|  |
| --- |
| **Client Information**  |
|  |
| **Insured Name:** |       | **ABN:**  |       |
| **Trading Name:** |       |
| **Street Address:** |       | **State:**      | **P/Code:**       |
| **Postal Address:** |       | **State:**      | **P/Code:**       |
|   |
| **Business Phone:** |       | **Mobile Ph:** |       |
| **Preferred Contact Person:** |       | **Mobile Ph:** |       |
| **Email Address:**  |       |
|  |  |
| **Business Activities:**  |       |
| **Business Status**: | [ ]  Sole Trader [ ]  Company | **Licence #:**  |       |
|  |
| **Required Policy Start Date:** |     /     /     |
|  |
| **Public Liability** | **[ ]  Cover IS required [ ]  Cover is NOT required** |
|  |
| **To protect you against claims made by third parties who may suffer personal injury or property damage arising out of negligent or unlawful acts committed in the course of your business.** |
|  |
| **Limit of Liability Required:**  | [ ]  $5,000,000 [ ]  $10,000,000 [ ]  $20,000,000 |
|  |  |
| **Estimated Annual Turnover:** | $       | **Number of Direct Employees:** |       |
|  |
| **Use of Sub-Contractors:** | Does your business engage or intend to engage non-clerical contractor,sub-contractors, or staff from labour hire firms to perform work under the sole or partial direction of you? | [ ]  Yes [ ]  No |
|  | Do you keep copies of their Public Liability Certificate of Currency in file?  | [ ]  Yes [ ]  No |
|  | Annual Payments - Labour Only: $       | Annual Payments - Labour Only: $       |
|  |
| **Do you undertake or assume responsibility for any of the following:** |
| 1. External work over 10 metres in height or more than (3) three stories high?
 | [ ]  Yes [ ]  No |
| 1. Any civil risks work, such as : footpaths, tunnels, shafts, caverns, bridges, dams, reservoirs, weirs, utilities pipelines, offshore platforms, public roads and runways, underground risks, wharves, jetties, piers, railways and tramways, harbour works, ocean outfalls/intake works, retaining walls (in excess of 5 metres), silos, towers and commercial sub developments and mining?
 | [ ]  Yes [ ]  No |
| 1. Supply or erection of scaffolding other than for your own use?
 | [ ]  Yes [ ]  No |
| 1. Do you undertake any other activites other than your main occupation or do you sell, distribute or handle any products of any type not normally associated with your business?
 | [ ]  Yes [ ]  No |
| 1. Liability arising from testing &/or commissioning of a new system/network?
 | [ ]  Yes [ ]  No |
| 1. Work to heritage buildings?
 | [ ]  Yes [ ]  No |
| 1. Work involving Heavy Industry or Special Hazards (e.g.: Blasting or work around petroleum, steel or heavy industries such as automobile manufacturing facilities, mining, petroleum, chemical or steel industries, paper production, power generation, stone, mineral, oil, gas or metal extraction or production, printing or explosive atmosphere processes, tunnelling, micro tunnelling, pipe-jacking, and directional drilling)?
 | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| 1. Work taking place on, in or around aircraft or watercraft?
 | [ ]  Yes [ ]  No  |
| 1. Work with Asbestos?
 | [ ]  Yes [ ]  No  |
| 1. Work undertaken for car parks for reward?
 | [ ]  Yes [ ]  No  |
| 1. Work outside Australia or its territories?
 | [ ]  Yes [ ]  No  |
| 1. Liability for sub-contractors working under your instruction?
 | [ ]  Yes [ ]  No  |
|  |
| **Do you require cover for contractual liability or agreements:** |
| 1. Product imports / rebranding / repackaging?
 | [ ]  Yes [ ]  No |
| 1. Labour Hire risks?
 | [ ]  Yes [ ]  No |
|  |
| **IF YOU HAVE ANSWERED ‘YES’ TO ANY OF THE UNDERWRITING QUESTIONS ABOVE, PLEASE PROVIDE DETAILED INFORMATION ABOUT THE REASON FOR YOUR ANSWER:** |
|                           |

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| --- | --- |
| **Tools & Other Equipment**  | **[ ]  Cover IS required [ ]  Cover is NOT required** |
|  |
| **Provides Australia Wide Cover for your tools, equipment and other portable electronic equipment (eg: laptops / phones / surveying equipment / hand tools etc) for fire, theft, malicious damage, storm etc. Accidental Damage Cover also available upon request.***Examples of Tools:* Chainsaws, Hand Tools, Power Tools, Tool Boxes, Welders etc.*Examples of Light Machinery:* Tractors (maximum 40 HP size limitation, Tree stump grinders, Power Generators, Floor polishing equipment, Industrial steam carpet cleaning equipment, Concrete cutting equipment (cart mounted), Pneumatic jack hammers, Portable pumps > 20HP, Core Drilling Equipment, Petrol Powered Generators > 10 KVA, Air Compressors > 10 HP.*Examples of Electronic Equip:* Mobile Phones, Laptops, Tablets (iPad), Cameras etc.**Please note: Individual items over $2,500 in value must be listed as specified items** (Serial Numbers are also required) |
|  |
| **Unspecified Items:** | **Hand Tools & Equipment:** | $        |
|  | **Light Machinery:** | $        |
|  | **Electronic Equipment:** | $        |
|  |
| **Specified Items:** |  | ***Year / Make/ Model*** | ***Sum Insured*** | ***Serial #*** |
| *(valued over $2,500)* | ***#1*** |       | $        |       |
|  | ***#2*** |       | $        |       |
|  | ***#3*** |       | $        |       |
|  | ***#4*** |       | $        |       |
|  | ***#5*** |       | $        |       |

|  |  |
| --- | --- |
| **Personal Accident & Illness**  | **[ ]  Cover IS required** **[ ]  Cover is NOT required** |
|  |
| **Provides cover for up to 85% of your pre-disability wages in the event you are injured or ill and are unable to work for a period of time. Subject to waiting periods. Provides peace of mind for sole traders, or those who cannot be covered under a workers compensation policy. (cover can also act as a Workers Comp ‘top-up’)***Capital Benefits Extension:* Provides a lump-sum benefit in the event of death or permanent disablement.*Business Expenses Extension:* Provides assistance with fixed business related expenses (the kind incurred in producing your income in the 12 months immediately prior to becoming disabled). –  These can include: employees’ wages, superannuation, workers compensation premiums, payroll tax, office rent, property rates, electricity, water, gas or telephone charges; lease payments for equipment or motor vehicles; cleaning expenses; and other expenses that are usual for Your type of business and for which you are entitled to claim as business expenses for income taxation purposes (except depreciation). |
|  |
| **Date of Birth:**  |     /     /     | **Gender:** [ ]  M [ ]  F  | **Weight:**      kg | **Height:**      cm |
|  |  |
| **Gross Weekly Income:** | $       (before tax – must be substantiated in the event of a claim) |
|  |
| **Employment Status** | Self Employed: [ ]  More than 12mths [ ]  Less than 12mths Employed: [ ]  Full-Time [ ]  Part –Time / Casual (& Covered by WorkCover) |
|  |
| **Coverage Requirements:** | **Type of Policy:** | [ ]  Accident ONLY [ ]  Accident + Sickness [ ]  Agreed Value ($750) |
|  | **Waiting Period:** | [ ]  7 days [ ]  14 days [ ]  21 days [ ]  28 days |
|  | **Max Benefit Period:** | [ ]  1 year [ ]  2 years  |
|  | **Capital Benefits:** | [ ]  none [ ]  $25,000 [ ]  $50,000 [ ]  $100,000  |
|  | **Business Expenses:** | $       per week [ ]  not required  |
|  |
| **Underwriting Questions:** |
| 1. Have you had surgical advice or treatment or been hospitalised or suffered from any accident or sickness resulting in 7 or more days disablement within the last 5 years?
 | [ ]  Yes [ ]  No |
| 1. Has any insurance company refused, applied loadings or exclusions to a proposal for the person to be insured's superannuation, sickness, accident trauma, lump sum disablement or disablement of disability insurance?
 | [ ]  Yes [ ]  No |
| 1. Have you ever claimed for benefits under any accident or sickness insurance?
 | [ ]  Yes [ ]  No |
| 1. Will the total amount of your weekly compensation during disablement from this and all other sources exceed your weekly salary or income?
 | [ ]  Yes [ ]  No |
| 1. Are there any circumstances connected with your occupation or other activities which render you liable to injury or sickness? e.g. Football
 | [ ]  Yes [ ]  No |
| 1. Have you ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis or rheumatism, any disorders of the mental, respiratory, nervous, genile-urinary, digestive, or circulatory systems, or of the back, spine, eyes or heart?
 | [ ]  Yes [ ]  No |
|  |
| **Does the insured person suffer any of the following pre-existing medical conditions?** |
| 1. **Appendicitis -** surgically treated
 | [ ]  Yes [ ]  No |
| 1. **Back strain / whiplash -** with last treatment more than 3 years ago
 | [ ]  Yes [ ]  No |
| 1. **Bronchitis -** limited to one attack and more than 1 year ago
 | [ ]  Yes [ ]  No |
| 1. **Benign skin condition**
 | [ ]  Yes [ ]  No |
| 1. **Cystitis -** limited to one attack and fully recovered
 | [ ]  Yes [ ]  No |
| 1. **Diabetes** - non-insulin dependent diabetes
 | [ ]  Yes [ ]  No |
| 1. **Epilepsy -** no attack in last three years
 | [ ]  Yes [ ]  No |
| 1. **Fractures -** fully recovered
 | [ ]  Yes [ ]  No |
| 1. **Hernia -** successfully operated and medically cleared
 | [ ]  Yes [ ]  No |
| 1. **Hepatitis A -** one attack/episode only and fully recovered
 | [ ]  Yes [ ]  No |
| 1. **Knee injury -** more than three years ago and fully recovered
 | [ ]  Yes [ ]  No |
| 1. **Ligament injury** - other than knee/shoulder fully recovered
 | [ ]  Yes [ ]  No |
| 1. **Mental and nervous disorders** - with no recurrence in last five years
 | [ ]  Yes [ ]  No |
| 1. **Shoulder injury -** more than three years ago and fully recovered
 | [ ]  Yes [ ]  No |
| 1. **Tennis elbow -** more than three years ago and fully recovered
 | [ ]  Yes [ ]  No |
| 1. **Tuberculosis -** more than 3 years ago and fully recovered
 | [ ]  Yes [ ]  No |
| 1. **Ulcers -** more than 3 years ago and fully recovered
 | [ ]  Yes [ ]  No |
| 1. **Varicose veins -** surgically treated
 | [ ]  Yes [ ]  No |
| 1. **Childhood asthma**
 | [ ]  Yes [ ]  No |
| 1. **Muscular chest pain** - only
 | [ ]  Yes [ ]  No |
| 1. **Mild gout**
 | [ ]  Yes [ ]  No |
| 1. **Mild hemorrhoids**
 | [ ]  Yes [ ]  No |
| 1. **Childhood heart surgery**
 | [ ]  Yes [ ]  No |
| 1. **Rheumatic fever -** childhood condition only and not affecting heart
 | [ ]  Yes [ ]  No |
| 1. **Other non listed -** pre-existing condition
 | [ ]  Yes [ ]  No |
|  |
| **IF YOU HAVE ANSWERED ‘YES’ TO ANY OF THE UNDERWRITING QUESTIONS ABOVE, PLEASE PROVIDE DETAILED INFORMATION ABOUT THE REASON FOR YOUR ANSWER:*****Please also refer to question number and include name and address of Doctors and/or Hospitals where available*** |
|                                                         |

**\*\* continued overleaf \*\***

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| --- | --- |
| **Commercial Motor Vehicle**  | **[ ]  Cover IS required [ ]  Cover is NOT required** |
|  |
| **Provides cover for Business Registered Vehicles against third party property damage, fire, theft, collision etc** |
|  |
| **Name on Registration:**  |       |
| **Name of Bank / Financier:** |        |
|  |
| **Name of Main Driver:** |       | **Date of Birth:** |     /     /     |
| **Year Licence Obtained:** |       | **Gender:**  | [ ]  M [ ]  F  |
|  |
| **Name of Additional Driver:** |       | **Date of Birth:** |     /     /     |
| **Year Licence Obtained:** |       | **Gender:**  | [ ]  M [ ]  F  |
|  |
| **Full Vehicle Details:**  | *Year:*       | *Make:*       | *Model:*       |
|  | *Variant:*       | *Series:*       | *Colour:*       |
| *Body Type:*       | *Cylinders:*       | *Transmission Type:*       |
|  |  |
| **Registration Number:** |        | **State:** |       | ***VIN #:*** |       |
|   |
| **Overnight Parking Address:**  |       | **State:**      | **P/Code:**       |
|  |
| **How parked overnight:** | [ ]  Driveway [ ]  Garage [ ]  On Street / Nature Strip [ ]  Other:       |
|  |
| **Sum Insured:** | [ ]  Market Value [ ]  Agreed Value - $        |
|  |
| **Optional Extensions:** | **Hire Car:** | [ ]  After Theft Only  | [ ]  After Theft & Accident |
|  | **Windscreen Excess Waiver:** | [ ]  Yes [ ]  No |
|  |
| **Excess Preference:** | [ ]  $500 [ ]  $750 [ ]  $1,000 (each and every claim)  |
|  |
| **Vehicle Accessories:** | Does the vehicle have any non-standard accessories that will be included within the cover? If so, please list details below: | [ ]  Yes [ ]  No |
|  |

|  |  |
| --- | --- |
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 | $       |
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| 1.
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| 1.
 | $       |

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|  |
| **Vehicle Modifications:** | Does the vehicle have any non-standard accessories that will be included within the cover? If so, please list details below: | [ ]  Yes [ ]  No |
|  |

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| 1.
 | $       |
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| **Underwriting Questions:** |
| 1. Have you or any person driving the listed vehicles any convictions for driving under the influence of alcohol, drugs or had a licence cancelled or suspended in the last 5 years?
 | [ ]  Yes [ ]  No |
| 1. Have you or any person driving the listed vehicles been convicted of any criminal offences (including the imposition of a bond) during the last 5 years OR have any charges currently pending?
 | [ ]  Yes [ ]  No |
| 1. Have you or any person driving the listed vehicles had any insurer in the last 5 years decline any claim, refuse or cancel any cover, or require special terms to insure you?
 | [ ]  Yes [ ]  No |
| 1. In the past 5 years, has any person driving the listed vehicles had:
	1. More than 3 motor vehicle claims / losses; ***or***
	2. Motor Vehicle claims / losses totalling a combined value of more than $5,000
 | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
|  |
| **If you have answered ‘yes’ to any of the questions above, please explain in detail (incl year, driver, Circumstance of incident, final outcome).** **If the space below is insufficient please attach a separate document:** |
|                                                                   |

**\*\* continued overleaf \*\***

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| **Your Duty of Disclosure** |
| Before You enter into an insurance contract, You have a duty of disclosure under the Insurance Contracts Act 1984.In all cases, if We ask you questions that are relevant to Our decision to insure You and on what terms, You must tell Us anything that You know and that a reasonable person in the circumstances would include in answering the questions.When You vary, extend or reinstate a policy You also have a duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.Where We offer renewal, We may, in addition to or instead of asking specific questions, give You a copy of anything You have previously told Us and ask you to tell Us if it has changed. If We do this, You must tell Us about any change or tell Us that there is no change. If You do not tell Us about a change to something You have previously told Us, You will be taken to have told Us that there is no change.The duty applies until We first agree to insure You, and until We agree to any variation, extension, reinstatement or renewal (as applicable). **What You do not need to tell Us*** You do not need to tell Us anything that:
* reduces the risk We insure You for; or
* is common knowledge; or
* We know or should know as an insurer; or
* We waive Your duty to tell Us about.

**Who does the duty apply to?**The duty applies to everyone that is an insured under the policy. If You provide information for another insured it is as if they provided it to Us.**What happens if the duty of disclosure is not complied with?**If You do not tell Us anything You are required to tell Us, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.  |

|  |
| --- |
| **Your Declaration** |
| I/We confirm we have read the Duty of Disclosure included in this application form and confirm the answers are true and correct and that no information has been withheld which may affect the decision to accept this application or the terms and conditions.**Completed By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_**Signed: x** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |