



Industrial Special Risks Insurance Application

Please answer each question on behalf of all Proposers, Partners and their Spouses, or any Business which has or has had subsequently the same ownership.
All questions are to be answered. If there is insufficient space please attach additional pages.

Policy No. Client No. Intermediary No.

THE APPLICANT/S

Name of Insured(s)																	
Tax Status	Registered Business	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ABN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Taxable	<input type="text"/>	%			
Contact Numbers	Phone No. (Bus)	(<input type="text"/>)	Fax No.	(<input type="text"/>)	E-mail	<input type="text"/>							
Postal Address for Notices											State	<input type="text"/>	Postcode	<input type="text"/>			
Name and Address of Interested Parties (e.g. Mortgagees)	1)											State	<input type="text"/>	Postcode	<input type="text"/>	Type of Interest	<input type="text"/>
	2)											State	<input type="text"/>	Postcode	<input type="text"/>	Type of Interest	<input type="text"/>
Period of Insurance	From 4 p.m. on the	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	to	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	at 4 p.m.				

GENERAL INFORMATION

1) Has any Insurer ever declined, refused to renew, cancelled or imposed special terms or conditions to any application, renewal or policy held by you, either alone or jointly with any other person or entity? Yes No
If "Yes", please provide details.

2) Do you use or have any radioactive, explosives, flammable, toxic, corrosive or potentially dangerous goods? Yes No
If "Yes", please provide details.

3) Are your premises, plant and machinery in good repair and all statutory requirements met? Yes No
If "No", please provide details.

4) Have you had any losses (whether insured or not) during the past 5 years? If "Yes", please provide details. Yes No

20___ to 20___			20___ to 20___			20___ to 20___			20___ to 20___			20___ to 20___		
Amount	No	Excess	Amount	No	Excess	Amount	No	Excess	Amount	No	Excess	Amount	No	Excess
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5) Give details of losses and precautions taken to prevent them happening again. If insufficient space attach additional pages.

6) Have you or any partners, shareholders or directors of the business ever been declared bankrupt or involved in a company which became insolvent or placed in receivership or a scheme of arrangement or compromise entered into? If "Yes", please provide details. Yes No

7) Have you or any partner, shareholder or director of the business been convicted of a criminal offence during the past 7 years or been liable for a civil offence or pecuniary penalty exceeding \$5,000? Yes No

SITUATION OF RISK AND DECLARED VALUES – SECTION 1 MATERIAL DAMAGE

	Location of Property	Occupation	Construction	Fire Protection	Security	Building \$	Contents Excl Stock \$	Stock \$	Declared Values		Removal of Debris \$	Total \$
									Other Property Description	\$		
1	Postcode											
2	Postcode											
3	Postcode											
4	Postcode											
5	Postcode											
6	Postcode											
7	Postcode											
8	Postcode											
9	Postcode											
10	Postcode											
11	Postcode											
12	Postcode											
13	Postcode											

PREMIUM PAYABLE

	Total Payable	Receipt No	
Premium	\$		
FSL	\$		
GST	\$		
Stamp Duty	\$		
Total	\$		

DUTY OF DISCLOSURE

What you must tell us:

Before you enter into a contract of general insurance with us, you have a duty (under the Insurance Contract Act 1984) to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms.

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

Who needs to tell us:

Your duty however, does not require the disclosure of a matter:

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

Your duty is not limited by us asking General Information, questions 1 to 7 in this application.

NON-DISCLOSURE

If you do not tell us:

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

CO-INSURANCE (AVERAGE) CLAUSE

A co-insurance (average) clause applies to this Policy.

This means that if the Declared Values for Section 1 is less than 85% or Section 2 is less than 100% of their value at the time you take out this Policy or at any renewal of the Policy, then for any loss or damage You will be Your own insurer for the difference, that is You will bear a rateable proportion of each claim in accordance with one of the following formulae.

Section 1: Declared Value x Amount of loss or damage ÷ 85% of value = Amount payable by QBE Insurance (Australia) Limited (up to Limits of Liability).

Section 2: Declared Value x Amount of loss or damage ÷ 100% of value = Amount payable by QBE Insurance (Australia) Limited (up to Limits of Liability).

PRIVACY

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. QBE has developed a privacy policy which explains what sort of personal information we hold about you and what we do with it. You can obtain a copy of the QBE Privacy information brochure from any QBE Commercial office or at www.qbecommercial.com

DECLARATION AND SIGNATURE

1. The Duty of Disclosure, Non-Disclosure and Inadequate Space to Answer notices set out above have been read by me/us.
2. All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect our decision about accepting this insurance.
3. I/We acknowledge you reserve the right to decline any application.
4. I/We give you authority to contact my/our previous insurer/s regarding No Claim Discount or Claims Records.

Applicant's Signature

X

Date

/ /

Applicant's Title

This Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 of 82 Pitt Street, Sydney.