

IMPORTANT NOTES

YOUR DUTY OF DISCLOSURE

Before You enter into a contract of general insurance with an insurer, You have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter which 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, on what terms. You have that same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that the insurer knows, or in the ordinary course of business as an insurer, ought to know;
- as to which compliance with your duty is waived by the insurer

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.

INSURER

This policy is underwritten one hundred (100%) per cent by certain underwriters at Lloyds of London. Lloyds's is an authorized insurer in Australia within the meaning of that term under the Insurance Act 1973.

In arranging and effecting this Policy, Mirimar Underwriting Agency Pty Ltd will be acting under authority given to it by the Insurer. It will be acting as agent of the insurer not as your agent.

PRIVACY

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 Lloyds, 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 Mirimar Underwriting Agency Pty Ltd on (02) 9307 6600.

Contact details for Mirimar Underwriting Agency are:

Mirimar Underwriting Agency Pty Ltd

Level 5, 97-99 Bathurst Street, Sydney NSW 2000

Phone +61 2 9307 6600

Fax +61 2 9307 6699

INSURED

POLICY NUMBER

YOUR DETAILS

Your full name and trading name if applicable.

<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME

TRADING NAME (EG. ABC COMPANY PTY LTD)

Interested Parties

<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME

<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME

<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME

<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME

What Interest do the above parties have?

Business Description

TYPE OF BUSINESS AND DESCRIPTION

Years in operation

<input type="text"/>	<input type="text"/>
THIS BUSINESS (YEARS)	ANY SIMILAR BUSINESS (YEARS)

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

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

If you answered 'Yes' to any of the above questions please provide complete details on the provided notes page at the end of this document.

PERIOD OF INSURANCE

Expiring 4.00pm EST

<input type="text"/>	<input type="text"/>
FROM	TO

YOUR 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?

Yes No

If Yes, please provide further details

(If insufficient space, please provide full details on a separate sheet of paper)

<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"/>	<input type="text"/>	<input type="text"/>
DATE (DD/MM/YY)	INSURER	DETAILS	AMOUNT

BUSINESS DETAILS

Address

NUMBER, STREET ADDRESS

CITY / SUBURB

STATE

POSTCODE

Are you the owner of the premises?

Yes No

Describe the business carried out by the occupants of the premises

YOUR OWN BUSINESS

OTHER OCCUPANTS

CONSTRUCTION OF THE BUILDING

Walls

Brick/Concrete Iron Other
 Timber

Roof

Concrete Iron Other
 Timber

Floors

Concrete Timber Other

Any EPS insulated panel walls

Yes No

If so, what is the % of total floor area

How old is the building?

YEARS

Are any of the buildings or structures subject to heritage listing?

Yes No

ITEMS AND DETAILS ON PREMISES

Is any commercial cooking done on the premises?

Yes No

Thermostat Controlled?

Yes No

Are inflammable liquids or explosives stored on the premises?

Yes No

If Yes, please list types

If Yes, how much (litres/kilograms)?

Are they stored in?

Tanks Drums Bottles

Are they kept in an approved flammable goods cabinet or store?

Yes No

Is the Store?

Internal External

Is it Bunded?

Yes No

If 'No', how are they stored?

SAFETY AND PROTECTION

Are the premises protected by:

1 Extinguishers?

Yes No

WHAT TYPE

HOW MANY

Is there a maintenance agreement in place?

Yes No

Date Last Serviced?

DATE (DD/MM/YY)

2 Hose Reels?

Yes No

3 Sprinkler System?

Yes No

Total Area of Premises Partial (describe)

4 Automatic fire alarm and/or Smoke Alarm?

Yes No

Connected to a Fire Station?

Yes No

Connected to Alarm Monitoring Company?

Yes No

Local Only?

Yes No

5 Fire Blankets?

Yes No

6 Deadlocks and/or padlocks to all external doors?

Yes No

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

DECLARED VALUES

Section 1 - Building		\$
Contents		\$
Stock		\$
Removal of Debris		\$
Other		\$
Section 2 — Gross Loss of Profits		\$
Payroll		\$
ICOW		\$
Claims Preparation Costs		\$
Rentals		\$
Other		\$
Total Declared Value		\$

LIMITS OF LIABILITY

Section 1 — Property Insured	\$
Section 2 — Gross Loss of Profits	\$
Combined Limit any one Loss	\$

SUB-LIMIT(S) OF LIABILITY

Theft (excluding money)	\$
Money in Transit	\$
Money on premises during business hours	\$
Money on premises during non business hours	\$
Money in Locked safe	\$
Money in Private Residence	\$
Money in Locked Safe	\$
Accidental Damage	\$
Removal of Debris	\$
Extra Cost of Reinstatement	\$
Other - please specify	\$
Indemnity Period	

MONTHS

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

NOTES:

IMPORTANT INFORMATION

DECLARATION

I/We have read and understood the Important Facts on Page 1 of this Proposal Form and confirm that this advice was provided to me/us prior to entering into the Contract of Insurance. The information I/We have provided is true and correct.

I/We understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance.

Candidate ①

NAME

TITLE

SIGNATURE

DATE (DD/MM/YY)

Candidate ②

NAME

TITLE

SIGNATURE

DATE (DD/MM/YY)