

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: _____

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 Collection Notice

At Insurance Advisernet Australia Pty Ltd (IAA) ABN: 15 003 886 687, we are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) (Privacy Act) and the Australian Privacy Principles (APPs). This Privacy Notice outlines how we collect, disclose and handle your personal information (including sensitive information) as defined in the Act.

Why we collect your personal information

We collect your personal information (including sensitive information) so we can:

- identify you and conduct necessary checks (including where required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 and other legislation);
- determine what service or products we can provide to you e.g our insurance broking services, insurance intermediary services, funding services, claims management services, risk management and other consulting services;
- issue, manage and administer services and products provided to you or others, including claims investigation, handling and settlement;
- improve our services and products e.g training and development of our representatives, product and service research and data analysis and business strategy development; and
- provide you with information and to tell you about our products, services or events or any other direct marketing activity (including third party products, services and events which we consider may be of interest to you).

What if you do not provide some personal information to us?

If the required personal information is not provided, we or any involved third parties may not be able to provide appropriate services or products. If you do not provide the required personal information we will explain what the impact will be.

How we collect your personal information

Collection can take place by telephone email, or in writing and through websites (from data you input directly or through cookies and other web analytic tools).

Unless it is unreasonable or impracticable for us to do so, or as provided otherwise under this Privacy Notice or our Privacy Policy, we will collect your information directly from you or your agents.

We may obtain personal information indirectly and who it is from can depend on the circumstances. We will usually obtain it from another insured if they arrange a policy which also covers you, related bodies corporate, referrals, your previous insurers or insurance intermediaries, witnesses in relation to claims, health care workers, publicly available sources, premium funders and persons who we enter into business alliances with. We attempt to limit the collection and use of sensitive information from you unless we are required to do so in order to carry out the services provided to you. However, we do not collect sensitive information without your consent.

If you provide us with personal information about another person you must only do so with their consent and agree to make them aware of this privacy notice.

Who we disclose your personal information to

We share your personal information with third parties for the collection purposes noted above where it is reasonably necessary for, or directly related to, one or more of our functions or activities.

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 will only use your personal information for the primary purposes for which it was collected or as consented to.

We usually disclose personal information to third parties who assist us or are involved in the provision of our services and your personal information is disclosed to them only in connection with the services we provide to you or with your consent. We may also disclose it for direct marketing purposes.

These third parties can include our related companies, our agents or contractors, insurers, their agents and others they rely on to provide their services and products (e.g reinsurers), premium funders, other insurance intermediaries, insurance reference bureaus, loss adjusters or assessors, medical service providers, credit agencies, lawyers and accountants, prospective purchasers of our business and our alliance and other business partners.

These parties are prohibited from using your personal information except for the specific purpose for which we supply it to them and we take such steps as are reasonable to ensure that they are aware of the provisions of our Privacy Policy in relation to your personal information.

We also use personal information to develop, identify and offer products and services that may interest you, conduct market or customer satisfaction research. From time to time we may seek to develop arrangements with other organisations that may be of benefit to you in relation to promotion, administration and use of our respective products and services. We do not use sensitive information to send you direct marketing communications without your express consent.

Any personal information provided to us may be transferred to, and stored at, a destination outside Australia, including but not limited to New Zealand, Sri Lanka, Singapore, United Kingdom and the United States of America. Details of the countries we disclose to may change from time to time. You can contact us for details. Personal information may also be processed by staff or by other third parties operating outside Australia who work for us or for one of our suppliers, agents, partners or related companies.

When we send information overseas, in some cases we may not be able to take reasonable steps to ensure that overseas providers do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us (to the extent permitted by law) and may not be able to seek redress overseas. If you do not agree to the transfer of your personal information outside Australia, please contact us.

More information, access, correction or complaints

For more information about our privacy practices including how we collect, use or disclose information, how to access or seek correction to your information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to our Privacy Policy available at our website www.insuranceadviser.net or by contacting us (our contact details are below).

Your consent to the above, contacting us and opting out

By providing us with personal information you and any other person you provide personal information for, consent to this use and these disclosures unless you tell us otherwise. If you wish to withdraw your consent, including for things such as receiving information on products and offers by us or persons we have an association with, please contact us.

By phone: 02 9954 1311

By email: reception@iaa.net.au

In writing: PO Box 633, North Sydney NSW 2059

Effective date: 12 March 2014

Risk Analysis - Applicant Declaration

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

- Financial Services Guide
- Privacy Collection Notice
- 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. Yes / No
- Please provide details of any non motor vehicle losses in excess of \$20,000 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 matter, not covered above, that may be relevant to the insurers decision whether to insure you, & if so, on what terms? If yes, please provide details. Yes / No
- Please provide details of any matters not covered above that may be relevant to the Insurer decision whether to insurer you Yes / No
- I/We consent to IA's Privacy Policy 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"/>	Corporate Travel - Australia (Medical and repatriation expenses following injury or illness while travelling or working in Australia.)	<input type="checkbox"/> <input type="checkbox"/>
Corporate Travel - Overseas (Medical and repatriation expenses following injury or illness while travelling or working overseas.)	<input type="checkbox"/> <input type="checkbox"/>	Cyber Liability (Protects against losses resulting from data security breaches.)	<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"/>	Environmental Protect (Provides cover against environmental liabilities including sudden and gradual pollution migration from the Insured location)	<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"/>	Marine Hull/P & I (Commercial) (Damage to commercial vessels and related equipment and bodily injury and property damage liability.)	<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"/>
Travel - Australia (Medical and repatriation expenses following injury or illness while travelling or working in Australia.)	<input type="checkbox"/> <input type="checkbox"/>	Travel - Overseas (Medical and repatriation expenses following injury or illness while travelling or working overseas.)	<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)**

Who is your current insurer/broker	<input style="width: 95%;" type="text"/>
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: 95%;" type="text" value="Yes"/>
When do your policies expire and/or when is cover required	<input style="width: 95%;" type="text"/>
Is there another date that would better suit your cash flow	<input style="width: 95%;" type="text"/>
How concerned are you to have a broad comprehensive policy coverage with a financially secure insurer	<input style="width: 95%;" 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: 95%;" 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: 95%;" 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: 95%;" type="text" value="Yes / No"/>
Would you consider a higher excess/deductible to assist in reducing your premium	<input style="width: 95%;" type="text" value="Yes / No"/>
What level/frequency of service calls do you expect from IAA	<input style="width: 95%;" type="text" value="Annual / Half yearly / Quarterly / Monthly"/>
What is your preferred method of communication with IAA	<input style="width: 95%;" 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: 95%;" type="text"/>
Describe business activities	<input style="width: 95%;" type="text"/>
Describe all products sold and/or distributed	<input style="width: 95%;" type="text"/>
Has this risk analysis been completed as a hard copy (manually) (Office use only)	<input style="width: 95%;" type="text" value="Yes / No"/>
Date completed (dd/mm/yyyy) (Office use only - If completed electronically, please enter today's date)	<input style="width: 95%;" 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)

1-1	*What type of cover is required If Business Income Protection cover selected proceed to Q15 - What is the weekly income sum insured	Business Income Protection (weekly) / Consequential Loss of Profits / Gross Revenue
1-2	*What is the gross profit/revenue sum insured	Not Insured
		\$
1-3	*What is the additional/increased costs sum insured	Not Insured
		\$
1-4	*What is the claims preparation expenses in excess of additional benefit sum insured	Included / Refer Benefits / Not Insured
		\$
1-5	*What is the loss of rent sum insured	Not Insured
		\$
1-6	*What is the accounts receivable sum insured	Not Insured
		\$
1-7	What is the payroll sum insured	Not Insured / Included
		\$
1-8	Is other cover required	Insured / Not Insured
1-9	What is the other cover sum insured	\$
1-10	Describe other cover	<input style="width: 100%; height: 20px;" type="text"/>
1-11	What is the total sum insured	<input style="width: 100%; height: 20px;" type="text"/>
1-12	Are there any uninsured working expenses	Yes / No
1-13	Uninsured Working Expenses	<input style="width: 100%; height: 20px;" type="text"/>
1-14	*What is the indemnity period	3 months / 6 months / 9 months / 12 months / 18 months / 24 months / 36 months / Refer Schedule
1-15	*What is the weekly income sum insured	Not Insured
		\$
1-16	What is the weekly limit of indemnity	Not Insured / Not Applicable
		\$
1-17	*What is the additional/increased costs sum insured	Not Insured
		\$
1-18	*What is the claims preparation expenses in excess of additional benefit sum insured	Included / Refer Benefits / Not Insured
		\$
1-19	What is the maximum limit of liability	Not Insured / Not Applicable
		\$
1-20	Are there any uninsured working expenses	Yes / No
1-21	Uninsured Working Expenses	<input style="width: 100%; height: 20px;" type="text"/>

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.

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

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.

1-22	Are there locks on all external windows without security grills/bars	<input type="text" value="Yes / No"/>
1-23	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	<input type="text" value="Yes / No / N/A"/>
1-24	Is there a taped closed circuit TV system installed and operational	<input type="text" value="Yes / No"/>
1-25	Do security personnel conduct random patrols during non business hours	<input type="text" value="Yes / No"/>
1-26	Details of other security measures	<input type="text"/>
1-27	*How many burglary/theft claims have you had in the last 3 years	<input type="text" value="0 / 1 / 2 / 3 or more"/>
1-28	*How many of these claims occurred in the last 12 months	<input type="text" value="0 / 1 / 2 / 3 / 4 / 5 / 6 or more"/>
1-29	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	<input type="text"/>
1-30	Special Notes:	<input type="text"/>
1-31	Enter details of special notes	<input type="text"/>
1-32	Enter details of special notes	<input type="text"/>
1-33	Enter details of special notes	<input type="text"/>
1-34	Enter details of special notes	<input type="text"/>
1-35	Enter details of special notes	<input type="text"/>

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)

1-1	*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: 95%; height: 20px;" type="text"/>
1-2	*What is the year of manufacture	<input style="width: 95%; height: 20px;" type="text"/>
1-3	*What is the make and model	<input style="width: 95%; height: 20px;" type="text"/>
1-4	*Select category of vehicle	<input style="width: 95%; 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 <input style="width: 95%; height: 20px;" type="text"/> other ()
1-5	*What is the body type	<input style="width: 95%; height: 20px;" type="text"/> Flat Tray / Refrigerated / Van / Tipper / Pantech / Insulated / Prime Mover / Earthmoving / Bus <input style="width: 95%; height: 20px;" type="text"/> other ()
1-6	*What is the registration number	<input style="width: 95%; height: 20px;" type="text"/>
1-7	*What is the vin/engine number	<input style="width: 95%; height: 20px;" type="text"/>
1-8	*Please select type of cover required	<input style="width: 95%; height: 20px;" type="text"/> Comprehensive / Third Party Property Damage / Own Damage Only / Fire, Theft & Third Party Property Damage / Fire & Theft Only
1-9	*What is the sum insured	<input style="width: 95%; height: 20px;" type="text"/>
1-10	*What is your current no claim bonus entitlement	<input style="width: 95%; height: 20px;" type="text"/> 65% / 60% / 55% / 50% / 45% / 40% / 35% / 33% / 30% / 25% / 20% / 15% / 10% / 0% / Not Applicable / Refer to Schedule <input style="width: 95%; height: 20px;" type="text"/> other ()
1-11	*Number of vehicles	<input style="width: 95%; height: 20px;" type="text"/>
1-12	Insured Vehicles	<input style="width: 95%; height: 20px;" type="text"/> Refer to Schedule
1-13	*Please select type of cover required	<input style="width: 95%; height: 20px;" type="text"/> Comprehensive / Third Party Property Damage / Refer to Schedule <input style="width: 95%; height: 20px;" type="text"/> other ()
1-14	*What is the radius of operations	<input style="width: 95%; 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 <input style="width: 95%; height: 20px;" type="text"/> other ()
1-15	*If Australia Wide, what is the principal destination or cartage and/or use	<input style="width: 95%; height: 20px;" type="text"/>
1-16	*What is the third party liability limit	<input style="width: 95%; height: 20px;" type="text"/> \$20,000,000 / \$30,000,000 / \$32,500,000 / \$35,000,000 <input style="width: 95%; height: 20px;" type="text"/> other ()
1-17	*Enter description and % of goods carried (non hazardous) eg. general freight, refrigerated goods, earthworks, livestock, building, construction materials, machinery etc.	<input style="width: 95%; height: 20px;" type="text"/>
1-18	*Will vehicle/s carry hazardous or dangerous goods. If Yes, provide details (quantities, type, hazardous classification)	<input style="width: 95%; height: 20px;" type="text"/> None <input style="width: 95%; height: 20px;" type="text"/> other ()

Risk Analysis - Risk Questions

Business - Commercial Motor Vehicle (BCMV)

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

1-19	What is the third party liability limit for hazardous goods (Leave blank to suppress on schedule)	<input style="width: 100%; height: 15px;" type="text" value="\$1,000,000 / \$2,000,000 / \$5,000,000 / \$10,000,000 / \$20,000,000 / \$30,000,000"/> <input style="width: 100%; height: 15px;" type="text" value="other ()"/>
1-20	Optional Extensions:	<input style="width: 100%; height: 15px;" type="text"/>
1-21	What is the downtime/business interruption per vehicle	<input style="width: 100%; height: 15px;" type="text" value="Not Insured"/> <input style="width: 100%; height: 15px;" type="text" value="\$"/>
1-22	Do you require hire car following accident on any motor vehicles under 2T	<input style="width: 100%; height: 15px;" type="text" value="Insured / Not Insured"/>
1-23	Do you require NCB protection	<input style="width: 100%; height: 15px;" type="text" value="Insured / Not Insured"/>
1-24	Do you require deletion of windscreen excess	<input style="width: 100%; height: 15px;" type="text" value="Insured / Not Insured"/>
1-25	Do you require driver accident benefit	<input style="width: 100%; height: 15px;" type="text" value="Insured / Not Insured"/>
1-26	Policy excess:	<input style="width: 100%; height: 15px;" type="text"/>
1-27	*Please select standard excess required	<input style="width: 100%; height: 15px;" type="text" value="Refer to Schedule / \$350 / \$500 / \$750 / \$1,000 / \$1,500 / \$2,000 / \$500 or 1% (whichever is greater)"/> <input style="width: 100%; height: 15px;" type="text" value="other ()"/>
1-28	Please select hazardous goods excess (Leave blank to suppress on schedule)	<input style="width: 100%; height: 15px;" type="text" value="\$100 / \$250 / \$500 / \$1,000"/> <input style="width: 100%; height: 15px;" type="text" value="other ()"/>
1-29	*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	<input style="width: 100%; height: 15px;" type="text" value="No"/> <input style="width: 100%; height: 15px;" type="text" value="other ()"/>
1-30	*Do vehicle/s have any non manufacturers standard modifications. If Yes, please provide details	<input style="width: 100%; height: 15px;" type="text" value="None"/> <input style="width: 100%; height: 15px;" type="text" value="other ()"/>
1-31	*Do vehicle/s have any non standard accessories eg. canopy, small crane, personal fridge. If Yes, please provide details	<input style="width: 100%; height: 15px;" type="text" value="None"/> <input style="width: 100%; height: 15px;" type="text" value="other ()"/>
1-32	*Do vehicle/s have any existing damage. If Yes, please provide details	<input style="width: 100%; height: 15px;" type="text" value="None / Impact damage / Rust damage / Mechanical/accessory damage / Hail damage / Interior damage"/> <input style="width: 100%; height: 15px;" type="text" value="other ()"/>
1-33	Are vehicle/s registered, roadworthy and safe to drive	<input style="width: 100%; height: 15px;" type="text" value="Yes / No"/> <input style="width: 100%; height: 15px;" type="text" value="other ()"/>
1-34	*Is there any finance on vehicle/s. If Yes please advise	<input style="width: 100%; height: 15px;" type="text" value="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"/> <input style="width: 100%; height: 15px;" type="text" value="other ()"/>
1-35	How are vehicle/s secured overnight	<input style="width: 100%; height: 15px;" type="text" value="Locked Garage / Depot / Compound"/> <input style="width: 100%; height: 15px;" type="text" value="other ()"/>
1-36	How are keys to vehicle/s are secured overnight	<input style="width: 100%; height: 15px;" type="text"/>
1-37	What security/alarm system devices are incorporated in vehicle/s	<input style="width: 100%; height: 15px;" type="text"/>

Risk Analysis - Risk Questions

Business - Corporate Travel - Australia (BCTRA)

Provides cover for the persons nominated against death, injury, loss of money and personal items 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)

1-1	*Nominated persons insured	<input style="width: 95%; height: 18px;" type="text"/>
1-2	*Select type of cover	<input style="width: 95%; height: 18px;" type="text" value="Group 24 Hour / Authorised Business Travel"/> <input style="width: 95%; height: 18px;" type="text" value="other ()"/>
1-3	*What is the death and capital benefits limit	<input style="width: 95%; height: 18px;" type="text"/>
1-4	*What is the weekly benefits limit	<input style="width: 95%; height: 18px;" type="text"/>
1-5	*What is the overseas medical and additional expenses limit	<input style="width: 95%; height: 18px;" type="text"/>
1-6	*What is the emergency travel assistance limit	<input style="width: 95%; height: 18px;" type="text"/>
1-7	*What is the baggage and personal effects limit	<input style="width: 95%; height: 18px;" type="text"/>
1-8	*What is the money limit	<input style="width: 95%; height: 18px;" type="text"/>
1-9	*What is the personal liability limit	<input style="width: 95%; height: 18px;" type="text"/>
1-10	*What is the kidnap, ransom and extortion limit	<input style="width: 95%; height: 18px;" type="text"/>
1-11	*What is the loss of travel deposits and additional expenses limit	<input style="width: 95%; height: 18px;" type="text"/>
1-12	*What is the payment of excess following collision damage or theft limit	<input style="width: 95%; height: 18px;" type="text"/>
1-13	*What is the alternative employee expenses limit	<input style="width: 95%; height: 18px;" type="text"/>
1-14	*What is the missed transport connection limit	<input style="width: 95%; height: 18px;" type="text"/>
1-15	*What is the extra territorial workers compensation limit - any one event	<input style="width: 95%; height: 18px;" type="text"/>
1-16	*What is the extra territorial workers compensation limit - any one period of insurance	<input style="width: 95%; height: 18px;" type="text"/>
1-17	*What is the political and other evacuation limit	<input style="width: 95%; height: 18px;" type="text"/>
1-18	*What is the aggregate limit of liability	<input style="width: 95%; height: 18px;" type="text"/>
1-19	*Is cover required for accompanying spouse or immediate family	<input style="width: 95%; height: 18px;" type="text" value="Insured / Not Insured"/>
1-20	*Select excess required	<input style="width: 95%; height: 18px;" type="text" value="\$100 / \$250 / \$500 / \$1,000 / \$2,000"/> <input style="width: 95%; height: 18px;" type="text" value="other ()"/>
1-21	*What is the estimated number of intra/interstate trips	<input style="width: 95%; height: 18px;" type="text"/>
1-22	*What is the estimated average duration of intra/interstate trips (days)	<input style="width: 95%; height: 18px;" type="text"/>
1-23	*Number of claims last year	<input style="width: 95%; height: 18px;" type="text" value="0 / 1 / 2 / 3 or more"/>
1-24	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	<input style="width: 95%; height: 18px;" type="text"/>
1-25	*Number of claims in last 3 years	<input style="width: 95%; height: 18px;" type="text" value="0 / 1 / 2 / 3 or more"/>
1-26	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	<input style="width: 95%; height: 18px;" type="text"/>
1-27	Special Notes:	<input style="width: 95%; height: 18px;" type="text"/>
1-28	Enter details of special notes	<input style="width: 95%; height: 18px;" type="text"/>
1-29	Enter details of special notes	<input style="width: 95%; height: 18px;" type="text"/>
1-30	Enter details of special notes	<input style="width: 95%; height: 18px;" type="text"/>

Risk Analysis - Risk Questions

Business - Corporate Travel - Australia (BCTRA)

Provides cover for the persons nominated against death, injury, loss of money and personal items as defined in the policy wording.

1-31 Enter details of special notes

1-32 Enter details of special notes

Risk Analysis - Risk Questions

Business - Corporate Travel - Overseas (BCTRO)

Provides cover for the persons nominated against death, injury, loss of money and personal items 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)

1-1	*Nominated persons insured	<input style="width: 95%; height: 20px;" type="text"/>
1-2	*Select type of cover	<input style="width: 95%; height: 20px;" type="text" value="Group 24 Hour / Authorised Business Travel"/> <input style="width: 95%; height: 20px;" type="text" value="other ()"/>
1-3	*What is the death and capital benefits limit	<input style="width: 95%; height: 20px;" type="text"/>
1-4	*What is the weekly benefits limit	<input style="width: 95%; height: 20px;" type="text"/>
1-5	*What is the overseas medical and additional expenses limit	<input style="width: 95%; height: 20px;" type="text"/>
1-6	*What is the emergency travel assistance limit	<input style="width: 95%; height: 20px;" type="text"/>
1-7	*What is the baggage and personal effects limit	<input style="width: 95%; height: 20px;" type="text"/>
1-8	*What is the money limit	<input style="width: 95%; height: 20px;" type="text"/>
1-9	*What is the personal liability limit	<input style="width: 95%; height: 20px;" type="text"/>
1-10	*What is the kidnap, ransom and extortion limit	<input style="width: 95%; height: 20px;" type="text"/>
1-11	*What is the loss of travel deposits and additional expenses limit	<input style="width: 95%; height: 20px;" type="text"/>
1-12	*What is the payment of excess following collision damage or theft limit	<input style="width: 95%; height: 20px;" type="text"/>
1-13	*What is the alternative employee expenses limit	<input style="width: 95%; height: 20px;" type="text"/>
1-14	*What is the missed transport connection limit	<input style="width: 95%; height: 20px;" type="text"/>
1-15	*What is the extra territorial workers compensation limit - any one event	<input style="width: 95%; height: 20px;" type="text"/>
1-16	*What is the extra territorial workers compensation limit - any one period of insurance	<input style="width: 95%; height: 20px;" type="text"/>
1-17	*What is the political and other evacuation limit	<input style="width: 95%; height: 20px;" type="text"/>
1-18	*What is the aggregate limit of liability	<input style="width: 95%; height: 20px;" type="text"/>
1-19	*Is cover required for accompanying spouse or immediate family	<input style="width: 95%; height: 20px;" type="text" value="Insured / Not Insured"/>
1-20	*Select excess required	<input style="width: 95%; height: 20px;" type="text" value="\$100 / \$250 / \$500 / \$1,000 / \$2,000"/> <input style="width: 95%; height: 20px;" type="text" value="other ()"/>
1-21	*What is the estimated number of overseas trips	<input style="width: 95%; height: 20px;" type="text"/>
1-22	*What is the estimated average duration of overseas trips (days)	<input style="width: 95%; height: 20px;" type="text"/>
1-23	*What are the principal overseas destinations	<input style="width: 95%; height: 20px;" type="text"/>
1-24	*Number of claims last year	<input style="width: 95%; height: 20px;" type="text" value="0 / 1 / 2 / 3 or more"/>
1-25	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	<input style="width: 95%; height: 20px;" type="text"/>
1-26	*Number of claims in last 3 years	<input style="width: 95%; height: 20px;" type="text" value="0 / 1 / 2 / 3 or more"/>
1-27	Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	<input style="width: 95%; height: 20px;" type="text"/>
1-28	Special Notes:	<input style="width: 95%; height: 20px;" type="text"/>
1-29	Enter details of special notes	<input style="width: 95%; height: 20px;" type="text"/>
1-30	Enter details of special notes	<input style="width: 95%; height: 20px;" type="text"/>

Risk Analysis - Risk Questions

Business - Corporate Travel - Overseas (BCTRO)

Provides cover for the persons nominated against death, injury, loss of money and personal items as defined in the policy wording.

1-31 Enter details of special notes

1-32 Enter details of special notes

1-33 Enter details of special notes

Business - Cyber Liability (BCYBER)

Provides combined cover for third party liability (Privacy Liability and Network Security Liability) and first party (Data Asset Loss) 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)

1-1 Is Cyber Liability required

 Insured / Not Insured

1-2 What is the Aggregate Limit of Liability

 \$100,000

 other ()

1-3 What is the Privacy Liability Benefit

 \$100,000

 other ()

1-4 What is the Network Security Liability Benefit

 \$100,000

 other ()

1-5 What is the Data Asset Loss Benefit

 \$50,000

 other ()

1-6 What is the Incident Response expenses benefit

 \$50,000

 other ()

1-7 What is the Regulatory Fines Benefit

 \$50,000

 other ()

1-8 What is the Consumer Redress Funds Benefit

 \$50,000

 other ()

1-9 What is the Cyber Liability Excess

 \$1,000 each and every single claim

 other ()

Risk Analysis - Risk Questions

Business - Equipment Breakdown (BEB)

Breakdown: - covers the repair (without depreciation) or functional replacement of fixed mechanical, pressure, electrical and electronic equipment that breakdown;

Business Interruption: - protects from loss of gross profit and increased costs of working that result from an equipment breakdown;

Spoilage: - protects businesses against financial loss resulting from stock spoiled due to an equipment breakdown; 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)

1-1	*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"/>
1-2	*What is the building property damage value	<input style="width: 95%; height: 20px;" type="text"/>
1-3	*What is the refrigerated stock property damage value	<input style="width: 95%; height: 20px;" type="text"/>
1-4	*What is the other stock property damage value	<input style="width: 95%; height: 20px;" type="text"/>
1-5	*What is the all other contents property damage value	<input style="width: 95%; height: 20px;" type="text"/>
1-6	*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 ()"/>
1-7	*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"/>
1-8	*What is the business interruption (loss of profits) annual value	<input style="width: 95%; height: 20px;" type="text"/>
1-9	*Do you require annual gross wages cover	<input style="width: 95%; height: 20px;" type="text" value="Insured / Not Insured"/>
1-10	*What is the annual gross wages value	<input style="width: 95%; height: 20px;" type="text"/>
1-11	*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 ()"/>
1-12	*Do you require spoilage cover	<input style="width: 95%; height: 20px;" type="text" value="Insured / Not Insured"/>
1-13	*What is the spoilage limit of liability (Note: Value must equal refrigerated stock property value)	<input style="width: 95%; height: 20px;" type="text"/>
1-14	*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 ()"/>
1-15	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"/>
1-16	Please provide contact name and phone number	<input style="width: 95%; height: 20px;" type="text"/>
1-17	*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"/>
1-18	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	<input style="width: 95%; height: 20px;" type="text"/>
1-19	*Who is your existing equipment breakdown insurer	<input style="width: 95%; height: 20px;" type="text"/>
1-20	*What is your expiring equipment breakdown premium	<input style="width: 95%; height: 20px;" type="text"/>
1-21	*Who is the property insurer	<input style="width: 95%; height: 20px;" type="text"/>
1-22	Special Notes:	<input style="width: 95%; height: 20px;" type="text"/>
1-23	Enter details of special notes	<input style="width: 95%; height: 20px;" type="text"/>
1-24	Enter details of special notes	<input style="width: 95%; height: 20px;" type="text"/>

Risk Analysis - Risk Questions

Business - Equipment Breakdown (BEB)

Breakdown: - covers the repair (without depreciation) or functional replacement of fixed mechanical, pressure, electrical and electronic equipment that breakdown;

Business Interruption: - protects from loss of gross profit and increased costs of working that result from an equipment breakdown;

Spoilage: - protects businesses against financial loss resulting from stock spoiled due to an equipment breakdown;
as defined in the policy wording.

1-25 Enter details of special notes

1-26 Enter details of special notes

1-27 Enter details of special notes

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.

		\$
1-19	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
		other ()
1-20	Policy excess	
1-21	*What is the excess required for breakdown	\$100 / \$250 / \$500 / \$1,000 / \$2,000 / Refer to Schedule
		other ()
1-22	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
		other ()
1-23	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
		other ()
1-24	Do you have external power surge protection device installed	Yes / No
1-25	Do you have a maintenance agreement	Yes / No
1-26	*How many electronic equipment claims have you had in the last 3 years	0 / 1 / 2 / 3 / 4 / 5 / 6 or more
1-27	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	
1-28	Special Notes:	
1-29	Enter details of special notes	
1-30	Enter details of special notes	
1-31	Enter details of special notes	
1-32	Enter details of special notes	
1-33	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)

1-1	*What is the limit any one period of insurance	<input style="width: 95%; height: 20px;" type="text"/>
1-2	*What is the limit any one employee	<input style="width: 95%; height: 20px;" type="text"/> As Above
		<input style="width: 95%; height: 20px;" type="text"/> \$
1-3	Policy excess:	<input style="width: 95%; height: 20px;" type="text"/>
1-4	*Select excess required	<input style="width: 95%; height: 20px;" type="text"/> \$100 / \$250 / \$500 / \$1,000 / \$2,000
		<input style="width: 95%; height: 20px;" type="text"/> other (<input style="width: 50px;" type="text"/>)
1-5	*Are all employees to be covered	<input style="width: 95%; height: 20px;" type="text"/> Yes / No
1-6	*Number of employees with responsibility for money, negotiable instruments, stock and/or accounts	<input style="width: 95%; height: 20px;" type="text"/>
1-7	*Number of employees primarily engaged as cashiers, treasurers or paymasters	<input style="width: 95%; height: 20px;" type="text"/>
1-8	*Number of employees engaged outdoors handling money, negotiable instruments, stock and/or accounts	<input style="width: 95%; height: 20px;" type="text"/>
1-9	*Number of all other employees not having responsibility for money, negotiable instruments, stock and/or accounts	<input style="width: 95%; height: 20px;" type="text"/>
1-10	Total number of employees	<input style="width: 95%; height: 20px;" type="text"/>
1-11	*Do all financial transactions, \$1,000 or over, require two signatories and/or authorisation by two people	<input style="width: 95%; height: 20px;" type="text"/> Yes / No
1-12	What is the frequency of audits of money/accounts	<input style="width: 95%; height: 20px;" type="text"/>
1-13	What is the frequency of stocktake	<input style="width: 95%; height: 20px;" type="text"/>
1-14	Are audits performed by an outside accountant	<input style="width: 95%; height: 20px;" type="text"/> Yes / No
1-15	What is the frequency of bank account reconciliations	<input style="width: 95%; height: 20px;" type="text"/>
1-16	Are wages paid by cash	<input style="width: 95%; height: 20px;" type="text"/> Yes / No
1-17	*How many previous losses have there been for this cover (whether insured or not)	<input style="width: 95%; height: 20px;" type="text"/> 0 / 1 / 2 / 3 / 4 / 5 / 6 or more
1-18	Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	<input style="width: 95%; height: 20px;" type="text"/>
1-19	Special Notes:	<input style="width: 95%; height: 20px;" type="text"/>
1-20	Enter details of special notes	<input style="width: 95%; height: 20px;" type="text"/>
1-21	Enter details of special notes	<input style="width: 95%; height: 20px;" type="text"/>
1-22	Enter details of special notes	<input style="width: 95%; height: 20px;" type="text"/>
1-23	Enter details of special notes	<input style="width: 95%; height: 20px;" type="text"/>
1-24	Enter details of special notes	<input style="width: 95%; height: 20px;" 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.

1-30	Number of bandsaws/meat slicers	<input type="text"/>
1-31	Number of sausage machines	<input type="text"/>
1-32	Number of silent cutters/mixers	<input type="text"/>
1-33	Number of pressure vessels less than 2m long	<input type="text"/>
1-34	Number of pressure vessels over 2 to 5m long	<input type="text"/>
1-35	Number of glass washers	<input type="text"/>
1-36	Number of dish washers	<input type="text"/>
1-37	Number of clothes dryers	<input type="text"/>
1-38	Number of clothes washers	<input type="text"/>
1-39	Number of range exhaust fans	<input type="text"/>
1-40	Are electric motors/equipment to be insured	Yes / No
1-41	Number of electric motors (not as part of a machine) less than 2HP	<input type="text"/>
1-42	Number of electronic motors (not as part of a machine) over 2 to 10HP	<input type="text"/>
1-43	Number of electric motors (not as part of a machine) over 10 to 20HP	<input type="text"/>
1-44	Number of electric motors (not as part of a machine) over 20 to 40HP	<input type="text"/>
1-45	Number of cash registers	<input type="text"/>
1-46	Number of bar coding scanners	<input type="text"/>
1-47	Number of generator sets less than 2KVA	<input type="text"/>
1-48	*Is pumping equipment to be insured	Yes / No
1-49	Number of centrifugal pumps less than 2HP	<input type="text"/>
1-50	Number of centrifugal pumps over 2 to 7.5HP	<input type="text"/>
1-51	Number of centrifugal pumps over 7.5 to 15HP	<input type="text"/>
1-52	Number of centrifugal pumps over 15 to 25HP	<input type="text"/>
1-53	Number of submersible pumps less than 1HP	<input type="text"/>
1-54	Number of sewerage pumps	<input type="text"/>
1-55	Number of spa/swimming pool pumps	<input type="text"/>
1-56	*Is workshop equipment to be insured	Yes / No
1-57	Number of air compressors less than 5HP	<input type="text"/>
1-58	Number of air compressors over 5 to 7.5HP	<input type="text"/>
1-59	Number of air compressors over 7.5 to 10HP	<input type="text"/>
1-60	Number of wheel aligners	<input type="text"/>
1-61	Number of wheel balancers	<input type="text"/>
1-62	Number of other auto workshop machinery	<input type="text"/>
1-63	Number of auto car washers	<input type="text"/>
1-64	Number of 2 & 4 post car hoists	<input type="text"/>
1-65	Do you have a maintenance agreement	Yes / No

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.

1-66	*How many machinery breakdown claims have you had in the last 3 years	<input type="text" value="0 / 1 / 2 / 3 / 4 / 5 / 6 or more"/>
1-67	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	<input type="text"/>
1-68	Special Notes:	<input type="text"/>
1-69	Enter details of special notes	<input type="text"/>
1-70	Enter details of special notes	<input type="text"/>
1-71	Enter details of special notes	<input type="text"/>
1-72	Enter details of special notes	<input type="text"/>
1-73	Enter details of special notes	<input 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.

Situation: Postcode:

Int. Party:

Please enter/circle the appropriate answer to each question

(Please only circle ONE answer per question)

1-1	*Please select type of policy	Annual / Single Transit
		other (<input style="width: 70%; border: none;" type="text"/>)
1-2	*Please select risks insured	All Risks / Fire, Collision and Overturning / Fire, Collision, Overturning and Theft
		other (<input style="width: 70%; border: none;" type="text"/>)
1-3	*Limit any one loss for imports	Not Insured
		\$ <input style="width: 80%; border: none;" type="text"/>
1-4	Total annual imports sendings	<input style="width: 95%; border: none;" type="text"/>
1-5	*Limit any one loss for exports	Not Insured
		\$ <input style="width: 80%; border: none;" type="text"/>
1-6	Total annual export sendings	<input style="width: 95%; border: none;" type="text"/>
1-7	Basis of valuation	Cost / Cost plus Freight / Cost plus Charges / Invoice Cost / Invoice Cost
		other (<input style="width: 70%; border: none;" type="text"/>)
1-8	Select limit required (in addition to cost, cost plus freight and cost plus charges)	+10% / +15% / +20%
		other (<input style="width: 70%; border: none;" type="text"/>)
1-9	Geographical limits	Australia Wide / World Wide
		other (<input style="width: 70%; border: none;" type="text"/>)
1-10	Method of shipment/transport	Road / Rail / Sea / Air / Parcel Post / Courier / Road, Rail, Sea, Air, Parcel Post and/or Courier
		other (<input style="width: 70%; border: none;" type="text"/>)
1-11	Conveyance principally from	<input style="width: 95%; border: none;" type="text"/>
1-12	Conveyance principally to	<input style="width: 95%; border: none;" type="text"/>
1-13	Policy excess:	<input style="width: 95%; border: none;" type="text"/>
1-14	*Select excess required	\$100 / \$250 / \$500 / \$1,000 / \$2,000
		other (<input style="width: 70%; border: none;" type="text"/>)
1-15	Principal type of goods/merchandise carried	<input style="width: 95%; border: none;" type="text"/>
1-16	Type of packaging	<input style="width: 95%; border: none;" type="text"/>
1-17	Will goods include cigarettes, tobacco or liquor	Yes / No
1-18	*How many transit claims have you had in the last 3 years	0 / 1 / 2 / 3 / 4 / 5 / 6 or more
1-19	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	<input style="width: 95%; border: none;" type="text"/>
1-20	Special Notes:	<input style="width: 95%; border: none;" type="text"/>
1-21	Enter details of special notes	<input style="width: 95%; border: none;" type="text"/>
1-22	Enter details of special notes	<input style="width: 95%; border: none;" type="text"/>
1-23	Enter details of special notes	<input style="width: 95%; 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.

1-24 Enter details of special notes

1-25 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)

1-1	*Please select type of policy	Annual / Single Transit
		other (<input style="width: 80%; border: none;" type="text"/>)
1-2	*Please select risks insured	All Risks / Fire, Collision and Overturning / Fire, Collision, Overturning and Theft
		other (<input style="width: 80%; border: none;" type="text"/>)
1-3	*Limit any one loss for inland sendings	
1-4	*Total annual inland sendings	\$
1-5	Basis of valuation	Cost / Cost plus Freight / Cost plus Charges / Invoice Cost / Invoice Cost
		other (<input style="width: 80%; border: none;" type="text"/>)
1-6	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"/>)
1-7	Geographical limits	Australia Wide
		other (<input style="width: 80%; border: none;" type="text"/>)
1-8	Method of shipment/transport	Road / Rail / Sea / Air / Parcel Post / Courier / Road, Rail, Sea, Air, Parcel Post and/or Courier
		other (<input style="width: 80%; border: none;" type="text"/>)
1-9	Conveyance principally from	
1-10	Conveyance principally to	
1-11	Policy excess:	
1-12	*Select excess required	\$100 / \$250 / \$500 / \$1,000 / \$2,000
		other (<input style="width: 80%; border: none;" type="text"/>)
1-13	Principal type of goods/merchandise carried	
1-14	Type of packaging	
1-15	Will goods include cigarettes, tobacco or liquor	Yes / No
1-16	Number of goods carrying vehicles operating	
1-17	*How many transit claims have you had in the last 3 years	0 / 1 / 2 / 3 / 4 / 5 / 6 or more
1-18	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	
1-19	Special Notes:	
1-20	Enter details of special notes	
1-21	Enter details of special notes	
1-22	Enter details of special notes	
1-23	Enter details of special notes	
1-24	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)

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

1-1	*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%; border: none;" type="text"/>)
1-2	*What is the unspecified items sum insured	Not Insured / Included / Refer to Schedule \$ <input style="width: 80%; border: none;" type="text"/>
1-3	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%; border: none;" type="text"/>
1-4	*What is the stock sum insured	Not Insured / Included / Refer to Schedule \$ <input style="width: 80%; border: none;" type="text"/>
1-5	*What is the specified electronic/computer equipment sum insured	Not Insured / Included / Refer to Schedule \$ <input style="width: 80%; border: none;" type="text"/>
1-6	Please provide details of specified electronic/computer equipment (Leave blank to suppress on schedule)	
1-7	*Is cover required for other specified items	Insured / Not Insured
1-8	*What is the other specified items sum insured	Included / Refer to Schedule \$ <input style="width: 80%; border: none;" type="text"/>
1-9	Please provide details of other specified items	
1-10	What is the total sum insured	
1-11	Policy excess:	
1-12	*Select excess required	\$100 / \$250 / \$500 / \$1,000 / \$2,000 / N/A / Refer to Schedule other (<input style="width: 80%; border: none;" type="text"/>)
1-13	*How many general property claims have you had in the last 3 years	0 / 1 / 2 / 3 / 4 / 5 or more
1-14	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	
1-15	Special Notes:	
1-16	Enter details of special notes	
1-17	Enter details of special notes	
1-18	Enter details of special notes	
1-19	Enter details of special notes	
1-20	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)

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

1-20	*Number of employees (including proprietors) in the business	<input type="text"/>
1-21	*Are you a part time sole trader	<input type="text" value="Yes / No"/>
1-22	*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" value="Yes / No"/>
1-23	If Yes, type of goods	<input type="text"/>
1-24	Quantity of goods	<input type="text"/>
1-25	How are they stored	<input type="text"/>
1-26	Do you comply with all laws, by laws and regulations regarding the use of these substances	<input type="text" value="Yes / No"/>
1-27	*Have you used or handled asbestos at any time	<input type="text" value="Yes / No"/>
1-28	If Yes, provide details	<input type="text"/>
1-29	*Do you discharge waste or hazardous materials into the atmosphere, sewer or elsewhere	<input type="text" value="Yes / No"/>
1-30	If Yes, provide details	<input type="text"/>
1-31	*Do you perform work away from your premises that involves the use of cutting, welding or soldering equipment	<input type="text" value="Yes / No"/>
1-32	If Yes, provide details	<input type="text"/>
1-33	*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" value="Yes / No"/>
1-34	If Yes, provide details of your contracts or agreements	<input type="text"/>
1-35	*Do you require this policy to cover any contractors or sub contractors	<input type="text" value="Yes / No"/>
1-36	Do you use subcontractors	<input type="text" value="Yes / No"/>
1-37	What is the percentage of turnover or estimate of payments made to all contractors	<input type="text"/>
1-38	What type of contract work is involved	<input type="text"/>
1-39	Do you require all contractors to have their own Public Liability insurance	<input type="text" value="Yes / No"/>
1-40	*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" value="Yes / No"/>
1-41	If Yes, provide details	<input type="text"/>
1-42	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" value="Yes / No"/>
1-43	Do you provide any professional, technical, consultancy, advisory or like services either for a fee or as an ancillary service to your business	<input type="text" value="Yes / No"/>
1-44	If Yes, provide details	<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.

1-45	*Do you intend to import or export goods	Yes / No
1-46	Please describe all past and present product categories	
1-47	Do your products manufactured/sold comply with any federal or state regulations or recognised international standard	Yes / No
1-48	Do you design parts of completed components for others	Yes / No
1-49	Do you manufacture to the designs, formulae, plans and/or specifications of others	Yes / No
1-50	Have product brochures been published	Yes / No
1-51	Do you have a quality control manual	Yes / No
1-52	How long has this manual been in use	
1-53	When was this manual last reviewed	
1-54	Is any person responsible for quality control	Yes / No
1-55	Please provide name and title	
1-56	Provide details of operations away from the premises including contracting, servicing/maintenance, building and/or plant erection and machinery installation	
1-57	Do you have any foreign operation/companies	Yes / No
1-58	Please provide details of locations and occupations	
1-59	Do you import/export any products/raw materials excluding USA/Canada	Yes / No
1-60	Please advise which countries	
1-61	Describe products imported/exported	
1-62	Estimated turnover of imports	\$
1-63	Estimated turnover of exports	\$
1-64	Do you import/export any products/raw materials from/to the USA/Canada	Yes / No
1-65	Describe products imported/exported	
1-66	Estimated turnover of imports from USA/Canada	\$
1-67	Estimated turnover of exports to USA/Canada	\$
1-68	*How many liability claims have you or this business had in the last 3 years	0 / 1 / 2 / 3 / 4 / 5 / 6 or more
1-69	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	
1-70	Are you aware of any circumstances that may give rise to a claim	Yes / No
1-71	If Yes, provide details	
1-72	Special Notes:	
1-73	Enter details of special notes	
1-74	Enter details of special notes	
1-75	Enter details of special notes	
1-76	Enter details of special notes	
1-77	Enter details of special notes	

Risk Analysis - Risk Questions

Business - Management Liability (BML)

Provides cover for each Insured Person in respect of Wrongful Acts or Employment Practice Breach or Trustee Breach as defined in the policy wording.

Provides cover for the Company in respect of Directors & Officers Liability/Company Reimbursement, Entity, Employment Practices, Trustee, Crime and Taxation 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)

1-1	*Management Liability Limit	\$250,000 / \$500,000 / \$1,000,000 / \$2,000,000 / \$5,000,000
		other (<input style="width: 50px;" type="text"/>)
1-2	*Excess	Nil / \$100 / \$250 / \$500 / \$750 / \$1,000 / \$2,000 / \$5,000 / \$7,500
		other (<input style="width: 50px;" type="text"/>)
1-3	*Turnover	
1-4	*Number of Employees	
1-5	*Number of claims in the last 5 years	0 / 1 / 2 / 3 / 4 / 5 / 6 or more
1-6	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	
1-7	Special Notes:	
1-8	Enter details of special notes	
1-9	Enter details of special notes	
1-10	Enter details of special notes	
1-11	Enter details of special notes	
1-12	Enter details of special notes	

Risk Analysis - Risk Questions

Business - Money (BMON)

Provides cover for loss and/or damage to money belonging to you and connected with the business 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)

1-1	*What is the money in transit sum insured	<input type="text"/> Not Insured
		<input type="text"/> \$
1-2	*What is the money on premises during business hours sum insured	<input type="text"/> Not Insured
		<input type="text"/> \$
1-3	*What is the money on premises outside business hours sum insured	<input type="text"/> Not Insured / \$1,000
		<input type="text"/> \$
1-4	*What is the money in personal custody sum insured	<input type="text"/> Not Insured
		<input type="text"/> \$
1-5	*What is the money locked in safe or strongroom sum insured	<input type="text"/> Not Insured
		<input type="text"/> \$
1-6	*What is the damage to safe or strong room sum insured	<input type="text"/> Not Insured
		<input type="text"/> \$
1-7	Details of safe or strongroom (i.e. manufacturer; dimensions; free standing or fixed to floor or wall; key, dial or combined key/dial operation etc)	<input type="text"/>
1-8	Date safe manufactured	<input type="text"/> / /
1-9	Do you leave safe or strongroom keys on the premises	<input type="text"/> Yes / No
1-10	Policy excess:	<input type="text"/>
1-11	*Select excess required	<input type="text"/> \$100 / \$250 / \$500 / \$1,000 / \$2,000 / N/A
		<input type="text"/> other ()
1-12	How many times per week do you bank	<input type="text"/>
1-13	Are banking times regularly varied	<input type="text"/> Yes / No
1-14	Do you operate regular early or late night shifts	<input type="text"/> Yes / No
1-15	*How many money claims have you had in the last 3 years	<input type="text"/> 0 / 1 / 2 / 3 or more
1-16	*How many of these claims occurred in the last 12 months	<input type="text"/> 0 / 1 / 2 / 3 or more
1-17	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	<input type="text"/>
1-18	Special Notes:	<input type="text"/>
1-19	Enter details of special notes	<input type="text"/>
1-20	Enter details of special notes	<input type="text"/>
1-21	Enter details of special notes	<input type="text"/>
1-22	Enter details of special notes	<input type="text"/>
1-23	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)

1-1	*Select benefit type required	Accident Only / Accident and Sickness / Capital, Accident and Sickness / Capital and Accident / Capital and Sickness other (<input style="width: 80%; height: 15px;" type="text"/>)
1-2	*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%; height: 15px;" type="text"/>)
1-3	*Family name of insured person	<input style="width: 100%; height: 15px;" type="text"/>
1-4	*Other name/s of insured person	<input style="width: 100%; height: 15px;" type="text"/>
1-5	*Occupation of insured person	<input style="width: 100%; height: 15px;" type="text"/>
1-6	*Capital benefit required	<input style="width: 100%; height: 15px;" type="text"/>
1-7	*Weekly accident benefit required	<input style="width: 100%; height: 15px;" type="text"/>
1-8	*Weekly sickness benefit required	<input style="width: 100%; height: 15px;" type="text"/>
1-9	*Select benefit period required	26 weeks / 52 weeks / 104 weeks other (<input style="width: 80%; height: 15px;" type="text"/>)
1-10	*Select excess period	0 Days / 7 Days / 14 Days / 21 Days / 28 Days other (<input style="width: 80%; height: 15px;" type="text"/>)
1-11	*What are the geographical limits	Australia Wide / World Wide other (<input style="width: 80%; height: 15px;" type="text"/>)
1-12	*Weekly business expenses benefit required	Not Insured \$ <input style="width: 80%; height: 15px;" type="text"/>
1-13	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%; height: 15px;" type="text"/>)
1-14	*Select renewal guarantee period required	1 year / 2 years / Not Insured
1-15	*Date of birth	<input style="width: 20%; height: 15px;" type="text"/> / <input style="width: 20%; height: 15px;" type="text"/> / <input style="width: 20%; height: 15px;" type="text"/>
1-16	*Gender	Male / Female
1-17	*Height details (expressed as centimetres)	<input style="width: 100%; height: 15px;" type="text"/>
1-18	*Weight details (expressed as kilograms)	<input style="width: 100%; height: 15px;" type="text"/>
1-19	*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%; height: 15px;" type="text"/>)
1-20	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%; height: 15px;" 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.

1-21	*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 style="width: 95%; height: 15px;" type="text" value="Yes / No"/>
1-22	*If Yes, provide details	<input style="width: 95%; height: 15px;" type="text"/>
1-23	*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 style="width: 95%; height: 15px;" type="text" value="No"/>
1-24	*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 style="width: 95%; height: 15px;" type="text" value="No"/>
1-25	*Do you have, or have you ever had, any physical impairment or deformity, if Yes, please advise	<input style="width: 95%; height: 15px;" type="text" value="No"/>
1-26	*Do you have, or have you ever had, any other sickness or injury not listed, if Yes, please advise	<input style="width: 95%; height: 15px;" type="text" value="No"/>
1-27	*Are you currently using any medication (other than for colds or influenza), if Yes, provide details	<input style="width: 95%; height: 15px;" type="text" value="No"/>
1-28	*Are you contemplating seeking medical advice, investigation or treatment including surgery in the near future, if Yes, provide details	<input style="width: 95%; height: 15px;" type="text" value="No"/>
1-29	*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 style="width: 95%; height: 15px;" type="text" value="No"/>
1-30	*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 style="width: 95%; height: 15px;" type="text" value="No"/>
1-31	*Do you smoke or have you smoked cigarettes, cigars, tobacco in the last 12 months	<input style="width: 95%; height: 15px;" type="text" value="Yes / No"/>
1-32	*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 style="width: 95%; height: 15px;" type="text" value="No"/>
1-33	*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 style="width: 95%; height: 15px;" type="text" value="No"/>
1-34	Special Notes:	<input style="width: 95%; height: 15px;" type="text"/>
1-35	Enter details of special notes	<input style="width: 95%; height: 15px;" type="text"/>
1-36	Enter details of special notes	<input style="width: 95%; height: 15px;" type="text"/>
1-37	Enter details of special notes	<input style="width: 95%; height: 15px;" type="text"/>
1-38	Enter details of special notes	<input style="width: 95%; height: 15px;" 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.

1-39 Enter details of special notes

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)

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

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.

1-21	*Select excess for all other claims	<input type="text" value="\$100 / \$250 / \$500 / \$1,000 / \$2,000 / \$5,000 / N/A"/>
		<input type="text" value="other ()"/>
1-22	*Select excess for earthquake, subterranean fire or volcanic eruption	<input type="text" value="\$20,000 or 1% of the total Declared Values, whichever is the lesser"/>
		<input type="text" value="other ()"/>
1-23	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)	<input type="text" value="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"/>
		<input type="text" value="other ()"/>
1-24	What is the construction of the roof	<input type="text" value="Tile / Concrete / Slate / Metal,Iron,Tin,Steel / Fibro / Other"/>
		<input type="text" value="other ()"/>
1-25	What is the construction of the floor	<input type="text" value="Concrete / Concrete,Wood / Wood / Other"/>
		<input type="text" value="other ()"/>
1-26	*Is there any sandwich panel foam construction greater than 15%	<input type="text" value="Yes / No"/>
1-27	Number of stories (expressed as ground + number of floors i.e. G+1)	<input type="text"/>
1-28	*Year of construction	<input type="text"/>
1-29	Is the building heritage or national trust listed	<input type="text" value="Yes / No"/>
1-30	*Describe occupancy of building	<input type="text" value="Owner Occupied / Tenanted / Multi tenanted / Let/Rented on a commercial basis / Unoccupied"/>
		<input type="text" value="other ()"/>
1-31	Occupation of other tenants (Leave blank to suppress on schedule)	<input type="text"/>
1-32	Are any of the premises vacant (Leave blank to suppress on schedule)	<input type="text" value="Yes / No / Partially"/>
1-33	If Yes, provide details (Leave blank to suppress on schedule)	<input type="text"/>
1-34	Do you use or intend to use, store or handle hazardous or dangerous goods in excess of the minimum limits under AS 1940	<input type="text" value="Yes / No"/>
1-35	If Yes, type of goods	<input type="text"/>
1-36	Quantity of goods	<input type="text"/>
1-37	How are they stored	<input type="text"/>
1-38	*Have you complied with all laws and regulations regarding fire protection, storage of flammable liquids, hazardous and dangerous goods	<input type="text" value="Yes / No"/>
1-39	Is there combustible waste on the premises	<input type="text" value="Yes / No"/>
1-40	Is it kept in metal bins and removed regularly	<input type="text" value="Yes / No"/>
1-41	*Is there any commercial cooking performed on the premises	<input type="text" value="Yes / No"/>
1-42	Please advise number of deep fryers/vats	<input type="text"/>
1-43	Please advise capacity	<input type="text"/>
1-44	Do you have a service contract in force for the cleaning of cooking range hood, filters and ducting	<input type="text" value="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.

1-45	Describe housekeeping	Good / Very good / Excellent / Average / Poor / Subject to a demolition or similar statutory order
1-46	*Is the building connected to town water and in the area of a permanently manned fire station. Please provide details.	Yes / No
1-47	*Are compliant sprinklers installed	other () Yes / No
1-48	Are fire hoses installed and maintained and capable of covering total floor area	Yes / No
1-49	Are fire extinguishers installed and maintained	Yes / No
1-50	Are fire blankets installed	Yes / No
1-51	Are smoke detectors installed and maintained	Yes / No
1-52	Are smoke detectors monitored by a professional security firm	Yes / No
1-53	*How many fire/accidental damage claims have you had in the last 3 years	0 / 1 / 2 / 3 / 4 / 5 / 6 or more
1-54	*Please provide details of claims (date/year, insurer, nature of loss/claim, amount)	
1-55	Special Notes:	
1-56	Enter details of special notes	
1-57	Enter details of special notes	
1-58	Enter details of special notes	
1-59	Enter details of special notes	

Risk Analysis - Risk Questions

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)

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

Business - Travel - Australia (BTRAV)

Provides cover for the persons nominated for defined events whilst travelling within 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)

1-1	*Please advise the destination of travel	<input type="text"/>
1-2	*Duration of trip	<input type="text"/>
1-3	Special Notes:	<input type="text"/>
1-4	Enter details of special notes	<input type="text"/>
1-5	Enter details of special notes	<input type="text"/>
1-6	Enter details of special notes	<input type="text"/>
1-7	Enter details of special notes	<input type="text"/>
1-8	Enter details of special notes	<input type="text"/>

Risk Analysis - Risk Questions

Business - Travel - Overseas (BTRAVO)

Provides cover for the persons nominated for defined events whilst travelling overseas 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)

- | | | |
|-----|--|--|
| 1-1 | *Please advise the destination of travel | <input style="width: 95%; height: 20px;" type="text"/> |
| 1-2 | *Duration of trip | <input style="width: 95%; height: 20px;" type="text"/> |
| 1-3 | Special Notes: | <input style="width: 95%; height: 20px;" type="text"/> |
| 1-4 | Enter details of special notes | <input style="width: 95%; height: 20px;" type="text"/> |
| 1-5 | Enter details of special notes | <input style="width: 95%; height: 20px;" type="text"/> |
| 1-6 | Enter details of special notes | <input style="width: 95%; height: 20px;" type="text"/> |
| 1-7 | Enter details of special notes | <input style="width: 95%; height: 20px;" type="text"/> |
| 1-8 | Enter details of special notes | <input style="width: 95%; height: 20px;" type="text"/> |

Business - Environmental Protect (ENVPRO)

Provides cover against environmental liabilities including sudden and gradual pollution migrating from the Insured Location 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)

- | | | |
|-----|--|---|
| 1-1 | Is Environmental Liability Cover Required | <input style="width: 95%; height: 20px;" type="text" value="Insured / Not Insured"/> |
| 1-2 | What is the Environmental Liability Benefit | <input style="width: 95%; height: 20px;" type="text" value="\$250,000 per pollution condition and in the aggregate"/> |
| 1-3 | What is the Remediation costs | <input style="width: 95%; height: 20px;" type="text" value="Costs associated with the investigation, monitoring and mitigation of a pollution condition including reasonable legal costs"/> |
| 1-4 | Have any environmental site assessments been performed at the Insured Location | <input style="width: 95%; height: 20px;" type="text" value="other ()"/> |
| 1-5 | Has any past, or is there any planned, environmental sampling or remediation works conducted at the Insured Location | <input style="width: 95%; height: 20px;" type="text" value="Yes / No"/> |
| 1-6 | Do you have aboveground storage tanks onsite containing liquid petroleum and/or hazardous materials? If yes, please advise Capacity: | <input style="width: 95%; height: 20px;" type="text" value="other ()"/> |
| | | <input style="width: 95%; height: 20px;" type="text" value="Less than 500 Litres / Between 500 and 5,000 Litres / Greater than 5,000 Litres / None"/> |
| | | <input style="width: 95%; height: 20px;" type="text" value="other ()"/> |