locations and occupations	
59.	Do you import/export any products/raw materials excluding USA/Canada	Yes / No
60.	Please advise which countries	
61.	Describe products imported/exported	
62.	Estimated turnover of imports	\$
63.	Estimated turnover of exports	\$
64.	Do you import/export any products/raw materials from/to the USA/Canada	Yes / No
65.	Describe products imported/exported	
66.	Estimated turnover of imports from USA/Canada	\$
67.	Estimated turnover of exports to USA/Canada	\$
68.	*How many liability claims have you or this business had in the last 3 years	0 / 1 / 2 / 3 / 4 / 5 / 6 or more
69.	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	
70.	Are you aware of any circumstances that may give rise to a claim	Yes / No
71.	If Yes, provide details	
72.	Special Notes:	
73.	Enter details of special notes	
74.	Enter details of special notes	
75.	Enter details of special notes	
76.	Enter details of special notes	
77.	Enter details of special notes	

Risk Analysis - Risk Questions

Business - Management Liability (BML)

Situation: Postcode:

Int. Party:

Please enter/circle the appropriate answer to each question.

(Please only circle ONE answer per question)

1.	*Management Liability Limit	<input type="text" value="\$250,000 / \$500,000 / \$1,000,000 / \$2,000,000 / \$5,000,000"/>
		<input type="text" value="other ()"/>
2.	*Excess	<input type="text" value="Nil / \$100 / \$250 / \$500 / \$750 / \$1,000 / \$2,000 / \$5,000 / \$7,500"/>
		<input type="text" value="other ()"/>
3.	*Turnover	<input type="text"/>
4.	*Number of Employees	<input type="text"/>
5.	*Number of claims in the last 5 years	<input type="text" value="0 / 1 / 2 / 3 / 4 / 5 / 6 or more"/>
6.	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	<input type="text"/>
7.	Special Notes:	<input type="text"/>
8.	Enter details of special notes	<input type="text"/>
9.	Enter details of special notes	<input type="text"/>
10.	Enter details of special notes	<input type="text"/>
11.	Enter details of special notes	<input type="text"/>
12.	Enter details of special notes	<input type="text"/>

Risk Analysis - Risk Questions

Business - Personal Accident & Sickness (BPAS)

Provides cover for the person/s nominated against death, injury and/or sickness as defined in the policy wording.

Situation: Postcode:

Int. Party:

Please enter/circle the appropriate answer to each question.

(Please only circle ONE answer per question)

1.	*Select benefit type required	Accident Only / Accident and Sickness / Capital, Accident and Sickness / Capital and Accident / Capital and Sickness other (<input style="width: 80%; border: none;" type="text"/>)
2.	*Select type of cover required	365 Days 24 Hours - insured person is self employed / 365 Days 24 Hours - insured person is an employee / Outside Business Hours / Leisure Time Only / Transport Only / Voluntary Workers other (<input style="width: 80%; border: none;" type="text"/>)
3.	*Family name of insured person	
4.	*Other name/s of insured person	
5.	*Occupation of insured person	
6.	*Capital benefit required	
7.	*Weekly accident benefit required	
8.	*Weekly sickness benefit required	
9.	*Select benefit period required	26 weeks / 52 weeks / 104 weeks other (<input style="width: 80%; border: none;" type="text"/>)
10.	*Select excess period	0 Days / 7 Days / 14 Days / 21 Days / 28 Days other (<input style="width: 80%; border: none;" type="text"/>)
11.	*What are the geographical limits	Australia Wide / World Wide other (<input style="width: 80%; border: none;" type="text"/>)
12.	*Weekly business expenses benefit required	Not Insured \$ <input style="width: 80%; border: none;" type="text"/>
13.	Select business expenses excess (Leave blank to suppress on schedule)	0 Days / 7 Days / 14 Days / 21 Days / 28 Days other (<input style="width: 80%; border: none;" type="text"/>)
14.	*Select renewal guarantee period required	1 year / 2 years / Not Insured
15.	*Date of birth	/ /
16.	*Gender	Male / Female
17.	*Height details (expressed as centimetres)	
18.	*Weight details (expressed as kilograms)	
19.	*Has an insurance company refused or applied loadings or exclusions to a proposal on any superannuation, sickness, accident, trauma, lump sum, disablement or disability insurance, if Yes, provide details	No other (<input style="width: 80%; border: none;" type="text"/>)
20.	Select renewal guarantee excess (Leave blank to suppress on schedule)	0 Days / 7 Days / 14 Days / 21 Days / 28 Days other (<input style="width: 80%; border: none;" type="text"/>)

Risk Analysis - Risk Questions

Business - Personal Accident & Sickness (BPAS)

Provides cover for the person/s nominated against death, injury and/or sickness as defined in the policy wording.

21.	*Have you ever made a claim or currently receiving benefits for any type of trauma, sickness, accident, war service, unemployment, workers' compensation, common law or third party benefit	<input type="text" value="Yes / No"/>
22.	*If Yes, provide details	<input type="text"/>
23.	*Do you have, or have you ever had, high or low blood pressure, cancer, tuberculosis, diabetes, ulcers, paralysis, arthritis or rheumatism, AIDS or AIDS related condition, if Yes, provide details	<input type="text" value="No"/>
		<input type="text" value="other ()"/>
24.	*Do you have, or have you ever had, any disorders of the mental, respiratory, nervous, genital/urinary, digestive or circulatory systems, or heart, liver, spine, eyes or back, if Yes, provide details	<input type="text" value="No"/>
		<input type="text" value="other ()"/>
25.	*Do you have, or have you ever had, any physical impairment or deformity, if Yes, please advise	<input type="text" value="No"/>
		<input type="text" value="other ()"/>
26.	*Do you have, or have you ever had, any other sickness or injury not listed, if Yes, please advise	<input type="text" value="No"/>
		<input type="text" value="other ()"/>
27.	*Are you currently using any medication (other than for colds or influenza), if Yes, provide details	<input type="text" value="No"/>
		<input type="text" value="other ()"/>
28.	*Are you contemplating seeking medical advice, investigation or treatment including surgery in the near future, if Yes, provide details	<input type="text" value="No"/>
		<input type="text" value="other ()"/>
29.	*Is there any reason why the person to be insured would say that they are not in good health now, if Yes, provide details	<input type="text" value="No"/>
		<input type="text" value="other ()"/>
30.	*Have you ever had surgical advice or treatment or been hospitalised or suffered from any accident or sickness resulting in seven or more days disablement within the last 5 years, if Yes, provide details	<input type="text" value="No"/>
		<input type="text" value="other ()"/>
31.	*Do you smoke or have you smoked cigarettes, cigars, tobacco in the last 12 months	<input type="text" value="Yes / No"/>
32.	*Do you, or are you intending to, engage in: aviation (other than as a fare paying passenger), ballooning, bungy-jumping, hang-gliding, mounaineering (incl rock climbing or abseilling), parachuting, para-skiing or other hazardous pursuits, if Yes, provide details	<input type="text" value="No"/>
		<input type="text" value="other ()"/>
33.	*Do you, or are you intending to, engage in: boxing, canoeing, diving (underwater), martial arts, motor sports, ocean sailing, power boat racing, professional sports, rodeo or other hazardous pursuits, if Yes, provide details	<input type="text" value="No"/>
		<input type="text" value="other ()"/>
34.	Special Notes:	<input type="text"/>
35.	Enter details of special notes	<input type="text"/>
36.	Enter details of special notes	<input type="text"/>
37.	Enter details of special notes	<input type="text"/>
38.	Enter details of special notes	<input type="text"/>
39.	Enter details of special notes	<input type="text"/>

Risk Analysis - Risk Questions

Business - Property (BPRO)

Provides cover for loss or damage to buildings, contents and stock by fire and specified perils as defined in the policy wording.

Situation: Postcode:

Int. Party:

Please enter/circle the appropriate answer to each question.

(Please only circle ONE answer per question)

1.	*Do you require indemnity or replacement value	<input style="width: 95%; height: 15px;" type="text" value="Replacement Value / Indemnity Value"/>
2.	*What is the buildings replacement value sum insured	<input style="width: 95%; height: 15px;" type="text" value="Not Insured"/>
		<input style="width: 95%; height: 15px;" type="text" value="\$"/>
3.	*What is the contents replacement value sum insured	<input style="width: 95%; height: 15px;" type="text" value="Not Insured"/>
		<input style="width: 95%; height: 15px;" type="text" value="\$"/>
4.	*What is the buildings indemnity value sum insured	<input style="width: 95%; height: 15px;" type="text" value="Not Insured"/>
		<input style="width: 95%; height: 15px;" type="text" value="\$"/>
5.	*What is the contents indemnity value sum insured	<input style="width: 95%; height: 15px;" type="text" value="Not Insured"/>
		<input style="width: 95%; height: 15px;" type="text" value="\$"/>
6.	*What is the stock sum insured	<input style="width: 95%; height: 15px;" type="text" value="Not Insured / Included"/>
		<input style="width: 95%; height: 15px;" type="text" value="\$"/>
7.	*What is the customers goods sum insured	<input style="width: 95%; height: 15px;" type="text" value="Not Insured / Included / Refer to Policy"/>
		<input style="width: 95%; height: 15px;" type="text" value="\$"/>
8.	*What is the landscaping sum insured	<input style="width: 95%; height: 15px;" type="text" value="Not Insured / Included / Refer to Policy"/>
		<input style="width: 95%; height: 15px;" type="text" value="\$"/>
9.	Is cover required for other property	<input style="width: 95%; height: 15px;" type="text" value="Insured / Not Insured"/>
10.	What is the other property sum insured	<input style="width: 95%; height: 15px;" type="text" value="\$"/>
11.	Describe other property	<input style="width: 95%; height: 15px;" type="text"/>
12.	*What is the removal of debris sum insured	<input style="width: 95%; height: 15px;" type="text" value="Refer Benefits / Not Insured"/>
		<input style="width: 95%; height: 15px;" type="text" value="\$"/>
13.	*What is the rewriting of records sum insured	<input style="width: 95%; height: 15px;" type="text" value="Refer Benefits / Not Insured"/>
		<input style="width: 95%; height: 15px;" type="text" value="\$"/>
14.	*What is the professional fees sum insured	<input style="width: 95%; height: 15px;" type="text" value="Refer Benefits / Not Insured"/>
		<input style="width: 95%; height: 15px;" type="text" value="\$"/>
15.	What is the total sum insured	<input style="width: 95%; height: 15px;" type="text"/>
16.	*What is the accidental damage sum insured	<input style="width: 95%; height: 15px;" type="text" value="Refer Benefits / Not Insured"/>
		<input style="width: 95%; height: 15px;" type="text" value="\$"/>
17.	What is the transit fire & specified perils, theft, collision and overturning sum insured	<input style="width: 95%; height: 15px;" type="text" value="Not Insured"/>
		<input style="width: 95%; height: 15px;" type="text" value="\$"/>
18.	*Flood	<input style="width: 95%; height: 15px;" type="text" value="Insured in accordance with policy benefits as per policy wording / Not Insured / Excluded"/>
		<input style="width: 95%; height: 15px;" type="text" value="other ()"/>
19.	Policy excess:	<input style="width: 95%; height: 15px;" type="text"/>
20.	*Select excess for accidental damage	<input style="width: 95%; height: 15px;" type="text" value="\$100 / \$250 / \$500 / \$1,000 / \$2,000 / \$5,000 / N/A"/>
		<input style="width: 95%; height: 15px;" type="text" value="other ()"/>
21.	*Select excess for all other claims	<input style="width: 95%; height: 15px;" type="text" value="\$100 / \$250 / \$500 / \$1,000 / \$2,000 / \$5,000 / N/A"/>

Risk Analysis - Risk Questions

Business - Property (BPRO)

Provides cover for loss or damage to buildings, contents and stock by fire and specified perils as defined in the policy wording.

		other ()
22.	*Select excess for earthquake, subterranean fire or volcanic eruption	\$20,000 or 1% of the total Declared Values, whichever is the lesser
		other ()
23.	What is the construction of the walls (Note: Brick/Massive = Brick/Concrete on steel Brick/Massive less than 75% = Brick/Concrete on steel with less than 25% other i.e. mezzanine)	Brick/Massive / Brick/Massive less than 75% / Brick/Concrete/Stone / Mixed Brick,Wood / Metal,Iron,Tin,Steel / Wood / Iron on Steel / Iron on Wood / Mixed<75%Brick/Concrete/Iron on Steel / Mixed>75%Brick/Concrete/Iron on Steel / Brick Walls, Concrete Floors / Brick Walls, Wood floors / Other
		other ()
24.	What is the construction of the roof	Tile / Concrete / Slate / Metal,Iron,Tin,Steel / Fibro / Other
		other ()
25.	What is the construction of the floor	Concrete / Concrete,Wood / Wood / Other
		other ()
26.	*Is there any sandwich panel foam construction greater than 15%	Yes / No
27.	Number of stories (expressed as ground + number of floors i.e. G+1)	
28.	*Year of construction	
29.	Is the building heritage or national trust listed	Yes / No
30.	*Describe occupancy of building	Owner Occupied / Tenanted / Multi tenanted / Let/Rented on a commercial basis / Unoccupied
		other ()
31.	Occupation of other tenants (Leave blank to suppress on schedule)	
32.	Are any of the premises vacant (Leave blank to suppress on schedule)	Yes / No / Partially
33.	If Yes, provide details (Leave blank to suppress on schedule)	
34.	Do you use or intend to use, store or handle hazardous or dangerous goods in excess of the minimum limits under AS 1940	Yes / No
35.	If Yes, type of goods	
36.	Quantity of goods	
37.	How are they stored	
38.	*Have you complied with all laws and regulations regarding fire protection, storage of flammable liquids, hazardous and dangerous goods	Yes / No
39.	Is there combustible waste on the premises	Yes / No
40.	Is it kept in metal bins and removed regularly	Yes / No
41.	*Is there any commercial cooking performed on the premises	Yes / No
42.	Please advise number of deep fryers/vats	
43.	Please advise capacity	
44.	Do you have a service contract in force for the cleaning of cooking range hood, filters and ducting	Yes / No
45.	Describe housekeeping	Good / Very good / Excellent / Average / Poor / Subject to a demolition or similar statutory order
46.	*Is the building connected to town water and in the area of a permanently manned fire station. Please provide details.	Yes / No

Risk Analysis - Risk Questions

Business - Property (BPRO)

Provides cover for loss or damage to buildings, contents and stock by fire and specified perils as defined in the policy wording.

		other ()
47.	*Are compliant sprinklers installed	Yes / No
48.	Are fire hoses installed and maintained and capable of covering total floor area	Yes / No
49.	Are fire extinguishers installed and maintained	Yes / No
50.	Are fire blankets installed	Yes / No
51.	Are smoke detectors installed and maintained	Yes / No
52.	Are smoke detectors monitored by a professional security firm	Yes / No
53.	*How many fire/accidental damage claims have you had in the last 3 years	0 / 1 / 2 / 3 / 4 / 5 / 6 or more
54.	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	
55.	Special Notes:	
56.	Enter details of special notes	
57.	Enter details of special notes	
58.	Enter details of special notes	
59.	Enter details of special notes	

Business - Tax Audit (BTAXA)

**Provides cover if you or any person on your behalf shall have first received notification from the Federal Commission of Taxation;
1 - the conduct of a taxation audit; or
2 - a detailed and in depth investigation of your liability to pay a designated tax with respect to professional fees incurred by you in connection with the audit or investigation as defined in the policy wording**

Situation: Postcode:

Int. Party:

Please enter/circle the appropriate answer to each question. **(Please only circle ONE answer per question)**

		\$10,000 / \$20,000 / \$30,000 / \$40,000 / \$50,000 / \$100,000
		other ()
2.	*What is the limit any one period of insurance	
3.	Policy excess:	
4.	*Select excess required	\$100 / \$250 / \$500 / \$1,000 / \$2,000
		other ()
5.	*What is the combined annual turnover	\$
6.	Special Notes:	
7.	Enter details of special notes	
8.	Enter details of special notes	
9.	Enter details of special notes	
10.	Enter details of special notes	
11.	Enter details of special notes	