

Proposal form

Zurich Business Insurance



Important information – Please read the following before completing this proposal.

Privacy

Zurich respects your privacy. Before we collect personal information you should know the following things:

We require personal information about you to assess your request for insurance and to administer the policy.

- Where relevant for this purpose, we will disclose your personal information (other than sensitive information such as health information) to your intermediary.
- We will also, where relevant, disclose your personal information, including sensitive information, to our service providers (including loss adjusters, administrators, reinsurers) and to our business partners for this purpose. By submitting your personal details, you consent to those organisations collecting and us disclosing personal and sensitive information about you for this purpose.
- A list of the type of service providers and business partners we commonly use is available on request, or on our website. Go to www.zurich.com.au and click on the Privacy link on our home page.
- If you do not provide the requested information, your proposal may not be accepted, we may not be able to administer your policy or you may breach your duty of disclosure, the consequences of which are set out in the Duty of Disclosure notice.
- We may also disclose personal information about you where we are required or permitted to do so by law.
- In most cases, on request, we will give you access to the personal information we hold about you. In some circumstances, we may charge a fee for giving you access, which will vary but will be based on our costs.

If you would like to find out more, you may contact us by telephone on 132 687 or email at Privacy.Officer@zurich.com.au or in writing to:

The Privacy Officer
Zurich Australian Insurance Limited
PO Box 677, North Sydney, 2059

Duty of Disclosure

Before you enter into this contract of insurance with us, the Insurance Contracts Act 1984 requires you to tell us everything of which you are aware, which you know, or which a reasonable person in the circumstances could be expected to know is relevant to our decision, whether and on what terms, your proposal for insurance is acceptable and to calculate the premium required for your policy.

The Act imposes a different duty the first time you enter into the policy with us, from the duty that applies when you renew, vary, extend, reinstate or replace your policy. We set these duties out below.

Your duty of disclosure applies when you enter into this policy with us for the first time

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

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

Who needs to tell us

It is important that you understand, that you are disclosing to us and answering our questions for both you and anyone else who you want to be covered by the policy.

Policy Number

Intermediary

Duty of Disclosure (continued)

If you do not tell us

If you do not answer our questions honestly or do not properly disclose to us, we may reduce or refuse to pay a claim or may cancel the policy. If you act fraudulently in answering our questions or not disclosing to us, we may refuse to pay a claim or treat the policy as never having existed. This would mean that you were never insured.

Your duty of disclosure applies when you renew, vary, extend, reinstate or replace your policy.

When you renew, vary, extend or reinstate your policy, your duty is to tell us before the renewal, variation, extension or reinstatement, every matter known to you, which:

- you know; or
- a reasonable person in the circumstances could be expected to know;
- is relevant to our decision whether to insure you and, if so, on what terms.

What you do not need to tell us when you renew, vary, extend or reinstate your policy

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.

Non-disclosure or Misrepresentation

If you make a misrepresentation to us, or if you do not comply with your duty of disclosure and we issue your policy with terms and conditions that are different to the terms and conditions that would have been issued had there not been any misrepresentation, or your duty of disclosure had been complied with, then:

- we may reduce the cover provided, so that we are placed in the same position as we would have been in, had there not been any misrepresentation and your duty of disclosure had been complied with; and
- we may also cancel your policy; or
- we may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.

Reasonable precautions and fraudulent acts

You must take all reasonable precautions for the maintenance and safety of the Insured Property and prevention of loss. We will not be liable for any loss, damage, injury or liability arising from a deliberate or fraudulent act committed by you or on your behalf.

Policy details

For full details of cover, please refer to the Policy wording which sets out the terms and conditions of covered offered. This is available from your intermediary or your local Zurich branch office.

All questions in this proposal form must be answered

Proposed period of insurance

Period of insurance: From / / To / / at 4pm

Details of those proposed to be insured

Full names of all persons and companies to be insured

Name

Trading name

ABN

What proportion of this insurance premium are you claiming as an Input Tax Credit? %

Your postal address

State

Postcode

Contact details

Business ()

Fax ()

Mobile

Email

Please describe the main activities of your business

Number of years the business has been established (Years)

Number of employees (including proprietors, directors and partners) (Employees)

Estimated annual turnover \$

Wage roll \$

Name of other interested party

Address of other interested party

State

Postcode

Directors, Partners and Proprietors

Provide the names and positions held by all directors, proprietors, and partners of your business

General information

Has any insurance company refused to meet a claim lodged by you or by any person named as the proposer herein, in respect of these classes of insurance?

Yes No

If 'Yes', please provide details

.....

.....

.....

Has any insurance company succeeded in denying a claim lodged by you or any person named as the proposer herein on the grounds of non-disclosure, misrepresentation and/or fraud, in respect of these classes of Insurance?

Yes No

If 'Yes', please provide details

.....

.....

.....

Do you have or intend to have any additional insurance with any other insurer in connection with these classes of insurance in respect of the same property of risk as you are now proposing?

Yes No

If 'Yes', please provide details

.....

.....

.....

Is there any additional information or detail of which you are aware and which may assist Zurich to better assess the nature of the risks?

Yes No

If 'Yes', please provide details

.....

.....

.....

Has any insurance company in connection with these classes of insurance

(a) Declined to accept a proposal from you?

Yes No

(b) Cancelled a policy, contrary to your wishes?

Yes No

(c) Declined to renew a policy, contrary to your wishes?

Yes No

If 'Yes', please provide details

.....

.....

.....

For all Sections list all claims and uninsured losses, damage or liabilities that have involved your business during the past five years.

Date of loss	Description	Insurer	Amount

Property details

The following information is required for each location to be insured. Attach a schedule with additional information if the space provided is insufficient.

Address of premises to be insured

.....
State Postcode

Type of business and activities carried on at the premises

.....
.....

Approximate age of premises (Years)

Construction

Walls

Roof

Floors

Sprinklered Yes No

Burglary Alarm Yes No

Details

.....
.....
.....

Stock Cover is automatically increased by 30% in the Fire Gold, Fire Silver, Burglary and Money Sections for 60 days prior to Christmas plus 10 days afterwards and 30 days prior to Easter plus 10 days afterwards or up to 110 days for other festive day you nominate.

Please indicate nominated months or days required if applicable

Festival period

Fire Section

IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided. Yes No

If 'Yes', please answer all of the questions below.

If 'No,' please go to the next Section.

The following information is required for each premises to be insured.

Attach a schedule with additional information if the space provided is insufficient.

FIRE SECTION

GOLD Accidental Loss or Damage Yes No

or

SILVER Fire and Defined Perils Yes No

GOLD DECLARED VALUE or
SILVER SUM INSURED

Building(s) \$

Plant/Machinery & All Contents (Ex Stock) \$

Stock \$

Total Sum Insured/Declared Value \$

Gold Limit of Liability \$

Provisions should be made in the Sum Insured/Declared Values for Extra Cost of Reinstatement, Fees and Costs and Removal of Debris

OPTIONAL EXTENSIONS – GOLD & SILVER

1. Transit (Maximum Sum Insured \$10,000 per vehicle) Yes No

Covers insured property on a vehicle owned or operated by the insured anywhere in Australia.

Cover under SILVER is restricted to Fire, Collision or Overturning of the conveying vehicle.

NOTE: This cover is not available for Professional Carriers

Number of vehicles \$

Sum Insured per vehicle \$

Excess \$

2. Flood (not available in some areas) Yes No

Excess \$

OPTIONAL EXTENSION – SILVER only

Accidental Damage (Maximum Sum Insured \$250,000)

Yes No \$

Note base Silver wording has a \$5,000 limit

EXCESS – GOLD and SILVER

Earthquake - the lesser of \$10,000 or 1% of the Sum Insured/Declared Values at the premises where the loss occurs.

EXCESS – GOLD only

All Events except Earthquake, Flood and Transit \$

EXCESSES – SILVER Only

1. Malicious Damage \$

2. All Events except Accidental Damage, Earthquake, Flood, Malicious Damage and Transit \$

3. Accidental Damage \$

Business Interruption Section

IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided. Yes No

If 'Yes', please answer all of the questions below.

If 'No,' please go to the next Section.

You must insure under the Fire Section to take out this section.

OPTION A – INCOME Yes No

Income \$

Additional Increase in Cost of Working \$

Payroll – Do you require Payroll to be insured? Yes No

Tick (✓) Percentage of Annual Payroll required

10% 25% 50% 75% \$

TOTAL SUM INSURED \$

Indemnity Period (Months)

Excess \$

Additional Uninsured Working Expenses \$

OPTIONAL EXTENSIONS

1. Extensions to other premises – (Indicate % for each)

Specified Suppliers (S) %

Specified Customers (C) %

2. Additional Increase in Cost of Working Yes No

\$

3. Accounts Receivable Yes No

(Book Debts) \$

4. Additional Claims Preparation Costs Yes No

\$

OPTION B – WEEKLY INCOME Yes No

Only available to some occupations

Annual Turnover \$

Average Weekly Turnover \$

Weekly Income \$

Indemnity Period (weeks)

OPTIONAL EXTENSIONS

1. Increased Cost of Working Yes No

\$

Combined General and Products Liability Section

IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided. Yes No

If 'Yes', please answer all of the questions below.

If 'No,' please go to the next Section.

Limit of Liability required –

General Liability \$ any one occurrence

Products Liability \$ any one period of insurance

Excesses

General Liability \$

Products Liability \$

Wages \$

Work away from Premises %

USA Exports %

Turnover \$

Number of Staff including principals

1. (a) Do you require Property Owners Liability cover on property which you do not occupy? Yes No

(b) Declared Asset Values up to –

\$1m \$2m \$3m \$4m

If over \$4m specify

(c) Address of property to be insured

State Postcode

If insufficient space, please attach list of properties to be insured.

2. Do your operations include –

(a) use or storage of explosives? Yes No (b) welding away from your premises? Yes No (c) boilers and/or compressors which require Government Certificates? Yes No (d) manufacture, distribution, storage, transportation of chemicals or other toxic or harmful matter? Yes No (e) construction work? Yes No

If 'Yes', to any of the above, please specify

3. Attach details of any liability assumed by written or verbal contract including 'Hold Harmless' Agreements.

Combined General and Products Liability Section

4. Do you subcontract any work to others? Yes No

If 'Yes',

(i) what is the annual value of this subcontract work?

\$

(ii) specify the type of work subcontracted (details)

Do you check that your sub-contractors have public liability cover?

Yes No

Note: You should check that their cover includes your interests as a Principal.

OPTIONAL EXTENSIONS

1. Damage to property which is in your physical or legal control?

Yes No

If 'Yes', specify

(i) Limit required \$

Excess \$

(ii) Details of property in your physical or legal control.

2. Other Extensions? Please specify

PRODUCTS LIABILITY QUESTIONS

1. Are you a – Manufacturer? Wholesaler?
 Tick (✓) Retailer? Importer?

2. Provide full details of products in respect of which cover is required. (Attach catalogue/price list/samples of packaging, labels and printed warranties.)

3. Do you require cover for discontinued products?

Yes No

If 'Yes', please attach complete details of products

4. Do you intend launching any new products during the next 12 months?

Yes No

If 'Yes', please attach complete details of products

5. (a) Do you keep records that will enable your source of purchase to be identified?

Yes No

(b) Are raw materials/ingredients laboratory tested for quality or impurity before use?

Yes No

Combined General and Products Liability Section

6. Do you have a quality control program in place for finished products?

Yes No

7. Provide full details of all products exported/imported.

Description	Destination/source	Turnover
		\$
		\$
		\$
		\$
		\$
		\$

Burglary Section

IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided.

Yes No

If 'Yes', please answer all of the questions below.

If 'No,' please go to the next Section.

Sum Insured

All Contents (including stock) \$

All Contents (excluding Stock) \$

Stock (excluding Cigarettes and Tobacco) \$

Cigarettes and Tobacco \$

Specific Items (please specify)

Damage to Premises \$

OPTIONAL EXTENSIONS OF COVER

1. Additional Damage to Premises \$

2. Theft without forcible entry?

(Cover for \$5,000 is automatically provided in the Section)

Yes No

\$

Burglary Section Excess \$

Money Section

IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided. Yes No

If 'Yes', please answer all of the questions below.

If 'No,' please go to the next Section.

OPTION A – BLANKET COVER Yes No

Sum Insured \$

OPTION B – SPECIFIED COVER Yes No

Money in transit (and wages) \$

Money on business premises \$

Money in safe or strongroom \$

Money in personal custody

Other (please specify) \$

Note: Money on premises is limited to \$1,000 outside business hours in both Option A and Option B unless contained in a securely locked safe or strongroom.

OPTIONAL EXTENSIONS OF COVER – Available with Option A or B.

1. Additional damage to safe and strongroom (Cover for \$5,000 is automatically provided in the Section) Yes No

\$

Money Section Excess \$

Glass Section

IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided. Yes No

If 'Yes', please answer all of the questions below.

If 'No,' please go to the next Section.

External Glass Yes No

Internal Glass Yes No

OPTIONAL EXTENSIONS OF COVER – Available with Option A or B.

1. Increased cover on Advertising (or Identification) Signs. Yes No

\$

2. Increased Additional Benefit Yes No

\$

Glass Section Excess \$

Business Special Risks Section

IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided. Yes No

If 'Yes', please answer all of the questions below.

If 'No,' please go to the next Section.

Cover for Unspecified Items

We do not cover mobile plant, motor vehicles, watercraft, video equipment, mobile telephones and radios, sporting equipment, aerial devices, computers or their accessories unless these items are specified.

Cover is limited to a maximum of \$1,000 for any other item that is not specified.

What is the total amount of cover that you want for all unspecified items.

\$

Cover for Unspecified Items

Provide the following details of items that are to be specified?

Item 1 Description	
Manufacturer	
Serial Number	
	Insured Value \$

Item 2 Description	
Manufacturer	
Serial Number	
	Insured Value \$

Item 3 Description	
Manufacturer	
Serial Number	
	Insured Value \$

Item 4 Description	
Manufacturer	
Serial Number	
	Insured Value \$

Item 5 Description	
Manufacturer	
Serial Number	
	Insured Value \$

Optional Limitations

Do you want to limit cover to loss or damage:

(a) caused by fire, storm, water, explosion, impact by a vehicle, earthquake, aircraft, malicious damage, collision or overturning of a vehicle or theft following visible, forcible and violent entry to a locked vehicle or premises? Yes No

or

(b) caused by a peril other than fire? Yes No

Business Special Risks Excess \$

Employee Fraud Section

IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided. Yes No

If 'Yes', please answer all of the questions below.

If 'No,' please go to the next Section.

OPTION A – Blanket Cover for all Employees Yes No

Number of Employees \$

Limit per Employee \$

Overall Limit \$

Limit \$

Has your auditor reported any defects in your control procedures? Yes No

If 'Yes', please supply full details

How often is an audit of your cash, accounts, inventory and stock carried out?

What was the date of the last audit? / /

Are audits completed by an external auditor? Yes No

If 'Yes', supply the following details:

Auditor's Name

Contact Number

Auditor's Address

State Postcode

Continuance of Coverage

Prior Underwriter

Expiry date of their Policy / /

Their Policy Limit \$

Employee Fraud Section Excess \$

Engineering Section

IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided. Yes No

If 'Yes', please answer all of the questions below.

If 'No,' please go to the next Section.

(a) Refrigeration & Air Conditioning Equipment (Individual value up to \$5,000). Indicate how many of the following machines you have that individually have a new replacement value of \$5,000 or less.

Description	Quantity
Bottle cabinet	
Counter display/cold plate unit	
Dairy display unit	
Deep freeze (up to 2m long)	
Deep freeze (over 2m long)	
Domestic freezer	
Domestic refrigerator	

Engineering Section

Description	Quantity
Glass chiller	
Freezer/Cool room	
Ice maker/Storage bin	
Ice confectionery (slurpy)	
Chilled juice dispenser	
Meat display unit	
Post mix machine	
Motel/bar refrigerator	
Refrigerated vending machines	
Temprite unit	
Wall or window air-conditioner	
Split system air-conditioner	
Evaporative cooler	
Soft icecream units	

(b) Other Electrical & Mechanical Equipment (Individual value up to \$5,000). Indicate how many of the following machines you have that individually have a new replacement value of \$5,000 or less.

Description	Quantity
Air compressor	
Auto wash (conveyor)	
Auto wash (not dryer)	
Bandsaw	
Canopy exhaust fan	
Car hoist	
Cash register	
Checkout scanner	
Coffee machine	
Dishwasher	
Engine diagnostic unit	
Exhaust fan	
Glass washer	
Hair dryer	
Hot wash (auto wash)	
Meat mincer	
Meat slicer	
Microwave oven	
Sausage filter	
Scales	
Sewage pump	
Silent cutter	
Slicer	
Swimming pool/spa equipment	
Scanner	
Vacuum cleaner	
Wheel aligner/balancer	

OPTIONAL EXTENSIONS OF COVER

1. Deterioration of Refrigerated Goods Yes No
 Deterioration of Refrigerated Goods Excess \$

2. Increased cost of Working Yes No
 \$

Indemnity Period Months

Excess days

Engineering Section Excess

Electronic Equipment Section

IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided. Yes No

If 'Yes', please answer all of the questions below.

If 'No,' please go to the declaration.

PART A – Material Loss or Damage Yes No

Specified Items \$

OPTIONAL EXTENSIONS OF COVER

1. The cost of Restoring Data \$

2. Increased cost of Working \$

PART A – Material Loss or Damage

Excess \$

PART B – Breakdown

Specify items to be covered below

OPTIONAL EXTENSIONS OF COVER

1. The cost of Restoring Data \$

2. Increased cost of Working \$

PART B – Breakdown

Increased cost of Working \$

Excess Days \$

Premium summary (office use only)

Sections available	Premium Payable	Fire Service Levy	GST	Stamp Duty	Total Payable
Fire	\$	\$	\$	\$	\$
Business Interruption	\$	\$	\$	\$	\$
Liability	\$		\$	\$	\$
Burglary	\$		\$	\$	\$
Money	\$		\$	\$	\$
Glass	\$		\$	\$	\$
Business Special Risks	\$	\$	\$	\$	\$
Employee Fraud	\$		\$	\$	\$
Engineering	\$		\$	\$	\$
Electronic Part A	\$	\$	\$	\$	\$
Equipment Part B	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

Declaration

I/we in effecting insurance in accordance with the information furnished in this proposal, declare and warrant:

- (a) the statements in this proposal form are true.
- (b) I/We have disclosed all matters which to my/our knowledge you should be aware of.
- (c) no insurance company has ever cancelled, declined or refused to renew or imposed special terms or cancelled any policy held by me/us.
- (d) that I/we agree to accept the terms, exclusions, conditions and limitations of the Zurich Business Insurance contract.

Signature of proposer(s)	Date
X	/ /
X	/ /

THANK YOU FOR COMPLETING THIS PROPOSAL