

BROKER DETAILS

Broker Details	<input type="text"/>	<input type="text"/>
	BROKERAGE	AFSL
	<input type="text"/>	<input type="text"/>
	CONTACT NAME	EMAIL
	<input type="text"/>	
	PHONE	

BUSINESS DETAILS

Named Insured	<input type="text"/>	<input type="text"/>
	FIRST NAME	LAST NAME
Trading as	<input type="text"/>	
	COMPANY NAME (EG. ABC COMPANY PTY LTD)	
ACN	<input type="text"/>	
Are any shares traded publicly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any mergers or acquisitions in the past 3 years or planned in the next 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Insurer	<input type="text"/>	
TAX STATUS		
ABN	<input type="text"/>	Taxable Percentage (%) <input type="text"/> %
Period of Insurance	<input type="text"/>	<input type="text"/> (EXPIRES 4PM EST)
	FROM (DD/MM/YY)	TO (DD/MM/YY)

SITUATION DETAILS

Situation Address	<input type="text"/>	<input type="text"/>
	NUMBER, STREET ADDRESS	CITY / SUBURB
	<input type="text"/>	<input type="text"/>
	STATE	POSTCODE
Are there any overseas operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, please provide further details	
	<input type="text"/>	
	LOCATION	
	<input type="text"/>	<input type="text"/>
	ACTIVITIES	SIZE
Full description of your business activities	<input type="text"/>	
Years in operation	This Business	Any Similar Business
	<input type="text"/>	<input type="text"/>
	YEARS	YEARS

SITUATION DETAILS (CONTINUED)

Have you or any director/
partner/manager of the
business ever

- (a) had insurance declined or cancelled? Yes No
- (b) had an insurer refuse or not invite renewal? Yes No
- (c) had any special conditions imposed on a policy of insurance? Yes No
- (d) had a special excess imposed on a policy of insurance? Yes No
- (e) had a claim rejected under a policy of insurance? Yes No
- (f) been declared bankrupt or put into receivership or liquidation? Yes No
- (g) been charged with or convicted of a criminal offence? Yes No
- (h) any other matters you should disclose? (see 'Your Duty of Disclosure') Yes No

If you answered 'Yes' to any of the above questions, please provide complete details

BUSINESS DETAILS

Are you the owner of
the premises?

Yes No

Describe the business
carried out

Your own business

By the Occupants of
the premises

Other occupants

Interested parties

What interest do the above
parties have?

CLAIMS HISTORY

In the last 5 years have you sustained loss or damage
(insured or not) of a type against which insurance is now
being sought, for all sections of the policy noted in this form?

Yes No

If 'Yes' — Please provide further details

Insurer	Date	Details	Amount
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(If insufficient space, please provide full details at the end of this document)

BUSINESS DETAILS

CONSTRUCTION OF THE BUILDING

Walls	<input type="checkbox"/> Brick/Concrete	<input type="checkbox"/> Iron	<input type="checkbox"/> Other	<input type="text"/>
	<input type="checkbox"/> Timber			
Roof	<input type="checkbox"/> Concrete	<input type="checkbox"/> Iron	<input type="checkbox"/> Other	<input type="text"/>
	<input type="checkbox"/> Timber			
Floors	<input type="checkbox"/> Concrete	<input type="checkbox"/> Timber	<input type="checkbox"/> Other	<input type="text"/>
Any EPS insulated Panel Walls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'Yes', what is the % of total floor area?	<input type="text"/> %
How old is the building?	<input type="text"/>	Are any of the buildings or structures subject to heritage listing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	YEARS			

ITEMS AND DETAILS ON PREMISES

Is any commercial cooking done on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Thermostat Controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are inflammable liquids or explosives stored on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
	If Yes, please list types				
	<input type="text"/>				
	If Yes, how much (litres/kilograms)?				
	<input type="text"/>				
Are they stored in?	<input type="checkbox"/> Tanks	<input type="checkbox"/> Drums	<input type="checkbox"/> Bottles		
Are they kept in an approved flammable goods cabinet or store?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is the Store?	<input type="checkbox"/> Internal	<input type="checkbox"/> External	Is it Bunded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If 'No', how are they stored?				
	<input type="text"/>				

SAFETY AND PROTECTION

Are the premises protected by:	1 Extinguishers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="text"/>	<input type="text"/>		
	WHAT TYPE	HOW MANY		
Is there a maintenance agreement in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Last Serviced?	
			<input type="text"/>	
			DATE (DD/MM/YY)	
	2 Hose Reels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	3 Sprinkler System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Total Area of Premises	<input type="checkbox"/> Partial (describe)	<input type="text"/>	
	4 Automatic fire alarm and/or Smoke Alarm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Connected to a Fire Station?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Connected to Alarm Monitoring Company?	
Local Only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	5 Fire Blankets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	6 Deadlocks and/or padlocks to all external doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

BUSINESS DETAILS (CONTINUED)

SAFETY AND PROTECTION

7 Are the premises connected to town reticulated water supply Yes No

8 Burglar Alarms Yes No

(Please tick appropriate type below)

Back to Base (dedicated line) GSM Dialer/Radio Audible Local Alarm

Which of the following are present and activate the Alarm?

Reed Switches Motion Detectors (PIR) Tremblers IR Beam
 Pressure Pads Heat Sensors Panic Buttons

9 Safe

Yes No

HOW MANY?

MANUFACTURER ①

MANUFACTURER ②

YEAR MANUFACTURED ①

YEAR MANUFACTURED ②

Torch and Drill Resistant? Yes No

Yes No

Time Delay Locks? Yes No

Yes No

THESE QUESTIONS REFLECT THE KEY FACTORS THAT ARE TAKEN INTO ACCOUNT WHEN DETERMINING YOUR PREMIUM.

STORM/WATER PERILS

FLOOD

Is Flood cover required? Yes No

If required please attach supporting information (ie local flood Maps).

Is the property situated on High or low ground? High Low

LEVEL

Does the property sit on the High or Low side of the road? High Low

LEVEL

Does the property slope from front to back? Yes No

Are there any river or creek systems within 200 metres of the premises? Yes No

Has the premises suffered any flood or storm damage losses in the last 5 years? Yes No

If Yes, value of damage and date(s) of loss:

MACHINERY

Do you have any piece of machinery greater in value than \$500,000 AUD? Yes No

If Yes, what amount and how many machines?

In the event of loss would any of your machinery have to be sourced from overseas? Yes No

If Yes, expected replacement time?

STILLAGE

Is all basement and ground floor stock insured stored on racks or pallets? Yes No

If Yes, what height from the ground?

PROPERTY

If we are insuring Machinery of high value has the insured taken any steps to mitigate the chance of water damage to the machinery, ie - adequate storm water drains in front of the property? Yes No

What type of guttering does the property have?

Conventional Guttering Box Guttering

Does the roof contain sky lights? Yes No

If Yes, how many?

Does the property have any other run off drainage? Yes No

SUM INSURED

SECTION 1.0 MATERIAL DAMAGE

Sum Insured

- (a) Building(s)
- (b) Contents of Buildings
- (c) Stock in Trade
- (d) Removal of Debris
- (e) Other Property

Total Sum Insured and/or Limit of Liability

1.1 BURGLARY / THEFT

- (a) Contents of Buildings
- (b) Stock in Trade
- (c) Other Stock in Trade (Tobacco and Cigarettes, Bullion)

1.2 EQUIPMENT BREAKDOWN

Yes No

Limit any one event

If 'Yes' please provide details of computer equipment and/or type of machinery (age, make and replacement values). If further space required please refer page 10.

AGE	MAKE/MODEL	
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>

1.3 GLASS

REPLACEMENT VALUE

1.4 MONEY

- (a) Money In Transit
- (b) Money at Your Business Premises during Business Hours and not in a securely locked burglary resistant safe or strong room
- (c) Money at Your Business Premises in a securely locked burglary resistant safe or strong room
- (d) Money at Your Business Premises outside Business Hours and not in a securely locked burglary resistant safe or strong room
- (e) Money in Your dwelling or that of any person to whom Money is entrusted

1.5 TRANSIT

- (a) Is cover required? Yes No

Limit any one carry

If 'Yes', please provide estimated annual sendings

SECTION 2.0 BUSINESS INTERRUPTION

- 2.1 Gross Profit
- 2.2 Gross Revenue
- 2.3 Additional Increased Cost of Working
- 2.4 Claims Preparation Costs
- 2.5 Loss of Rents Receivable
- 2.6 Wages (Dual Basis)
- Payroll Limits
- Total (100%) Payroll 100% for weeks
- Followed By % for weeks
- Consolidated Period weeks
- 2.7 Wages in Lieu of Notice
- 2.8 Accounts Receivable
- 2.9 Goodwill

Indemnity Period

MONTHS (6/12/18/24/36)

Total Sum Insured and/or Limit of Liability

SUM INSURED (CONTINUED)

SECTION 3.0 PUBLIC & PRODUCTS LIABILITY

Limit of Indemnity required:

Public Liability	\$
Products Liability	\$
Deductible	\$

(any one occurrence) (in the aggregate per period of insurance)

ESTIMATED ANNUAL PAYROLL (INCLUDING EARNINGS OF PRINCIPALS, DIRECTORS, PARTNERS)

	Employees	No. of Staff	Labour Hire
Managerial, Clerical, Sales:	\$		\$
Manufacturing:	\$		\$
Installation:	\$		\$
Other:	\$		\$
Total:	\$		\$

Do you employ contractors or sub-contractors? Yes No If 'Yes' please answer a, b, c & d below

a. Estimated Annual Payment: \$

b. Nature of work usually carried out:

c. Do you obtain proof of their liability & workers compensation insurance? Yes No

d. Are you named as the principals on the contractors &/or sub-contractors liability policy?

ADDITIONAL INFORMATION:

PRODUCT INFORMATION / TERRITORIAL LIMITS

Estimate Annual Turnover:	\$			
Turnover Exported:	\$	\$	\$	\$
Turnover Imported:	\$	\$	\$	\$
Country Involved:				
Company Representation in this Country	Power of	Power of	Power of	Power of
	<input type="checkbox"/> Attorney	<input type="checkbox"/> Attorney	<input type="checkbox"/> Attorney	<input type="checkbox"/> Attorney
	<input type="checkbox"/> Branch	<input type="checkbox"/> Branch	<input type="checkbox"/> Branch	<input type="checkbox"/> Branch
	<input type="checkbox"/> Representative	<input type="checkbox"/> Representative	<input type="checkbox"/> Representative	<input type="checkbox"/> Representative
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)

Coverage for PRODUCTS EXPORTED TO USA OR CANADA is excluded from this insurance. Coverage will be provided only if specifically agreed by Lloyds of London and then subject to additional terms and conditions and payment of an extra premium. A USA/Canada export questionnaire will have to be completed. Any additional information supplied in respect of such exports shall be deemed to form part of this application.

ADDITIONAL INFORMATION: (CONT)

PRODUCT INFORMATION / TERRITORIAL LIMITS (CONT)

PLEASE REFER TO THE POLICY WORDING FOR DETAILS REGARDING TERRITORIAL LIMITS.

2 Can you with certainty, identify the source of every item used in the manufacture of the products? Yes No

3 Is your product range relatively stable or changing frequently? Yes No

If 'Yes', provide full details:

4 Do you have quality control procedures in place? Yes No

If 'Yes', provide full details:

5 Are your products subject to any Australian or international standard? Yes No

If 'Yes', provide full details:

6 Do you have recall procedures in place? Yes No

If 'Yes', provide full details:

7 Have you discontinued manufacturing, processing or handling any products? Yes No

If 'Yes', provide full details:

8 Are any products specifically designed, manufactured, imported or handled for use in aircraft or other aerial devices or watercraft? Yes No

If 'Yes', provide full details:

CONTRACTUAL LIABILITY

Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality as regards your products, or specifically agreed contracts.

Do you assume liability under contract or hold others harmless (other than lease liability)? Yes No

If 'Yes', please provide details and attach copies of all agreements (other than lease liability). Coverage will be provide only if specifically agreed by Lloyds of London.

ADDITIONAL INFORMATION: (CONT)

DETAILS OF THE BUSINESS/PREMISES

1 Do you require property owners liability cover on property which you do not occupy? Yes No

If 'Yes', provide address, construction, size of land, information on who is occupying the premises & Replacement value of the premises:

2 Do you or does someone on your behalf perform any work away from the premises? Yes No

If 'Yes', Please provide details eg. welding, installation, servicing, repairs etc:

3 Do you store, transport, use or handle any hazardous goods eg. chemical, radioactive materials, gases etc. Yes No

If 'Yes', please provide details:

SUM INSURED (CONTINUED)

SECTION 4.0 MANAGEMENT LIABILITY

Please note this section is offered on a claims made basis, refer to important information

Limit

\$500,000 \$1,000,000 \$2,000,000

4.1 Does any shareholder(s) directly or beneficially hold more than 25% of the issued shares or voting rights?

Yes No

If 'Yes' — Please provide further details

4.2 Do any of the Directors or Officers of the Corporation hold a board position in any other entities at the request of the Corporation?

Yes No

If 'Yes' — Please provide further details

Name out outside entity

Type of entity

% Shareholding

4.3.1 Have you traded profitably for the past 2 full financial periods?

Yes No

4.3.2 Please provide the Group Total Gross Consolidate Revenue for the last full financial year:

\$

4.3.3 Do the Directors consider the Corporation and Group to be solvent?

Yes No

4.3.4 Is there any information or changes to the financial position which may materially affect the Corporations ability to pay it's debts as and when they fall due?

Yes No

If 'Yes' — Please provide further details

* If insolvency cover is required, a full management liability proposal and supporting financial statements will be required.

4.4 Total staff numbers at a financial year end for entire company/group

Total Employee numbers

This Year

Last Year

turnover per annum (%)

 %

 %

4.5 Were there any employer initiated terminations in the past 2 years?

Yes No

If 'Yes' — Please provide further details

4.6 Are there any events anticipated to lead to any employer initiated terminations in the next 2 years?

Yes No

If 'Yes' — Please provide further details

4.7 Do you have written procedurers regarding employee and industrial relations issues?

Yes No

4.8 Please provide a % breakdown of the gross revenue disclosed in Question 4.3.2 by State or Territory

ACT	NSW	VIC	QLD	SA
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
WA	TAS	NT	Overseas	Total
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer any information on this application or you need to disclose something to us because of your Duty of Disclosure, please complete "additional information" field below giving full details of additional information.

Additional Information

FILES / ADDITIONAL DOCUMENTS

If you have any additional documentation you need to provide then please attach copies to this form.

IMPORTANT INFORMATION

PRIVACY STATEMENT

Contact details for Miramar Underwriting Agency are:

Miramar Underwriting Agency Pty Ltd
Level 5, 97-99 Bathurst Street
Sydney NSW 2000
Phone +61 2 9307 6600
Fax +61 2 9307 6699

Lloyd's and its agent are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Private Sector) Act 2000 (the Act). This sets out the 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. 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.

Lloyd's and its agents disclose personal information to third parties who they believe are necessary to assist them in doing. 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 Miramar Underwriting Agency Pty Ltd on (02) 9307 6600.

YOUR DUTY OF DISCLOSURE

Section 21 of the Insurance Contracts Act 1984 provides that before You enter into a contract of general insurance with an Insurer, You have a duty to disclose to the Insurer every matter that You know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the Insurer before You renew, extend, vary or reinstate a contract of general insurance.

However, Your duty of disclosure does not require You to disclose matters that:

- diminish the risk to be undertaken by the Insurer;
- that are of common knowledge;
- that Your Insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with Your duty is waived by the Insurer.

This duty of disclosure continues after this application form has been completed up until the Period of Insurance commences.

CONSEQUENCES OF NON-DISCLOSURE

If You fail to comply with Your duty of disclosure, the Insurer may be entitled to reduce its 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.

Change of Risk or Circumstance:

You should advise the Insurer as soon as practicable of any change to Your normal Business as disclosed in this application form, such as, but not limited to changes in location, acquisitions and new overseas activities.

SUBROGATION CLAUSE

This Policy contains provisions which have the effect of excluding or limiting the Insurer's liability in respect of a Loss where You have prejudiced the Insurer's rights of subrogation, where You are a party to an agreement which excludes, or limits the Insurer's rights to recover the Loss from another party.

AN IMPORTANT NOTICE TO THE APPLICANT - 'CLAIMS MADE' CONTRACTS OF INSURANCE

Please read and retain in your file

The proposed insurance is issued on a 'claims made' basis.
This means that the policy responds to: -

- 1 Claims first made against the insured during the policy period and notified to Miramar Underwriting Agency Pty Ltd during that policy period, providing that the insured was not aware, at any time prior to the policy inception, of circumstances which would have alerted a reasonable person in the insured's position that a claim may be made against the insured; and
- 2 'Claims circumstances' notified pursuant to Section 40 (3) of the Insurance Contracts Act which states:

'Where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonable practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of insurance cover provide by the contract'.

After policy expiry, no new claims can be made on the expired policy even though the event giving rise to the claim may have occurred during the policy period.

If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify us during the policy period, we may not cover you under a subsequent policy for any claim which arises from these circumstances.

When completing the Proposal you are obliged to report and provide full details of all circumstances of which you are aware and which a reasonable person in your position would consider may give rise to a claim.

It is important that you make proper disclosure (see Duty of Disclosure, below) so that your cover under any new policy with us is not compromised.

Pursuant to the Insurance Contracts Act 1984 your duty to disclose all relevant information is set out below.

RETROACTIVE LIABILITY

The proposed insurance may be limited by a retroactive date either stated in the schedule or endorsed onto the policy. Where the retroactive cover by the proposed policy is subject to such date, then the policy does not cover any claim arising from any actual or alleged act, error, omission or conduct occurring prior to such retroactive date.

DECLARATION

Please Note: Signing the Declaration does not bind You or the Insurer to complete this insurance.
I declare that I have made all necessary inquiries into the accuracy of the responses given in this application and confirm that the statements and particulars given in this application are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that should any of the information given by me alter between the date of this application and the inception date of the insurance to which this application relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the Important Notice contained in this application form and that I have read and understood the content of that Notice. I confirm that I am authorised by the Company and its Directors to complete, sign and submit this application on behalf of the Company and its Directors.

NAME

TITLE

SIGNATURE

DATE (DD/MM/YY)