



Trade Package Insurance Application

Policy No.	<input type="text"/>	Client No.	<input type="text"/>	Intermediary No.	<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"/>	%	
Contact Number(s)	Phone No.	<input type="text"/>						Fax No.	<input type="text"/>						
	Email	<input type="text"/>													
Postal Address	<input type="text"/>														
												State	<input type="text"/>	Postcode	<input type="text"/>
Other Interested Persons (e.g. Mortgagees or Lessors) – Name & Address	<input type="text"/>											Type of Interest	<input type="text"/>		
												State	<input type="text"/>	Postcode	<input type="text"/>
Type of Trade	<input type="text"/>														
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", full details – e.g. name of insurer, dates, amount in \$'s, reason for cancellation)	Please ✓
a) Have you (in the past 5 years)	
1. made any claim(s) on an insurer for loss or damage? <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer? <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. suffered any loss or damage which would have been covered by the proposed insurance policy? <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Have you or any partner(s), shareholder(s) or director(s) of the business	
1. ever been declared bankrupt? <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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)? <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)? <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. been liable for any civil offence or pecuniary penalty (exceeding \$5,000)? <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

DETAILS OF TRADE PREMISES

Activities and/or Processes Involved					
					Number of years in this business <input type="text"/>
Only complete when Property Section cover required					
Location(s)	<input type="checkbox"/> <input checked="" type="checkbox"/> If same as postal address				
					State <input type="text"/>
					Postcode <input type="text"/>
Construction of Premise(s)	Walls	Floors	Roof	No. of Storeys	Age of Building
	<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"/>
Number of Years	At this Location <input type="text"/>				
Occupancy	a) Are you the Owner of Premises <input type="checkbox"/> an Owner Occupier <input type="checkbox"/> or a Tenant <input type="checkbox"/>				
	b) If there are other tenants in the building(s) or adjoining premises within 10 metres, please provide full details of their business.				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Occupancy	c) If any portion of the premises are vacant, please provide full details.				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Occupancy	d) If you store flammable, hazardous, dangerous or toxic materials on the premises, please state the type(s) and quantity in litres.				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Fire and Theft Protection	Is the section of premises occupied solely by you protected by:		Please <input checked="" type="checkbox"/>	If "Yes", please provide details below.	
	1. Connection to Mains Water Supply?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
	2. Fire Sprinkler System?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Single <input type="checkbox"/> or Dual Water Supply <input type="checkbox"/> Maintenance Agreement Yes <input type="checkbox"/> No <input type="checkbox"/>	
	3. Fire Extinguishers?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Type: <input type="text"/> How Many: <input type="text"/> Maintenance Agreement Yes <input type="checkbox"/> No <input type="checkbox"/>	
	4. Fire Hoses?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
	5. Burglar Alarm System?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Local <input type="checkbox"/> Dialer <input type="checkbox"/> Landline <input type="checkbox"/>	
	6. Deadlocks on all external doors?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
	7. Bars on all external windows?		Yes <input type="checkbox"/> No <input type="checkbox"/>		

PROPERTY SECTION

INTEREST INSURED	SUM INSURED	RATE %	
Building	\$		
Contents	\$		
Stock	\$		
Removal of Debris (Instead of automatic \$5,000)	\$		
Additional Increased Cost of Working (Instead of automatic \$10,000)	\$		
Other Property (Specify)	\$		
	\$		
	\$		
TOTAL SUM INSURED	\$		

The following covers are automatically provided when this section is selected:

- Theft cover up to 20% of the sum insured to a maximum of \$10,000
- Accidental Damage cover up to 10% of the sum insured
- Money - \$1,000
- Breakage of Glass - replacement cost.

GENERAL PROPERTY SECTION

Please indicate the type of cover you require

- Fire, lightning, explosion, malicious damage or vandalism; theft following forcible and violent entry which causes visible damage to a locked vehicle or premises; theft of equipment, which is securely attached to a vehicle through use of locks or padlocks, which results in visible damage to the securing devices; collision or overturning of the conveying vehicle. OR
- Accidental Loss or Damage

List items (including make, model and serial numbers) for which individual item cover greater than \$1,000 is required	SUM INSURED	RATE %	
	\$		
	\$		
	\$		
	\$		
TOTAL SUM INSURED	\$		

BROADFORM LIABILITY SECTION

LIMIT OF INDEMNITY	\$5 Million <input type="checkbox"/>	\$10 Million <input type="checkbox"/>	\$20 Million <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>	\$
a) How many employees including working partners/directors are employed in the business?					
b) How many contractors/subcontractors do you use?					
c) Gross Annual Wages paid (include commission and other earnings)					\$
d) Annual Turnover					\$
e) Do you perform welding/hot work?					Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Do you perform any work on a permanent basis (either full time or part-time) for a company?					Yes <input type="checkbox"/> No <input type="checkbox"/>
g) Do you sell, distribute or handle any product of a type not normally associated with your business?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", to d), e) or f), please give full details					
<input type="text"/>					
h) Additional covers available (please show amount when cover required)					
1. Testing and/or Delivery of vehicles					\$
2. Goods in your physical and legal control (instead of the automatic \$50,000)					\$
Do you employ contractors or subcontractors? If "Yes", please complete a), b), c) and d) below.					Yes <input type="checkbox"/> No <input type="checkbox"/>
a) Estimated annual payment.	Labour Only \$ <input type="text"/>	Labour & Plant \$ <input type="text"/>	Labour, Plant & Materials \$ <input type="text"/>		
b) Nature of work usually carried out	<input type="text"/>				
c) Precautions taken to identify the adequacy of their liability and workers compensation insurance arrangements.					
<input type="text"/>					
d) Are you always named as principals on contractors and/or subcontractors liability policy?					Yes <input type="checkbox"/> No <input type="checkbox"/>

EXCESS OPTION

A reduction in premium can be obtained should you choose to bear one of the following excess choices.

Please ✓ your selection

Excess \$250 or Excess \$500 or Excess \$1,000 or Other \$

N.B. These excess amounts are optional not mandatory and when selected apply to all sections of the policy that are operative except Broadform Liability for bodily injury claims

OFFICE USE

COVER NOTE NO.		RECEIPT NO.			
	Premium	FSL	GST	S/Duty	Total
Property					
General Property					
Broadform Liability					

DUTY OF DISCLOSURE

What you must tell us: By law, you must answer all our questions honestly, telling us anything known to you and which a reasonable person in the circumstances would tell us. We will use your answers to decide whether to insure you and anyone else to be covered, and on what terms.

Who needs to tell us: It is important that you understand you are answering our questions in this way for yourself and anyone else you want to be covered by this policy.

NON-DISCLOSURE

If you do not tell us: If you do not answer our questions in this way, we may reduce or refuse a claim, or cancel the policy. If you answer fraudulently, we may refuse a claim and treat the policy as never having existed. If you do not understand your duty, ask us to explain.

CO-INSURANCE (AVERAGE) CLAUSE

A co-insurance (average) clause applies to the Property Section of this Policy.

This means that if the Sum Insured for any items of Property insured under the Property 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.

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

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

The QBE Privacy Promise Brochure explains what sort of personal information we collect and hold about you and what we do with that information. Please contact your Financial Services Provider to obtain a copy of the QBE Privacy Promise Brochure. A copy of the brochure may also be obtained from any QBE Commercial office or from our website at www.qbecommercial.com

DECLARATION AND SIGNATURE

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/We acknowledge you reserve the right to decline any application.
4. I/We give you the authority to contact my previous insurer(s) regarding No Claim Discount or Claims Records.

Applicant's Signature

X

Date

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