

Business Pack proposal

Important notices

Policy Number

Please read this section before completing this proposal

Your Duty of Disclosure: Before you enter into this insurance contract with us for the first time, the Insurance Contracts Act 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your insurance.

You will be asked various questions when you apply for this policy. When you answer these questions, you must:

- give us honest and complete answers
- tell us everything you know; and
- tell us everything that a reasonable person in the circumstances could be expected to tell us.

You do not need to tell us about any matter:

- that diminishes our risk;
- that is of common knowledge;
- that we know or should know as an insurer; or
- that we tell you we do not need to know.

Who does the duty apply to?

Everyone who is insured under the policy must comply with the relevant duty.

What happens if you or they breach the duty? If you or they do not comply with the relevant duty, we may cancel the policy or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed and pay nothing.

Duty on renewals, variations and reinstatements: A different duty applies for any variation or renewal or reinstatement of the policy. Please refer to your policy wording for this duty.

Privacy Act 1988

The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and other information in order to:

- decide whether to issue a policy;
- determine the terms and conditions of your policy;
- compile data; and
- handle claims.

We disclose personal information to third parties who we believe are necessary to assist us and them in providing the relevant services and products. For example, in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, investigators, agents and others involved in the claims handling process, or as required by law. We limit the use and disclosure of any personal information provided by us to them to the specific purpose for which we supplied it.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529, EST 9am-5pm, Monday-Friday and advise us of the changes. If you do not agree to the collection of your personal information then unfortunately we will be unable to process your proposal.

From time to time we may advise or offer you information on other Allianz products or services that may be relevant and of interest to you. If you do not wish to receive these offers or information please call the Allianz Direct Marketing Privacy Service Line – Freecall 1800 000 284, EST 9am-5pm, Monday-Friday.

How to fill out this proposal: For questions with multiple choice answers, please tick the box in front of the correct answer. For other questions, please write the information requested in the spaces provided.

Make sure you have read the policy document we have given to You. If You require another copy of the Policy document or any assistance, please contact Your insurance broker or agent.

If there is inadequate space to answer any questions, please attach a separate sheet of paper. Show the page number, section and question number before the information you wish to add, eg, Page 3, Question 6. Construction of floors – levels 1 and 2 – concrete, levels 3 and 4 – timber.

Definitions:

“We”, “Our”, “Us” or “Allianz” means Allianz Australia Insurance Limited ABN 15 000 122 850.

“You”, “Your” means the person proposing for this insurance and any person seeking to be named on the schedule.

“Excess” means the amount You must pay towards the cost of any claim under Your policy.

This proposal uses words that have a special meaning. The definition of these words can be found in the policy document.

Underinsurance

The Fire and Perils, Business Interruption and Machinery Breakdown Sections of this Contract contain underinsurance clauses. It is important in these Sections that You insure the full value of property, Average Income/Gross Profit and declare the total number of machines. If You do not do so, You will be underinsured and We will not pay Your claim in full. Limited always to the sums insured and subject to the precise policy wording, the amount of claim will be determined by the following formula:

$$\frac{\text{Sum Insured/} \\ \text{No of machines insured} \\ \text{X\% of Replacement value/} \\ \text{Average income/} \\ \text{Total No of machines}}{\text{Amount of} \\ \text{Damage} \\ \text{1}} = \text{Claim Payment}$$

X% = 80% Fire & Perils, Business Interruption
100% Machinery Breakdown

Excess

Excesses apply to all sections of Your Policy and are detailed in the Schedule and/or Policy document.

There is a special excess which applies to loss or damage caused by an earthquake. The excess is the lesser of \$20,000 or an amount equal to 1% of the total Sum Insured for all Property insured at the Situation under Section 1. The excess applies to all loss or damage occurring within the 72-hour period immediately after the earthquake.

For Office Use

Broker/agent

Policy number

Broker/agent account number

Cover note number

Replacing policy number

State

Date proposal received ____/____/____ Time ____ AM / PM

Period of insurance

From _____ am/pm on ____ / ____ / ____ to 4pm on ____ / ____ / ____

Proposer/s general information

1. Your name: _____ Mr/Mrs/Miss/Ms: _____
 Company name: _____ ABN _____
 Are you registered for GST? Yes No What is your ITC percentage _____ %

2. Phone: Business: () _____ Home: () _____ Mobile: _____

3. List all subsidiary companies _____

4. Notices to: _____

5. Postal address: _____

 _____ Postcode: _____

6. Describe Your business in full: _____

7. How many years have You been in: this business? _____ any similar business? _____

8. Trading hours: Weekdays to _____
 Saturdays to _____
 Sundays to _____

9. Interested parties in Your Buildings and/or contents: _____
 Nature of their interest: Mortgage Owner Lessor Bill of Sale Other

10. Interested parties' address: _____
 _____ Postcode: _____

11. Do You maintain detailed records of purchases and sales? Yes No

12. Are Your books audited by a qualified accountant at least annually? Yes No

13. Have You or any person applying for this insurance:
 (a) been convicted of a criminal offence? Yes No
 (b) ever been placed in bankruptcy, receivership or liquidation? Yes No
 (c) had an application for a loan declined in the past two years? Yes No

If You have answered "Yes" to any part of question 13 above please provide full details in the space provided at the back of this Proposal.

14. Previous Insurance (if insufficient room continue in the space provided at the back of this Proposal):
 (a) have You held previous insurance for any business? Yes No

(b) if "Yes" name of previous Insurer: _____

(c) have You ever had insurance refused or cancelled or has any insurance company ever imposed special terms, conditions or restrictions on Your policies? Yes No

If "Yes" provide full details:

15. Past Claims (if insufficient room continue in the space provided at the back of this Proposal):
 Have You claimed under an insurance policy or had any uninsured losses in respect of the risks held proposed? Yes No

If "Yes" details all insurance claims made in the last five years together with any uninsured losses.

Date	Insurer	Amount Paid	Excess	Details of Loss
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

Premises

1. Location of Premises:

Building 1:	Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Building 2:	Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Building 1	Building 2
2. Do You own the Building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Year Building built?	<input type="text"/>	<input type="text"/>
4. Connected to town water and in the area of a permanently staffed Fire Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Construction of external walls:	<input type="text"/>	<input type="text"/>
6. Construction of floors:	<input type="text"/>	<input type="text"/>
7. Number of storeys (expressed as Ground + number ie G+1):	<input type="text"/>	<input type="text"/>
8. For what purposes are the Buildings occupied:		
(a) by You?	<input type="text"/>	<input type="text"/>
(b) by others?	<input type="text"/>	<input type="text"/>
9. Describe the full activities and the processes involved:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

10. Is there any:

(a) commercial cooking performed? Yes No Yes No

If "Yes", detail capacity and number of deep fryers.

Do You have a service contract in force for the cleaning of cooking range hood, filters and ducting?

Yes No Yes No

Cleaning interval	months	Cleaning interval	months
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) flammable/toxic/explosive substances used or stored? Yes No Yes No

If "Yes", describe the material and quantity held at any one time and how it is stored.

(c) hazardous processes involved at the premises? Yes No Yes No

If "Yes", describe the hazardous processes.

11. How are the premises protected against Fire and Theft?

(a) Fire sprinkler system?

i) single water supply Single Double None Single Double None

ii) double water supply

(b) Automatic fire detection equipment connected to the Fire Brigade – smoke or thermal? Yes No Yes No

(c) Hosereels capable of covering all floor area? Yes No Yes No

(d) Extinguishers in the number recommended by the fire protection company? Yes No Yes No

(e) Indicate building security measures:

Building 1 (cont.)

- Deadlocks all external doors
- Key lock/bars on accessible windows
- Back to base alarm
- Digital dial Direct dial
- Fully monitored Local alarm
- Security patrol
- Other – describe

Building 2 (cont.)

- Deadlocks all external doors
- Key lock/bars on accessible windows
- Back to base alarm
- Digital dial Direct dial
- Fully monitored Local alarm
- Security patrol
- Other – describe

(f) Are your Premises contained wholly within a shopping complex (without external access)?

Yes No

Yes No

(g) Is all fire and theft protection equipment fully maintained and serviced?

Yes No

Yes No

Note: It is a condition of Section 3 of this policy – Theft, that any burglar alarm **must** at all times be maintained in good and efficient working order and made operative whenever the Premises are left unoccupied.

1 Fire and Perils

Do You require this Section?

Yes No

Additional benefits – Provided the Total Sum Insured at the Situation has not been otherwise exhausted, this Section automatically provides benefits in respect of Removal of Debris, Fire Extinguishment Costs, Temporary Protection, Professional Fees, Government Fees, Rewriting of Records and Directors’ and Employees’ Personal Property. Details are contained in the Policy document. You may choose higher Sums Insured so as to have full coverage.

Fusion may only be insured as part of Section 10 – Machinery Breakdown.

	Building 1 Sums Insured	Building 2 Sums Insured
1. On buildings including landlord’s fixtures and fittings:	\$	\$
2. On contents (excluding money):	\$	\$
3. On stock in trade including work in progress, customer’s goods and items held on trust or consignment:	\$	\$
4. Subtotal of items 2 and 3:	\$	\$
5. On demolition and removal of debris:	\$	\$
6. On the cost of restoration and rewriting of office records:	\$	\$
7. On professional fees:	\$	\$
8. On landscaping:	\$	\$
9. Others – please specify:	\$	\$
	\$	\$
	\$	\$
Total	\$	\$
Total Sum Insured for Building 1 and Building 2	\$	

Accidental damage

Accidental damage (as specified in the policy wording) is included as a Defined Event under this Section to a maximum amount of \$15,000.

If you require a higher accidental damage limit please specify the higher limit here.

Building 1

Building 2

Note: A higher Excess applies.

\$

\$

Reinstatement and replacement cover on Buildings and Contents is provided unless otherwise specified below.

Is indemnity cover only required?

Yes No

Yes No

For buildings of brick, stone or concrete, including buildings constructed of 90% of these materials, Reinstatement will include the extra costs of reinstatement.

Seasonal stock increases – Stock Sums Insured are automatically increased by 25% (to a maximum of \$50,000) during the months of November and December and for the 30 days up to and including Easter Tuesday. You may choose alternate periods during which this benefit will apply (not exceeding 90 days).

If alternative periods are required, please specify: (day/month)

/ to / and / to /

2 Business Interruption Following an admissible claim under Sections 1, 3, 4 or 6

Do You require this Section? Yes No

If "Yes", choose either Part A or Part B

Part A Business Income Protection

Providing a weekly amount while Your business is interrupted.

(a) Declared Average Weekly Income (Gross weekly receipts less purchases – adjusted for trends):			\$
Payable for: <input type="checkbox"/> 13 weeks <input type="checkbox"/> 26 weeks <input type="checkbox"/> 52 weeks <input type="checkbox"/> 104 weeks <input type="checkbox"/> 156 weeks			
(b) Claim preparation expenses – Sum Insured			\$
(c) Additional Expenses necessarily incurred as defined (limited to 50% of 2(a))			
Relocation Costs:	\$	Accounts Receivable:	\$
Increased costs of Working:	\$	Professional Fees:	\$
Additional Costs of Working:	\$	Costs of Recreating Records:	\$
Expediting Expenses:	\$	Total Sum Insured for Additional Expenses:	\$

Part B Consequential Loss of Profits

1. Covering _____ months (Indemnity Period) gross income – being the money payable to You for goods sold and/or services rendered less the net cost of purchase. ie: working expenses:	Sum insured
2. Claims preparation expenses:	\$
Optional Benefits	
3. Additional increase in cost of working:	\$
4. Loss of rent:	\$
5. Accounts receivable:	\$
Total Sum Insured	\$

Uninsured working expenses, please list here those working expenses You do NOT wish to insure.

- Note: 1. Please consult your business adviser or broker if you are unsure how to answer this question.
 2. Uninsured Working Expenses are those expenses you will NOT incur should you cease trading such as contractors wages, stock.

3 Theft

Do You require this Section? <input type="checkbox"/> Yes <input type="checkbox"/> No	Declare Full Total Value	Building 1 Sums Insured	Building 2 Sums Insured
1. On tobacco, cigarettes and liquor:	\$	\$	\$
2. On stock (work in progress, customers goods and items held in trust or on commission for which you are held liable) excluding tobacco, cigarettes and liquor as described in 3.1:	\$	\$	\$
3. On contents excluding Money, cigarettes, liquor and stock as described in 3.1 and 3.2:	\$	\$	\$
4. On all contents (including the stock described in 3.2) excluding Money, tobacco, cigarettes and liquor as described in 3.1:	\$	\$	\$
5. On directors' and employees' tools and clothing not otherwise insured:	\$	\$	\$
6. Other items excluding stock, contents, tobacco, and liquor:	\$	\$	\$
Total	\$	\$	\$
Total Sum Insured	\$		

Seasonal stock increases

Sums Insured for stock described in 3.1, and other stock are automatically increased by 25% (to a maximum of \$25,000) during the months of November and December and for the 30 days up to and including Easter Tuesday. You may choose alternative periods during which this benefit will apply, not exceeding 90 days in total. if alternative periods are required, please specify.

From ____ / ____ to ____ / ____ and from ____ / ____ to ____ / ____ (day/month)

4 Money

Do You require this Section? Yes No

	Sums insured
1. On money in transit:	\$
2. On money contained in the business premises:	
(a) during business hours:	\$
(b) outside business hours:	\$
(c) only whilst contained in a securely locked safe:	\$
3. On money in the personal custody of proprietors and authorised employees whilst contained in private residences:	\$
4. On damage to safes:	\$
Make, type and age of safe:	
Is the safe fixed or free standing?	

Seasonal money increases

Sums Insured under items 4.1, 4.2(a), 4.2(c) and 4.3, are automatically increased by 25% (to a maximum of \$25,000) during the months of November and December and the 30 days up to and including Easter Tuesday. You may choose alternative periods during which this benefit will apply, not exceeding 90 days in total. If alternative periods are required, please specify.

From / to / and from / to / (day/month)

5 General Property

Do You require this Section? Yes No

If "Yes", choose either Part A or Part B

Part A Accidental damage

Any sudden or unexpected or unforeseen occurrence not otherwise excluded.

Specify items:

	Sums insured
<input type="text"/>	\$
<input type="text"/>	\$
<input type="text"/>	\$
Total Sum Insured	\$

Part B Restricted cover

(a) collision and/or overturning of the conveying vehicle.

(b) Flood.

Note: when either alternative (a) or (b) is chosen, Fire cover for the Property Insured is automatically provided under Section 1 – Fire and Perils. If you have not selected Section 1, you may select the Optional Benefit below.

Situation of the Property Insured – anywhere in Australia.

Property insured (list any item to be insured which is valued at \$2,000 or greater)

Description of property insured:

	Sums insured
1. Unspecified items or tools relating to your trade or profession (excluding mobile phones, photographic equipment and computer equipment) – maximum value any one item \$2,000.	\$
2. Specified items:	
(a)	\$
(b)	\$
(c)	\$
Total Sum Insured	\$

Optional benefit

Fire (only available if Section 1 – Fire and Perils is not selected). Do you require the optional fire benefit?

Yes No

6 Breakage of Glass

Do You require this Section? Yes No

If "Yes" indicate Cover Required.

- 1. Covering fixed external glass
- 2. Covering fixed internal glass, fixed and hanging mirrors, wash basins, lavatory pans and cisterns.

Sums insured

\$ Replacement Cost
\$ Replacement Cost

Note: The cover under either 1 or 2, includes up to \$2,000 in any one period of insurance for damage to window or door frames, tiled shop fronts, Stock in Trade, illuminated signs including perspex and plastic signs, the cost of temporary shuttering and security, signwriting, ornamentation, reflective materials and alarm tapes.

- 3. Covering glass mounted signwriting and glass mounted alarm tapes and protective devices (additional to 1 and 2). \$ _____
- 4. Covering illuminated signs (additional to 1 and 2). \$ _____
- 5. Covering damage to stock, resulting directly from glass breakage (additional to 1 and 2). \$ _____

Do You have: Fancy, curved or bent glass?

Are premises: located fully on first floor or above? single fronted? double fronted? fully contained in a shopping complex?
 other (please describe below)?

7 Public & Products Liability

Do You require this Section? Yes No

Asbestos

This Section excludes any liability in relation to Asbestos.

Pollution

This Section excludes any liability in relation to Pollution except where the cause is sudden and accidental (see Policy document).

If your business is clerical, professional or retail where you do not directly import goods, you need only answer Part A for this Section. For other occupations complete Part A and Part B.

Part A

1. **State limit of Indemnity required:** \$ _____

Note: The above Limit of Indemnity will be provided in respect to each and every occurrence except for Your Product Hazard where the limit of liability will be limited in the aggregate to the sum chosen.

Note: A higher Excess applies.

2. Do You require cover as the property owner only? Yes No

If property owners liability is required please supply the following details:

Location	Occupied by	Occupants business	Floor area	Annual gross rent

3. **Business turnover**

Please indicate: Annual turnover: \$ _____
 Annual turnover from operations/activities in Canada and USA: \$ _____
 Number of staff (including working proprietors): _____
 Annual Wages: \$ _____

4. **Professional or other services**

Do You provide any professional, technical, consultancy, advisory or like services either for a fee or as an ancillary service to your business? Yes No

If "Yes", give details of such services and to whom such services are offered. **Note: Professional indemnity is excluded in this policy.**

Public & Products Liability (continued)

5. Description of contractual liability exposure

(a) Have You assumed any obligations under any contracts or agreement, including hold harmless or indemnification agreements, other than specifically recorded under (b)? Yes No

(b) If "Yes", please provide details and attach copies of such agreements. Such exposures are excluded in this Policy, unless specifically noted in the schedule.

Blank lines for providing details of contractual liability exposures.

6. Unregistered vehicles

Please supply number and type of unregistered vehicles.

Blank lines for providing details of unregistered vehicles.

7. Optional extension Goods in your physical or legal control

Indemnity required \$ _____ (This policy provides automatic cover to a limit of \$20,000, unless otherwise advised)

Note: A higher Excess applies.

Description of care custody or control exposure

(a) (i) List all non-owned premises, e.g., real property occupied under lease or rental agreements.

Table with 3 columns: Location, Type of property, Approximate value. Contains 3 blank rows for data entry.

(ii) List all property of others in Your care, custody or control (include details of all goods, merchandise or equipment being leased, repaired, serviced, treated or on consignment or bailment):

Table with 3 columns: Location, Type of property, Approximate value. Contains 3 blank rows for data entry.

(b) Have any hold harmless or indemnification agreements been executed which relate to destruction of or damage to the property listed above? Yes No
If "Yes" attach copies of such agreements.

(c) Does any other person (financier, lessor, etc) have any interest in the property and/or goods stated in (a) above? Yes No
If "Yes", please supply full details.

Blank line for providing full details of other person's interest.

Hairdressers and beauticians treatment risk

Do You require this optional benefit? Yes No

The indemnity provided is \$250,000 and this benefit is subject to an excess of \$500 for personal injury and property damage claims.

If your business is clerical, professional or retail where you do not directly import goods, you need not answer Part B for this Section. For other occupations complete Part A and Part B.

Part B

1. Products

(a) Please describe fully the types of products manufactured, sold, handled, treated, hired out and/or the type of services that are performed for others:

Blank lines for describing products and services.

Public & Products Liability (continued)

- (b) Do You design parts of completed components for others? Yes No
- (c) Do You manufacture to the designs, formulae, plans and/or specifications of others? Yes No
- (d) Have product brochures been published? Yes No
- (e) IMPORTS: Please supply details of all imported goods, include the use of such goods and the country(s) of origin?

Percentage of turnover derived from such goods: %

- (f) EXPORTS: Please supply details of all exported goods, include description of goods and the country(s) of destination?

Turnover from exports to Canada & USA: \$ Total turnover derived from exports: \$

2. Quality control procedures

- (a) Do You have a quality control manual? Yes No
- (b) If the answer to (a) is "Yes", how long has this manual been in use?
- (c) When was this manual last reviewed?
- (d) Is any person responsible for quality control? Yes No
- If "Yes", please supply name and title:

3. Outside operations

Supply details of operations away from the premises including contracting, servicing/maintenance, building and/or plant erection and machinery installation.

4. Foreign Operations/Companies

- Do You have any foreign operations/companies? Yes No
- If "Yes", please supply details of locations and occupation.

8 Personal Accident and Sickness

Do You require this Section? Yes No

1. Indicate cover and benefit period required

- (a) Cover: Accident Only Accident and Sickness Capital, Accident and Sickness
- (b) Benefit period: 26 weeks 52 weeks 104 weeks

Specify Benefits Required: Capital Sum:

Capital Benefit Sum Insured \$

Weekly Benefits:

Accident \$ per week

Sickness \$ per week

2. Excess

Note: A standard excess of 14 days applies to this section.

For a premium reduction do you wish to increase the excess period? Yes No

If "Yes" select 21 days 28 days

Note: Sickness cover commences 28 days after We accept Your proposal.

Personal Accident and Sickness (continued)

3. Insured persons

- (a) Full Names of Person/s to be insured
- (b) Date of Birth*
- (c) Height
- (d) Weight

Person 1	Person 2
<hr/>	<hr/>

* To be eligible for cover, the insured person must be aged between 16 years and 55 years.

- (e) List diseases, sicknesses and injuries suffered by Insured Person and when:
- (f) Tick the box(es) which most accurately describe the occupation of the insured

Names:	Names:
<hr/>	<hr/>
<input type="checkbox"/> Employer	<input type="checkbox"/> Employer
<input type="checkbox"/> Employee	<input type="checkbox"/> Employee
<input type="checkbox"/> Self employed	<input type="checkbox"/> Self employed
<input type="checkbox"/> Performing manual work	<input type="checkbox"/> Performing manual work
<input type="checkbox"/> Supervising manual work	<input type="checkbox"/> Supervising manual work
<input type="checkbox"/> Using powered machinery	<input type="checkbox"/> Using powered machinery

4. Details of Person/s to be insured:

- (a) Does the Insured Person have or have they ever suffered from:

- (i) high or low blood pressure, cancer, tuberculosis, diabetes, ulcers, paralysis, arthritis or rheumatism, AIDS or AIDS related condition, or Yes No Yes No
- (ii) any disorders of the mental, respiratory, nervous, genital-urinary, digestive or circulatory systems, or heart, liver, spine, eyes or back, or Yes No Yes No
- (iii) any physical impairment or deformity, or Yes No Yes No
- (iv) any other sickness or injury not listed? Yes No Yes No

- (b) Does the Insured engage in or are they intending to engage in any of the following:

Aviation or ballooning (other than as a fare paying passenger), boxing, bungy-jumping, canoeing, diving (underwater), hang-gliding, martial arts, motor sports, mountaineering (including rock climbing or abseiling), ocean sailing, parachuting, para-skiing, power boat racing, professional sports, rodeo, rock fishing or any other hazardous pursuits? Yes No Yes No

- (c) Is the Insured currently using any medication (other than for colds or influenza)? Yes No Yes No
- (d) Has any insurance company refused, applied loadings or exclusions to a proposal for the Insured Person's superannuation, sickness, accident, trauma, lump sum disablement or disability insurance? Yes No Yes No
- (e) Has the Insured ever made a claim or is the Insured currently receiving benefits for any type of trauma, sickness, accident, war service, unemployment, workers' compensation, common law or third party benefit? Yes No Yes No
- (f) Is the Insured contemplating seeking any medical advice, investigation or treatment including surgery in the near future? Yes No Yes No
- (g) Is there any reason why the Insured would say that they are not in good health now? Yes No Yes No
- (h) Has the person to be insured had surgical advice or treatment or been hospitalised or suffered from any accident or illness resulting in seven or more days disablement within the last five years? Yes No Yes No

If the answer to any of the above questions is "Yes", please give full details below. If insufficient room, continue in the space at the end of this Proposal.

Date	Full Details
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Personal Accident and Sickness (continued)

6. Name and address of your doctor:

7. Do you require any of the following optional benefits?

- 1. Guaranteed Renewability One year Two years No Yes No
 - 2. Business Expenses \$ _____ weekly expenses Yes No
 - 3. Voluntary Workers Yes No
- Or, would You prefer to limit this Section as follows?
- 4. Leisure Time only Yes No
 - 5. Transport only Yes No

9 Employee Dishonesty

Note: Supplementary information will be required for businesses with more than 10 staff.

Do You require this Section? Yes No

	Money and Accounts	Inventory of Stock/Merchandise
1. Please state frequency of audits/stocktakes in respect to:	_____	_____
2. By whom are all audits performed? (e.g. public accountants or staff auditor)	_____	_____
3. How often are bank accounts reconciled?	_____	_____
4. Is a counter signature required for all cheques?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are monies, negotiable instruments or goods subject to joint control by two or more responsible employees?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. State number of employees:		Numbers
Having responsibility for money, stock accounts:		_____
(a) Indoor (eg. executives, managers, cashiers):		_____
(b) Outdoor (eg. commercial travellers, salesmen):		_____
Not having responsibility for money, stock accounts:		_____
(c) Office Staff:		_____
(d) All other employees:		_____
7. Limit of Indemnity (Sum Insured) required:		Sum Insured
Any one employee:		\$ _____
Overall amount for all employees in any one period of insurance:		\$ _____

10 Machinery Breakdown

Do You require this Section? Yes No

1. Do You require a "Blanket Machinery" cover?
(under this cover, all Machinery at the Situation is covered, unless otherwise excluded by the Policy) Yes No

Specify the total number of units at the Situation in the space provided. If there none state "NIL".

Machine Type	Size / Capacity / Power	No. of Units
Air Compressors	Less than 5 HP	
	Over 5 to 7.5 HP	
	Over 7.5 to 10 HP	
Cash Registers	All Units	
Centrifugal Pumps	Less than 2 HP	
	Over 2 to 7.5 HP	
	Over 7.5 to 15 HP	
	Over 15 to 25 HP	
Commercial Microwaves	All Units	
Domestic Fridges & Freezers	All Units	
Domestic Microwaves	All Units	
Electric Motors	Less than 2 HP	
	Over 2 to 10 HP	
	Over 10 to 20 HP	
	Over 20 to 40 HP	
Electronic Scales	All Units	

Optional Benefits – only covered when Part A is selected.

1. Restoration of data	\$
2. Increase in cost of working	\$
Total Sum Insured	\$

Situation This Section provides cover at the premises only. Do you require the cover to be extended to anywhere in Australia? Yes No

12 Transit

Do You require this Section? Yes No

Sums Insured

Please choose one of the three parts below:

- Part 'A' – Fire Collision and Overturning
- Part 'B' – Fire Collision and Overturning and Theft
- Part 'C' – All Risks

1. Limit of indemnity (Sum Insured) required per conveyance? (maximum Sum Insured is \$7,500). \$
2. Will goods in transit include cigarettes, tobacco or liquor? Yes No
3. State number of goods carrying vehicles operating: vehicles
4. Describe in full the nature of goods normally carried:
5. What is the estimated annual value of all shipments? \$

Note: Cover is restricted to transit within the Commonwealth of Australia.

Declaration

I/We declare and agree:

- the information and answers given in this application are true and correct;
- that no information likely to affect the acceptance of this insurance has been withheld;
- that I/We have read the Important Notices at the head of this Proposal;
- to make the premises available for inspection by Allianz if so requested;
- upon acceptance this insurance shall be subject to the Business Package Policy.

I acknowledge that I have read and understood the Privacy Act 1988 information detailed above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by this proposal.

I/We authorise Allianz to reference the database of Insurance Reference Services Ltd or other insurers to confirm the information I/We supplied.

Proposer's signature: _____ Date: _____

Second Proposer's signature: _____ Date: _____

Please check that this document has been fully completed.

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