



Business Package Insurance Renewal Declaration

Please review/update the following details and specify your requirements for renewal

Name of Insured:

Trading Name:

Policy No.

ABN:

Period of Insurance:

Contact Name:

Contact Phone Number: Phone:

Mobile:

Contact Email:

Web Address:

Business Description:

Year established:

Situation(s) Address:

Current Insurer:

Required Details (This section must be completed)

Total Number of Staff Full time:

Total Number of Staff Part time/Casual:

Estimated annual wages to Employees: \$

Estimate Annual Gross Turnover: \$

Year the building was constructed:

If built prior to 1970, when was it last re-wired?

Is the building heritage or national trust listed? Yes No

Flood Cover: (NOTE: only available with some insurers) Yes No

Sums Insured

Property Damage Section

Building Sum Insured:

Current Year

Renewal Year

\$

\$

Contents Sum Insured:

\$

\$

Stock Sum Insured:

\$

\$

Business Interruption Section**Current Year****Renewal Year**

Gross Profit - Annual Amount

\$

\$

Indemnity Period:

12 Months

12 Months

18 Months

18 Months

24 Months

24 Months

Increase in Cost of Working:

\$

\$

Claims Preparation Costs:

\$

\$

Theft Section**Current Year****Renewal Year**

Contents including Stock:

\$

\$

Contents excluding Stock:

\$

\$

Stock in Trade:

\$

\$

Cigarettes/Tobacco:

\$

\$

Money Section**Current Year****Renewal Year**

Money Cover:

\$

\$

Glass Cover Section**Current Year****Renewal Year**

Internal/External Fixed Glass:

Yes

No

Yes

No

Illuminated Signs:

Yes

No

Yes

No

Machinery Break Down Section**Current Year****Renewal Year**

Number of Units:

Blanket machinery cover limiting any one loss:

\$10,000

\$20,000

\$10,000

\$20,000

Optional Deterioration of Stock:

Yes

No

Yes

No

\$

\$

Electronic Equipment Section**Current Year****Renewal Year**

Computers &/or Office Equipment:

\$

\$

Laptops:

\$

\$

General Property Section**Current Year****Renewal Year**

Unspecified tools and general items:

Limit any one loss:

\$

\$

List Specified Items:

1.

\$

\$

2.

\$

\$

Public & Products Liability Section

	<u>Current Year</u>		<u>Renewal Year</u>	
Limit of Liability:	\$10,000,000		\$10,000,000	
	\$15,000,000		\$15,000,000	
	\$20,000,000		\$20,000,000	
Do you require a higher limit of Property in Your Care Custody and Control than provided?	Yes	No	Yes	No
If yes, what amount is required?	\$		\$	
Does the business engage in labour hire or sub-contractors?	Yes	No	Yes	No
If so, how many contractors?				
What are your expected annual payments to them?	\$		\$	
Describe the work normally carried out by Contractors/Labour Hire:				
Do they carry their own Public Liability Insurance?	Yes	No	Yes	No

Product Information

Imports

	<u>Current Year</u>		<u>Renewal Year</u>	
Do you intend to import or manufacture goods?	Yes	No	Yes	No
List Product/s				Annual Value of Imports/ Manufactured Products
Country Imported				

Exports

	<u>Current Year</u>		<u>Renewal Year</u>	
Do you currently or intend to Export Goods/ Products	Yes	No	Yes	No
List Product/s				Annual Value of Exports
Country Imported				

Construction Details (This section must be completed)

Please review and tick the relevant boxes regarding the insured property

Building Construction:

Roof:

Concrete	Masonry	Asbestos	Fibro
Glass	Tile/Slate	Iron/Steel/Aluminium on Wood	
Iron/Steel/Aluminium on Steel	Other:		

Walls:

Brick Veneer	Double Brick	Glass	Steel/Metal/Iron
Concrete	Timber/Wood	Fibro	Asbestos
Extended Polystyrene/ Sandwich Panelling (EPS)			Tilt up Concrete Panels

Floors:

Concrete	Wood	Tile	Other/Mixed:
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How many levels is the building?

How much Expanded Polystyrene (EPS) does the premises contain (e.g. Cool Room)?

0% 1% - 14% 15%- 19% 20% - 29% >30%

Protection Details

(This section must be completed)

Please review and tick the relevant boxes regarding the insured property

Fire Protection Provided:

Sprinkler	Hose Reel	Fire Extinguisher	Fire Alarm
Heat Detector	Fire Blankets	Smoke Detector - monitored	
Smoke Detector - not monitored		None	

Security Protection Provided:

Window Bars/Grills	Locks on all external windows without bars	Dead Locks on doors
Security Fencing	CCTV System Installed	Back to Base - mobile
Back to Base - security	Electronic keypad/swipe card access	Local Alarm
Roller Shutters	Security Patrol	External Lighting
None		

Interested Parties

Please review and or list any Interested Parties

Name of Interested Party

Nature of Interest

Claims Declaration

In the last 5 years, have you made any claims on an insurer for loss or damage?

Yes No

Date of Loss

Cause of loss

Amount claimed

I/We hereby declare that the estimated figures supplied reflect a reasonable expectation for the next policy period.

Insured Signature

Date