

# Lloyds Commercial Combined Proposal



## 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 +61 2 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

## YOUR DETAILS

Your full name and trading name if applicable.

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FIRST NAME

LAST NAME

--	--

TRADING NAME (EG. ABC COMPANY PTY LTD)

ABN:

Interested Parties

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FIRST NAME

LAST NAME

--	--

FIRST NAME

LAST NAME

--	--

FIRST NAME

LAST NAME

What Interest do the above parties have?

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**Business Description**

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TYPE OF BUSINESS AND DESCRIPTION

Years in operation

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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

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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)


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  
 Timber

Iron

Other

Roof

Concrete  
 Timber

Iron

Other

Floorsc

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

It is 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

YEAR MANUFACTURED ①

Torch and Drill Resistant?  Yes  No

Time Delay Locks?  Yes  No

MANUFACTURER ②

YEAR MANUFACTURED ②

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

## SECTION 1 - FIRE AND PERILS

The policy insures Buildings and/or Contents for reinstatement or replacement and Stock for indemnity, unless you request otherwise.

	Sum Insured		Sum Insured
Buildings:	\$ <input type="text"/>	Removal of Debris:	\$ <input type="text"/>
Contents including Plant and Machinery:	\$ <input type="text"/>	Accidental Damage:	\$ <input type="text"/>
Stock:	\$ <input type="text"/>	Other: (Please Specify) <input type="text"/>	\$ <input type="text"/>

## SECTION 2 - BUSINESS INTERRUPTION

	Sum Insured		Sum Insured
Gross Income:	\$ <input type="text"/>	Additional Increased Cost of working:	\$ <input type="text"/>
Indemnity Period:	<input type="text"/> months	Rentals:	\$ <input type="text"/>
Claims Preparation Costs (incl. Professional Fees):	\$ <input type="text"/>	Payroll:	\$ <input type="text"/>

## SECTION 3 - THEFT

Contents:	\$ <input type="text"/>
Stock:	\$ <input type="text"/>
Contents & Stock:	\$ <input type="text"/>
Liquor/Alcohol:	\$ <input type="text"/>
Tabacco & Cigarettes:	\$ <input type="text"/>

## SECTION 4 - MONEY

	Sum Insured
Money In Transit:	\$ <input type="text"/>
Money on Premises During Business Hours:	\$ <input type="text"/>
Money on Premises Outside Business Hours:	\$ <input type="text"/>
Money on Premises in Securely Locked Safe/Strongroom:	\$ <input type="text"/>
Money on Premises in Securely Locked Auto Teller Machine/TAB Machine:	\$ <input type="text"/>
Money on Premises in Securely Locked Gaming Machine:	\$ <input type="text"/>
Money in a Private Residence/Personal Custody:	\$ <input type="text"/>
Damage to Safe:	\$ <input type="text"/>

## SECTION 5 - GLASS

Is cover required for Internal/External Glass?  Yes  No

(If "Yes" please tick the following):

Single Front  Double Front

Multi Front  Factory/Warehouse/Other

Is cover required for Signs (identification/advertising signs)?  Yes  No

If "Yes" How Many?

Sum Insured for Signs: \$

## SECTION 6 - GENERAL PROPERTY

Items	Sum Insured
Laptops:	\$
Surveyor Equipment:	\$
Professional Equipment:	\$
GPS, Mobile Phones, PDA's:	\$
Specified Items:	\$
Unspecified Items:	\$
Total:	\$
Excess:	\$

## SECTION 7 - MACHINERY & ELECTRONIC EQUIPMENT

Breakdown - Type of Machinery, Make, HP/KW, Age & Replacement Value:

1.
2.
3.
4.

Maximum Value per Item Insured:	\$
Total Value all items Insured:	\$
Deterioration of Stock - Total Insured Value:	\$
Is there a maintenance agreement in force for the machinery:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 8 - 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:	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	\$ <input type="text"/>			
Turnover Exported:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Turnover Imported:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Country Involved:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

**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.

## 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 e.g welding, installation, servicing, repairs etc:

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

If 'Yes', please provide details:



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.

NAME

TITLE/POSITION

SIGNATURE

DATE (DD/MM/YY)