

# Business Insurance Proposal



## Important Notices

You must read the notices below. If you have any questions please contact GWS Genco Group (AFSL No. 231210)

### Duty of Disclosure

This Policy is subject to the Insurance Contracts Act 1984. Under that Act you have a duty of disclosure.

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, that is relevant to our decision to insure you and to the terms of that insurance. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance.

Your duty however does not require disclosure of matters that:

- Reduce the risk
- Are common knowledge
- We know or, in the ordinary course of our business, ought to know, or
- We have indicated we do not want to know

If you do not comply with your duty of disclosure, we may be entitled to:

- Reduce our liability for any claim
- Cancel the contract
- Refuse to pay the claim
- Avoid the contract from its beginning, if your non-disclosure was fraudulent

### Privacy Statement

We are committed to protecting the privacy of the personal information you provide to us. Any personal information you give us will be treated in accordance with the Privacy Act 1988.

We require personal information about you to assess your request for insurance and to administer your Policy, and also to notify you about other of our services or promotions from time to time.

Unless we are required by law to provide personal information to others, your personal information will only be seen or used by:

- our own staff and contracted staff
- claims adjusters, lawyers and others appointed by us or on behalf of us for claims handling purposes, and
- our reinsurers and reinsurance brokers (which may include persons or entities located outside Australia)

By submitting your personal information to us, you agree to us using and disclosing your personal information as outlined in this Privacy Statement. This consent to the use and disclosure of your personal information remains valid unless you alter or revoke it by giving us written notice.

If you do not provide the information requested, your insurance proposal may not be accepted, or we may not be able to administer your Policy, or you may breach your Duty of Disclosure, the consequences of which are set out in the Duty of Disclosure section of this document.

You can request access to the personal information we hold about you and, where necessary, you can notify us in writing of changes so we can ensure that the information we hold about you is accurate, complete and up-to-date.

From time to time, we may use your name and contact details to send you or your firm offers or information regarding our insurance services or promotions that may be of interest to you. Please let us know if you no longer wish to receive this information.

For further details of our Privacy Policy or to request access to or correct your personal information, please contact the Privacy Officer on 02 9551 1111 or by e-mail to [privacy@calliden.com.au](mailto:privacy@calliden.com.au) or by letter addressed to the Privacy Officer, Calliden Limited, PO BOX 144, St Leonards, NSW 1590. Our Privacy Policy may also be viewed on our website [www.calliden.com.au](http://www.calliden.com.au)

### Goods and Services Tax

The amount of cover you choose excludes Goods and Services Tax (GST). If you are not registered for GST, in the event of a claim we will reimburse you the GST component in addition to the amount that we pay. The amount that we are liable to pay under this Policy will be reduced by the amount of any input tax credit that you are or may be entitled to claim for the supply of goods or services covered by that payment.

If you are entitled to an input tax credit for the Premium you have paid, you must inform us of the extent of that entitlement at or before the time you make a claim under this Policy. We will not indemnify you for any GST liability, fines or penalties that arise from or are attributable to your failure to notify us of your entitlement (or correct entitlement) to an input tax credit on the premium. If you are liable to pay an Excess under this Policy, the amount payable will be calculated after deduction of any input tax credit that you are or may be entitled to claim on payment of the Excess. If you are unsure about the taxation implications of this Policy, you should seek advice from your accountant or tax professional.

### Underinsurance

This policy is subject to an underinsurance 80% "average" clause. This means that if you have insured items under this Policy for less than 80% of their actual value at the time you took out this Policy, we will reduce the amount we pay you under this Policy in accordance with the following sum:  
$$\text{Sum Insured} \times \text{Amount of loss/damage} \div 80\% \text{ of value} = \text{Amount payable by Calliden (up to the Sum Insured)}$$

This underinsurance clause applies to Section 1 Property.

### Cooling Off Period

There is a 21 day cooling off period. If you are not completely satisfied with the Policy you can cancel it by contacting your insurance broker in writing within 21 days of the date of issue of your policy. We will refund your premium less any non-refundable government charges and taxes that we have paid. You do not have a right to cancel your policy if you make a claim for any

### Don't Prevent Our Right of Recovery

The policy contains a provision which states that if you surrender your right to seek recovery from another party for a loss covered by the policy, we have a right to reject any claim from you in relation to that loss.

Policy No:	Client No:
------------	------------

**PLEASE ANSWER QUESTIONS FULLY, USE BLOCK LETTERS AND TICK APPROPRIATE BOXES**

---

**Details of the Insured**


---

<b>Insured Name:</b>	
----------------------	--

<b>Trading Name:</b>	
----------------------	--

<b>Year Established:</b>		<b>Number of Continuous Years in Business:</b>	
--------------------------	--	--	--

<b>Are you a Member of a Post Offices Agents Association Limited (POAAL):</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
---	------------------------------	-----------------------------	--

<b>Tax Registered Business:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>ABN No:</b>		<b>Input Tax Credit:</b>		%
---------------------------------	------------------------------	-----------------------------	----------------	--	--------------------------	--	---

<b>Situation Address:</b>		<b>Postcode:</b>	
---------------------------	--	------------------	--

<b>Postal Address:</b>		<b>Postcode:</b>	
------------------------	--	------------------	--

<b>Business Phone No.:</b>		<b>Fax No.:</b>	
----------------------------	--	-----------------	--

<b>E-mail:</b>	
----------------	--

<b>Period of Insurance:</b> (DD/MM/YY)	From: ____ / ____ / ____ at 4 pm To: 01 / 09 / 200__ at 4 pm
---	--

<b>Other Interested Parties:</b> (Please state their full name, the type of interest & the property concerned).	
--	--

1. In the last 5 years, have you either alone or jointly with others ever:
  - (a) Had any insurance declined or cancelled, application / proposal rejected, renewal refused, claim rejected, or special conditions or excess imposed by any insurer? Yes  No
  - (b) Claimed on any insurance for loss or damage or suffered any loss or damage which would be insured by this proposed insurance? Yes  No
  - (c) Been charged with or convicted of any criminal offence (excluding traffic offences)? Yes  No
  
2. Have you ever, either alone or jointly with others been declared bankrupt or subject to any form of insolvency administration (e.g. liquidation or receivership)? Yes  No

If you have answered 'Yes' to questions 1 or 2, please provide full details. For claims or uninsured losses, please detail the total cost of the claim, date of loss, how the loss occurred, the name of Insurer and the policy number.

---



---

---

**Details of the Buildings / Premises**


---

3. Please complete the following table about the premises you occupy: (use separate sheet if necessary)

Item	Occupied As	Floor	Roof	Walls	Storeys	Year Built
Example answers	Post office & General Store	Wood	Slate	Brick	2	1980
Location 1						
Location 2						

4. Please describe the occupancy of the neighbouring properties &/or tenants including vacant/unoccupied areas.

---



---

5. Please tick this box if your premises are on tank water (i.e. not on town water) Tank

How many years ago were your premises last Re-wired? \_\_\_\_\_ Had the wiring inspected? \_\_\_\_\_

6. Please provide details of security equipment and devices used to secure your property.

Deadlocks on external doors: Yes  No  Alarm system (no back-to-base): Yes  No   
 Key locks fitted to external windows: Yes  No  Back-to-base alarm system: Yes  No   
 Bars/Grills on all windows and door: Yes  No  Securitel with GSM backup: Yes  No

7. Please provide details of fire protection equipment used to protect your premises.

Fire Extinguishers: Yes  No  Sprinkler systems: Yes  No   
 Fire hydrants (internal): Yes  No  Fire hydrants (external): Yes  No   
 Battery-operated smoke detectors: Yes  No  Deep fryers: Yes  No   
 Hard-wired smoke detectors: Yes  No  Monitored: Yes  No

8. Please provide details of any other security and/or protection measures:

---



---



---

**Details of Operational Activities**


---

9. Please provide details of the types of activities/services you provide.

Postal services: Yes  No  Take away food: Yes  No   
 Newsagency: Yes  No  Hardware store: Yes  No   
 General store: Yes  No  Petrol sales – retail only: Yes  No   
 Liquor sales – retail only: Yes  No  Other – more details required below: Yes  No

If you have selected "Other", please provide full details.

---



---



---

*(Questions 10 to 12 are to be completed only where Tax Audit Insurance is required).*

10. Have you received any enquiry in the past 5 years, from the Australian Taxation Office or State payroll office regarding any matter connected with your liability to pay taxation as required by any relevant legislation? Yes  No

If yes, please provide full details.

---



---

11. Have you received any written advice in the past 12 months from the Australian Taxation Office, or State payroll office, that your profession is the target of an audit program by them? Yes  No

If yes, please provide full details.

---



---

12. Are you are wage/salary earner? Yes  No

13. Please state the gross annual turnover of your business: \$ \_\_\_\_\_

### Details of the Insurances You Require

#### FIRE

##### Insured Property (Reinstatement / Replacement Conditions apply unless otherwise stated)

Building (including fixtures and fittings/tenants improvements)	\$ _____
Contents including Machinery, Electronic Equipment and Stock in Trade (Stock in Trade is not subject to Reinstatement/Replacement conditions)	\$ _____
Other property – please specify:	\$ _____
<b>Total Sum Insured</b>	<b>\$ _____</b>

#### BUSINESS INTERRUPTION

<b>Insured Items</b>	Indemnity Period: 12 Months
Annual Gross Income	\$ _____
Professional Fee charges for Claims Preparation if more than the automatic \$20,000 cover is required	\$ _____
Accounts Receivable	\$ _____
Additional increased cost of working	\$ _____
<b>Total Sum Insured</b>	<b>\$ _____</b>

#### BURGLARY

##### Insured Property

All Contents including Machinery, Electronic Equipment and Stock in Trade	\$ _____
Other property – please specify:	\$ _____
<b>Total Sum Insured</b>	<b>\$ _____</b>

#### MONEY

##### Insured Property

Money in Transit	\$ _____
Money in Premises during Business Hours	\$ _____
Money in Premises outside Business Hours – maximum \$2,000	\$ _____
Money in Locked Safe/Strongroom	\$ _____
Money in Residence (your own and/or partner in practice) – maximum \$2,000	\$ _____
Damage to Safe/Strongroom	\$ _____

Excess: Please tick the level: \$500  \$1,000  \$2,500  Other \$ \_\_\_\_\_

### GLASS

#### Insured Property

All fixed internal and external glass

**Replacement Value**

Advertising/Illuminated signs if more than the automatic \$5,000 cover is required

\$ \_\_\_\_\_

### BROADFORM LIABILITY

Please tick the Limit of Indemnity: \$5,000,000  \$10,000,000  \$15,000,000  \$20,000,000

(Note: the excess applies to Property Damage claims only)

### FRAUD OR DISHONESTY

Is cover for this Section required?

Yes  No

Please tick the level of cover:

\$5,000 any one loss, \$50,000 in the aggregate

\$25,000 any one loss, \$50,000 in the aggregate

### MACHINERY BREAKDOWN

**Machinery Breakdown** – please tick if required

Yes  No

Blanket cover \$5,000

### ELECTRONIC EQUIPMENT

**Electronic Breakdown** – please tick if required

Yes  No

Blanket Cover for:

Sales, Computers and Office Equipment

\$ \_\_\_\_\_ per event

Increased Costs of Working

\$ \_\_\_\_\_ per event

Restoration of Data

\$ \_\_\_\_\_ per event

Please list all electronic equipment that is valued in excess of \$25,000 which are to be covered under Electronic Breakdown including the make, model, and serial number.

(i)	_____	\$ _____
(ii)	_____	\$ _____
(iii)	_____	\$ _____
(iv)	_____	\$ _____
(v)	_____	\$ _____
	<b>Sum Insured</b>	\$ _____

### GENERAL PROPERTY

Please list all items to be covered against Accidental Damage (anywhere within Australia) under this Section including make, model, serial number etc.

Mobile phones / Laptops / PDAs

(i)	_____	\$ _____
(ii)	_____	\$ _____
(iii)	_____	\$ _____



Other Specified Items	
(i) _____	\$ _____
(ii) _____	\$ _____
(iii) _____	\$ _____
<b>Total Sum Insured</b>	
	\$ _____

TAX AUDIT PROTECTION	
Is cover for this Section required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please tick the level of cover:	
\$10,000 any one loss, \$20,000 in the aggregate	<input type="checkbox"/>
\$25,000 any one loss, \$50,000 in the aggregate	<input type="checkbox"/>

LEGAL EXPENSES	
Is cover for this Section required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please tick the level of cover:	
\$10,000 any one loss, \$20,000 in the aggregate	<input type="checkbox"/>
\$20,000 any one loss, \$40,000 in the aggregate	<input type="checkbox"/>
Excess: The excess is 10% of all claims or \$5,000 – whichever is the greater	

**Declaration**

This declaration must be completed and signed by or on behalf of all parties applying for insurance.

I/We

- (a) declare that:
  - (i) the answers and information given by me/us in this Proposal are true and correct in all respects;
  - (ii) no information has been withheld that would affect Calliden’s decision to accept this Proposal;
  - (iii) where answers in this Proposal are not in my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
  - (iv) I/we have read and understood the clauses detailed under the Important Notices section at the front of this Proposal;
  - (v) if there was insufficient space to fully answer any questions, we have attached \_\_\_\_\_ supplementary pages providing the additional information required.
- (b) authorise Calliden to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and claims under those insurances.
- (c) understand that, if this Proposal is accepted, my/our insurance cover will be subject to the terms and conditions set out in the Calliden POAAL Insurance Policy.
- (d) acknowledge that Calliden, its agents and/or employees reserve the right to decline this proposal.

Proposer’s Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Proposer’s Title: \_\_\_\_\_