

Property Insurance Proposal



JUA Underwriting Agency Pty Limited

JUA Property Insurance Proposal

In Accordance with the Corporations Act 2001, JUA Underwriting Agency Pty. Limited hereby gives notice that this Contract is effected under an authority given to JUA Underwriting Agency Pty. Ltd. by certain Lloyd's Underwriters (London). Furthermore JUA Underwriting Agency Pty. Ltd. has effected the contract as an Agent of certain Lloyd's Underwriters and not as Agents for the Insured.

I/We request JUA Underwriting Agency Pty.Ltd. to quote insurance cover on the property referred to in this proposal.

Privacy Wording

Lloyd's and its agents are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Private Sector) Act 2000 (the Act) and will be covered by the General Insurance Information Privacy Code (the Code). These set basic standards relating to the collection, use, disclosure and handling of personal information.

"Personal information" is essentially information or an opinion about a living individual whose identity is apparent or can reasonably be ascertained from the information or opinion.

Information will be obtained from individuals directly where possible. Sometimes it may be collected indirectly (e.g. from your representatives).

Only information necessary for the arrangement and administration of Lloyd's business by Lloyd's, its agents and their representatives will be collected. This includes information necessary to accept the risk, to assess a claim, to determine competitive and appropriate premiums, etc.

Lloyd's and its agents disclose personal information to third parties, who they believe are necessary to assist them in doing the above. These parties will only use the personal information for the purposes we provided it to them for (or if required by law).

When you give Lloyd's and its agents personal information about other individuals, we rely on you to have made or make them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information, we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information if you wish and request correction if required. You may also opt out of receiving materials sent by Lloyd's by contacting JUA Underwriting Agency Pty Ltd telephone on: (02) 8272 4800.

IMPORTANT INFORMATION

Your Duty of Disclosure

The law requires You to tell the Underwriter everything You know (or a reasonable person in the circumstances could be expected to know) which is relevant to the Underwriter's decision to insure You and the terms on which the Underwriter insures You.

This duty applies before You enter into a contract with the Underwriter, that is before the Underwriter accepts Your application for insurance and also before each time You renew, extend, vary or reinstate the Policy.

Each person named as the Insured has the same duty.

For example, we require information about:

- change of address;
- criminal convictions of your family, you or persons who normally reside with you;
- poor condition of property;
- alteration of property which affects it's safety or structural integrity;
- accidents;
- modification affecting performance or the value of property insured;

- change of occupation or processes used in your business;
- any change of occupations of the covered person;
- illness or impairment of covered persons;
- any insurer that has refused to cover you or the persons covered by the policy.

You do not have to tell us anything that:

- reduces the risk;
- Is of common knowledge;
- we already know or should know in the ordinary course of our business;
- has been indicated by us as not necessary to know.

The duty of disclosure applies to every person or organisation that is insured under the policy. If you fail to comply with your duty of disclosure we may:

- cancel your policy;
- reduce or refuse to pay a claim;
- treat your policy as if it never existed, if the non disclosure is fraudulent.

Other Persons or Organisations Requiring Cover

You must inform us of all persons or organisations to be covered by the policy. We will cover them if you have advised us of them and we have shown them on the current schedule or we have included them in the policy wording.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the Contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the Contract from its beginning.

Excess

This policy is subject to excesses as shown on our quote and the policy wording.

Underinsurance

The following Parts of the policy:

1. Business Property Cover; and
2. Business Interruption Cover;

contain underinsurance provisions which requires you to insure for full value. If you do not, we may pay you a lower amount after taking into account the proportion of underinsurance as allowed by law.



Property Insurance Proposal Form

BROKER

All questions are to be answered. If insufficient space on this form, please use an attachment page.

Name:

Company:

A.B.N:

Trading as:

List all subsidiary companies:

Postal Address:

Telephone - Business:

Telephone - Private:

Mobile:

Fax:

E-mail:

Describe your business in full:

How many years have you been trading in:

This business

Any other business

Trading Hours

Weekdays From

to

Saturday From

to

Sunday From

to

Interested party/ies including their address/es:

Nature of their interest:

Period of Cover

From

to 4.00pm

Important Questions

Do you maintain detailed records of purchases and sales? Yes No

Are your books audited by a qualified accountant annually? Yes No

Have you or any other person applying for this insurance ever:

1. Been convicted of a criminal offence? Yes No

2. Been placed in Receivership or Liquidation? Yes No

3. Received threats of assault or violence? Yes No

If you have answered Yes to any of the Important Questions above please provide full details in the additional information page.

Previous Insurance

a) Have you ever held previous insurance? Yes No

b) If "Yes", name of previous Insurers?

c) Have you ever had insurance refused or cancelled or has any insurance company ever imposed special terms, conditions or restrictions on your policies? Yes No

If "Yes", please provide full details.

Claims

Have you claimed on an insurance policy or had any uninsured losses in respect of the covers proposed? Yes No

Date	Insurer	Amount Paid	Excess	Details of Loss
		\$	\$	
		\$	\$	
		\$	\$	

Have you, your company or a subsidiary of your company ever claimed on an insurance policy where the loss exceed \$100,000? Yes No

Date	Insurer	Amount Paid	Excess	Details of Loss
		\$	\$	
		\$	\$	
		\$	\$	

Building Address

Building 1:

 Postcode:

Building 2:

 Postcode:

a) Do you want Replacement or Reinstatement cover on buildings? Building 1 - Yes No Building 2 - Yes No

OR

b) Do you want to reduce your cover on buildings to Indemnity value(s) only? Building 1 - Yes No Building 2 - Yes No

Section 1 - Fire

	Building 1	Building 2
Do you own the building?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Age of the buildings?	Years	
Is it connected to town water?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction of external walls:		
Type of Insulation:		
Construction of roof:		
Construction of floors:		
Number of storey/ies:		

List all occupations at building address:

Building 1:

Building 2:

Total number of tenants at building address:

Building 1:

Building 2:

Describe all the processes involved:

Building 1:

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Building 2:

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	Building 1	Building 2
Is there any cooking in the buildings?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", describe type of cooking:		
Are there any bench top deep fryers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How are range hood filters cleaned:		
How often are range hood filters cleaned?		
How are range hood ducts and flues cleaned?		
How often are range hood ducts and flues cleaned?		
Are flammable, toxic or explosive substances used or stored at the business address?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If "Yes", describe material and maximum quantity held at any one time and how it is stored:

Building 1:

Building 2:

Section 1 - Fire *(continued)*

Are there hazardous processes at the business address?

Building 1: Yes No

Building 2: Yes No

If "Yes", describe the type of process undertaken:

Building 1:

Building 2:

Does the business premises have:

	Building 1		Building 2	
Double water supply fire sprinkler system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Single water supply fire sprinkler system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoke detectors with local sounder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoke detectors monitored externally 24hrs/day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Thermal detectors with local sounder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Thermal detectors monitored externally 24hrs/day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
hose reels covering all floor areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire extinguishers of the type and quantity required to meet Australian Standards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deadlocks on all external doors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Key locks on all external (opening) windows?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bars and grills on all external windows?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Burglar alarm system with local sounder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Burglar alarm system back to base:				
Digital dial type?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Direct dial type?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Security patrols?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sufficient perimeter lighting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other protection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please describe other protection:

Building 1:

Building 2:

Section 1 - Fire *(continued)*

	Sum Insured - Building 1	Sum Insured - Building 2
Buildings including fixtures and fittings:	\$	\$
Stock and work in progress, customer's goods and items held in trust or on commission for which you are liable:	\$	\$
Contents including machinery, plant, furniture and tenant's fixtures and fittings:	\$	\$
Contents including stock in trade:	\$	\$
Demolition and removal of debris costs:	\$	\$
The cost of rewriting records:	\$	\$
Others (Please list):		
	\$	\$
	\$	\$
	\$	\$
TOTAL	\$	\$

Accidental Damage Cover

If you require Accidental Damage Cover, please advise amount required:
(ONLY available with Fire cover)

	Building 1	Building 2
\$		\$

Section 2 - Business Interruption Cover

Sub-Section	Sum Insured
Section 1 - Loss of Gross Profit Cover	\$
Section 2 - Business Income Cover	\$
Section 3 - Payroll Cover	\$
Section 4 - Additional Increased Cost of Working Cover	\$
Section 5 - Claims Preparation Costs Cover	\$

Indemnity Period (*weeks*):

Optional Benefits	Sum Insured
Accounts Receivable	\$
Loss of Rent	\$

Please list your uninsured working expenses (*Section 1 Cover only*):

	\$
	\$
	\$
	\$
	\$
	\$

Note: You must not select both Section 1 & Section 2 Cover. Payroll Cover is "first loss cover".

Section 3 - Burglary

	Sum Insured - Building 1	Sum Insured - Building 2
On tobacco, cigarettes and liquor:	\$	\$
On stock, work in progress, customers goods and items held in trust or on commission for which you are liable:	\$	\$
On contents other than stock described in 1. and 2. above:	\$	\$
On all contents other than money, tobacco, cigars, cigarettes and liquor:	\$	\$
On directors' and employees' tools and clothing:	\$	\$
	\$	\$
	\$	\$
TOTAL	\$	\$

Section 4 - Money

	Sum Insured
Money in transit:	\$
Money contained in the business premises:	
- during business hours	\$
- outside business hours	\$
- only whilst contained in a securely locked safe	\$
Money in the personal custody of proprietors and authorised employees while contained in private residences:	\$
Damage to safes:	\$
TOTAL	\$

Advise make, type, weight and age of safe(s):

Section 5 - Glass

Tick cover required:

	Sum Insured
<input type="checkbox"/> Covering external glass:	\$
Replacement Cost:	\$
How many plate glass windows are to be covered?	
<input type="checkbox"/> Covering internal glass, fixed and hanging mirrors, wash basins, pans and cisterns:	\$
Replacement Cost:	\$

Additional Benefits	Sum Insured
Alarm tapes, wires or electrical connections attached to the glass:	\$
Accidental damage to door, shopfront or window glass frames:	\$
Signwriting:	\$
Stock damage:	\$
Cost of temporary shuttering (<i>Estimate a reasonable cost</i>):	\$
Damage to plastic or glass on illuminated signs:	\$

Section 6 - Multi Risk

Property (list any item to be insured which is valued at \$2,000 or greater):

Description of Property	Sum Insured
Unspecified items of tools of trade or profession - maximum value any one item \$2,000:	\$
Specified items:	
	\$
	\$
	\$
	\$

Declaration

I declare that to the best of my knowledge and belief the answers given above, documents or papers submitted, represent the true position and that I have not withheld any information material to this proposal. I agree that this proposal and accompanying documents or papers shall form or partly form the basis of the Contract proposed.

I also understand that no contract of insurance is deemed to be formed unless this completed and signed form has been received by the underwriter and to its satisfaction it finds the information acceptable.

Signature	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>	<input type="text"/>

Additional Information

