



# Commercial-Retail-Industrial Insurance Application

<b>Policy No.</b>	<input type="text"/>	<b>Client No.</b>	<input type="text"/>	<b>Intermediary No.</b>	<input type="text"/>
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## THE APPLICANT/S

Name(s) in full	<input type="text"/>													
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"/>	%
Postal Address	<input type="text"/>									State	<input type="text"/>	Postcode	<input type="text"/>	
Contact Numbers	Phone No. (Private)	(	<input type="text"/>	)	Phone No. (Business)	(	<input type="text"/>	)						
	Fax No.	(	<input type="text"/>	)	Email:	<input type="text"/>								
Other Interested Persons (e.g. Mortgagees or Lessors) – Name & Address	<input type="text"/>													
	<input type="text"/>													
	<input type="text"/>											State	<input type="text"/>	Postcode
Period of Insurance	From	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	to	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	at 4 pm	

## GENERAL INFORMATION

(If "Yes", to any questions below, please provide full details including name of insurer, dates, amount in \$'s, reason for cancellation)	Please ✓
<p>a) Have <b>you</b> (in the past 5 years)</p> <p>1. made any claim(s) on an insurer for loss or damage?</p> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>2. had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer?</p> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>3. suffered any loss or damage which would have been covered by the proposed insurance policy?</p> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>b) Have <b>you</b> or any <b>partner(s)</b> or <b>director(s)</b> of the business</p> <p>1. ever been declared bankrupt?</p> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>2. ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)?</p> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>3. been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?</p> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>4. been liable for any civil offence or pecuniary penalty (exceeding \$5,000)?</p> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## DETAILS OF THE BUSINESS/PREMISES

Type of Business						or Property Owner only <input type="checkbox"/>
Activities or Processes Involved						
						or Property Owner only <input type="checkbox"/>
Location(s)	<input type="checkbox"/> <input checked="" type="checkbox"/> If same as postal address					
					State	Postcode
Construction of Premise(s)	Walls	Floors	Roof	No. of Storeys	Age of Building	
	Occupation Code <input type="checkbox"/>					
Construction Code <input type="checkbox"/>						
Survey Details	Yes <input type="checkbox"/> No <input type="checkbox"/> Date <input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>					
	A survey/inspection of your premises may be required. Please supply the name and contact telephone number of the appropriate contact person, with whom an appointment can be made.					Ph: (    )
Number of Years	In this business <input style="width: 80px;" type="text"/>		At this Location <input style="width: 80px;" type="text"/>			
Occupancy  <b>Where you are the Owner of a multi-tenanted property, please show:</b>	a) Are you the Owner of Premises <input type="checkbox"/> an Owner Occupier <input type="checkbox"/> or a Tenant <input type="checkbox"/>					
	Location 1			Location 2		
	Name	Occupation		Name	Occupation	
	1			1		
	2			2		
	3			3		
	4			4		
	5			5		
	6			6		
	7			7		
8			8			
9			9			
If more please attach a list. Changes in tenancies and the types of business conducted must be notified to us in writing as they occur. Failure to do so may affect your entitlement to claim benefits in the event of loss or damage. <b>N.B.</b> You must advise us if any unit is unoccupied in excess of 60 days.						
Fire and Theft Protection  Installed and Maintained at the Premises	Is the section of premises occupied solely by you protected by:		Location 1	Location 2		
	1.Connection to Mains Water Supply?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	2.Fire Sprinkler System?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	3.Fire Extinguishers?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	4.Fire Hoses?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	5.Deadlocks on all External Doors?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	6.Bars/Grills on all External Windows?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	7.Burglar Alarm System?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Type: Local Siren only	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		: 24 hr Monitored	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

## PROPERTY SECTION

INTEREST INSURED	SUM INSURED	
	Location 1	Location 2
Building	\$	\$
Contents including Stock	\$	\$
Rent Payable for a period up to <input type="text"/> weeks	\$	\$
Removal of Debris (Instead of the automatic \$5,000)	\$	\$
Your Cover under this section includes Accidental Damage for 10% of the Sum Insured to a Maximum of \$50,000. If increase of cover required please show amount	\$	\$
Is the Policy to the Mortgagee Protection only? (Property Section only to apply)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## BUSINESS INTERRUPTION SECTION

INTEREST INSURED	SUM INSURED	
	Location 1	Location 2
Gross Income (money payable to you for goods sold/services rendered or rentals, less purchase cost of stock) Indemnity Period <input type="text"/> months	\$	\$
or	or	
Weekly Income Indemnity Period <input type="text"/> weeks	\$	\$
Claims Preparation Costs (Instead of the automatic \$5,000)	\$	\$
Outstanding Accounts Receivable	\$	\$
Additional Increased Cost of Working	\$	\$
<b>TOTAL SUM INSURED</b>	<b>\$</b>	<b>\$</b>

## THEFT SECTION

INTEREST INSURED	SUM INSURED	
	Location 1	Location 2
Stock in Trade (excluding tobacco, cigarettes & cigars)	\$	\$
Tobacco, Cigarettes and Cigars	\$	\$
Contents (replacement value)	\$	\$
Theft from Office (Instead of automatic \$2,000)	\$	\$
Other (specify) <input type="text"/>	\$	\$
<b>TOTAL SUM INSURED</b>	<b>\$</b>	<b>\$</b>

## MONEY SECTION

INTEREST INSURED	SUM INSURED	
	Location 1	Location 2
Money in transit	\$	\$
Money in buildings during business hours	\$	\$
Money in buildings outside business hours (Maximum allowable \$5,000)	\$	\$
Money in buildings whilst contained in locked safe or strongroom	\$	\$
Money at your or your employees residence (Maximum allowable \$5,000)	\$	\$
Damage to Safe/Strongroom	\$	\$



## BROADFORM LIABILITY SECTION

LIMIT OF INDEMNITY	\$	
	Location 1	Location 2
a) How many people including working partners/directors are employed in the business?		
b) Gross Annual Wages paid (include commission and other earnings)	\$	\$
c) Annual Turnover	\$	\$
d) Where you require indemnity as <b>Property Owner Only</b> , please show: – Total Area of Premises in square metres – Replacement Value of Building – General Description of Occupancy i.e. Retail, offices, Industrial, Residential etc.	m <sup>2</sup>	m <sup>2</sup>
	\$	\$
e) <b>Additional Covers</b> available (please show amount when cover required)		
1) Testing and/or Delivery of vehicles (Limit any one vehicle)	\$	
2) Property (excluding registered vehicles) in your physical and legal control (Instead of the automatic \$10,000) (Maximum \$50,000)	\$	
3) Garages (Vehicles in custody excluding driving risk)	\$	
f) <b>About your Products</b> (Note – Exports to USA/Canada are not covered)		
1) Do you sell or distribute any product of a type not normally associated with your business/occupation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2) Do you manufacture, pack or relabel any products which you sell or distribute?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes" show % Manufacture <input type="text"/> % Pack <input type="text"/> % Relabel <input type="text"/> %		
3) Do you import products or raw materials?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes" from which countries? <input type="text"/>		
4) Are your products manufactured to comply with any Federal or state regulation or recognised International Standard or Code?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

## GLASS SECTION

INTEREST INSURED	Location 1	Location 2
Internal Glass	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
External Glass	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
General Description of Occupancy, Factory, Warehouse, Retail, Office		
Size of Largest Pane of Glass	m <sup>2</sup>	m <sup>2</sup>
Additional Cover in excess of \$3,000 for Temporary Protection and Shattering, Signwriting, Shopfronts, Damage to Property and Damage to Electric Signs	\$	\$

## GOODS IN TRANSIT SECTION

Applies to goods in a vehicle owned/operated by you only	SUM INSURED	RATE %	
Limit of indemnity per transit	\$		
Will transits include tobacco, cigarettes, cigars? Yes <input type="checkbox"/> No <input type="checkbox"/>			



## WORKERS' COMPENSATION

Workers' compensation is compulsory in all states and territories of Australia. This package does not include Workers' Compensation.

Do you wish to be supplied with a quotation/further information regarding Workers' Compensation? Yes  No

**NB:** Not applicable for Queensland and South Australia

## DUTY OF DISCLOSURE

### What you must tell us

The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your application and also each time before you alter or renew the Policy. Each person named as the Insured has the same duty.

### PENALTY FOR NON-DISCLOSURE

#### If you do not tell us everything necessary, we may:

- reduce or refuse to pay a claim, or
- cancel your Policy.

If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.

#### You don't need to tell us anything which:

- reduces the risk,
- is common knowledge,
- we already know, or ought to know in the ordinary course of our business, or
- we indicate we do not want to know.

If you are not sure that something is relevant, it is best to disclose it anyway.

## CO-INSURANCE (AVERAGE) CLAUSE

A co-insurance (average) clause applies to the Property, Business Interruption and Electronic Equipment Sections of this Policy.

This means that if the Sum Insured for:

- any items of Property insured under the Property Section; or the Gross Income insured under the Business Interruption Section;
- or any item of Electronic Equipment insured under the Electronic Equipment Section

is less than 80% of its value at the time you take out this Policy and at each 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 the following formula.

$\text{Sum Insured} \times \text{Amount of loss or damage} \div 80\% \text{ of value} = \text{Amount payable by QBE Commercial (up to Sum Insured)}$ .

## 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.

## 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 [qbecommercial.com](http://qbecommercial.com)

## SIGNATURE AND DECLARATION

1. The Duty of Disclosure, Non-Disclosure, Co-Insurance 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 your decision about accepting this insurance.
3. I acknowledge you reserve the right to decline any application.

Applicant's Signature

X

Date

/ /

Applicant's Title