



Office 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 %
Contact Numbers	Phone No. ()					Fax No. ()						
Postal Address	<input type="text"/>											
											State	Postcode
Other Interested Persons (e.g. Mortgagees or Lessors) – Name & Address	<input type="text"/>										Type of Interest	<input type="text"/>
	<input type="text"/>											
											State	Postcode
Period of Insurance	From	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	to	<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 THE BUSINESS/PREMISES

Type of Business					
Activities or Processes Involved					
Location(s)	<input type="checkbox"/> <input checked="" type="checkbox"/> If same as postal address				
				State	Postcode
				State	Postcode
Construction of Premise(s)	Walls	Floors	Roof	No. of Storeys	Age of Building
Number of Years	In this business <input style="width: 50px;" type="text"/> At this Location <input style="width: 50px;" 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 style="width: 100%; height: 20px;" type="text"/>				
	<input style="width: 100%; height: 20px;" type="text"/>				
	<input style="width: 100%; height: 20px;" type="text"/>				
c) If any portion of the premises are vacant, please provide full details.					
<input style="width: 100%; height: 20px;" type="text"/>					
<input style="width: 100%; height: 20px;" type="text"/>					
<input style="width: 100%; height: 20px;" type="text"/>					
d) If you store flammable or toxic materials on the premises, please state the type(s) and quantity in litres.					
<input style="width: 100%; height: 20px;" type="text"/>					
<input style="width: 100%; height: 20px;" type="text"/>					
<input style="width: 100%; height: 20px;" type="text"/>					
<input style="width: 100%; height: 20px;" 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. 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"/>		
	2. Fire Extinguishers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type: <input style="width: 100%;" type="text"/> How Many: <input style="width: 100%;" type="text"/> Maintenance Agreement Yes <input type="checkbox"/> No <input type="checkbox"/>		
	3. Fire Hoses	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	4. Burglar Alarm System	Yes <input type="checkbox"/> No <input type="checkbox"/>	Local <input type="checkbox"/> Dialer <input type="checkbox"/> Landline <input type="checkbox"/>		
	5. Deadlocks on all external doors	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	6. Bars on all external windows	Yes <input type="checkbox"/> No <input type="checkbox"/>			

PROPERTY SECTION

INTEREST INSURED	SUM INSURED	RATE %	PREMIUM \$
Building	\$		
Contents	\$		
Replacement or restoration of Records and Documents	\$		
Removal of Debris (Instead of the automatic \$5,000)	\$		
Other Property (Specify below)			
	\$		Prem
	\$		FSL
			GST
	\$		S/D
TOTAL SUM INSURED		\$	Total

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

- Theft cover up to 100% of the contents sum insured. NB. Theft of electronic equipment must be the result of actual forcible and violent entry to the building when items stolen exceeded \$2,000 in total.
- Accidental Damage cover up to 100% of the sum insured.

BUSINESS INTERRUPTION SECTION

INTEREST INSURED	SUM INSURED	RATE %	PREMIUM \$
Gross Income or Weekly Income	Indemnity Period <input type="text"/> months	\$	
	Indemnity Period <input type="text"/> weeks	\$	Prem
Additional Cost of Working	Indemnity Period <input type="text"/> months/weeks	\$	FSL
Claims Preparation Costs (Instead of the automatic \$5,000)	\$		GST
Accounts Receivable	\$		S/D
TOTAL SUM INSURED		\$	Total

MONEY SECTION

INTEREST INSURED	SUM INSURED	RATE %	PREMIUM \$
Money in transit	\$		
Money in buildings during business hours	\$		
Money in buildings outside business hours	\$		
Money in buildings whilst contained in locked safe	\$		Prem
Money at your or your employees residence	\$		GST
Damage to Safe/Strongroom	\$		S/D
TOTAL SUM INSURED		\$	Total

MACHINERY BREAKDOWN SECTION

Note: Fire and Perils risks including Theft are to be insured under the Property Section.

Do you require cover for	LIMIT OF INDEMNITY	RATE %	PREMIUM \$
Breakdown of Machinery, Plant, Boilers and Pressure Vessels? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$5,000		
The following cover is automatically provided when this section is selected:			Prem
• Deterioration of Refrigerated Goods (max \$1,000)			GST
Note: i) If your answer to the question above is "Yes", please complete the following plant list by showing the number of each type of equipment.			S/D
ii) NB. No plant must exceed 4Kw/5hp.			Total

MACHINERY BREAKDOWN SECTION *continued*

Plant List	No.	Plant Factor	Factor Total
Air Conditioning Equipment - Split System - Window/Wall Type		11 4	
Kitchen Equipment - Dish or Glass Washers - Exhaust Fans (incl. Canopy) - Microwave Ovens - Coffee Machines - Refrigerators - Miscellaneous		3 1 2 2 4 4	
Total Plant Factor No.s			

ELECTRONIC EQUIPMENT SECTION

Note: i) Fire and Perils risks including Theft are to be insured under the Property Section.
ii) Maximum limit \$30,000 any one item and \$250,000 in all.

List items (including make, model and serial numbers)	SUM INSURED (New replacement Cost \$)	RATE %	PREMIUM \$
	\$		
	\$		
	\$		
	\$		Prem
Restoration of Data (Max \$30,000)	\$		GST
Increase Cost of Working (Ma\$30,000)* *Indemnity Period 3 months. Excess 2 working days.	\$		S/D
TOTAL SUM INSURED	\$		Total

BROADFORM LIABILITY SECTION

LIMIT OF INDEMNITY	\$
a) How many employees including working partners/directors are employed in the business?	
b) Gross Annual Wages paid (include commission and other earnings)	\$
c) Annual Turnover	\$
d) How many premises do you occupy in the course of your business?	
e) Do you perform work away from your premises? If "Yes", please provide details. <input style="width: 60%; height: 20px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Do you own any property? If "Yes", please give details of: - Replacement value of buildings - Type of property (e.g. office block, shopping centre) <input style="width: 60%; height: 20px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> \$
g) If you require additional cover for goods in your physical and legal control (instead of the automatic \$10,000) please show the amount required.	\$
h) Do you sell, distribute or handle any product of a type not normally associated with your business? If "Yes", please give full details. <input style="width: 60%; height: 20px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
i) Do you manufacture, sell, distribute or handle any products? If "Yes", please give full details. <input style="width: 60%; height: 20px;" type="text"/> <input style="width: 60%; height: 20px;" type="text"/> <input style="width: 60%; height: 20px;" type="text"/> <input style="width: 60%; height: 20px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Prem GST S/D Total

GLASS SECTION

INTEREST INSURED	SUM INSURED	RATE %	PREMIUM \$
External Glass Yes <input type="checkbox"/> No <input type="checkbox"/>	Repl. Value		
Internal Glass Yes <input type="checkbox"/> No <input type="checkbox"/>	Repl. Value		
Additional Benefits (the following automatic covers are provided when external glass is insured)	SUM INSURED instead of the automatic cover	(must be a higher amount/s)	
Signwriting, ornamentation, reflective materials, burglar alarms tapes and connections \$2000	\$		
Shop fronts, window and door frames \$2000	\$		Prem
Temporary Shuttering \$2000	\$		GST
Damage to Property \$2000	\$		S/D
Damage to electrically illuminated signs \$2000	\$		Total

GENERAL PROPERTY SECTION

List items (including make, model and serial numbers) for which Australia wide Accidental Loss or Damage cover is required	SUM INSURED	RATE %	PREMIUM \$
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		Prem
	\$		FSL
	\$		GST
	\$		S/D
TOTAL SUM INSURED	\$		Total

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

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).

PREMIUM PAYABLE

Total amount payable
 Premium \$ _____
 Levies \$ _____
 GST \$ _____
 Stamp Duty \$ _____

 Total \$ _____

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, 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

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 acknowledge you reserve the right to decline any application.

Applicant's Signature

X

Date

/ /

Applicant's Title

OFFICE USE

COVER NOTE NO.	RECEIPT NO.				
	Premium	FSL	GST	S/Duty	Total
Property					
Business Interruption					
Money					
Machinery Breakdown					
Electronic Equipment					
Broadform Liability					
Glass					
General Property					