

# Miramar Industrial Special Risks Proposal Form



## IMPORTANT NOTICES

### BINDER AGREEMENT

The contract of insurance is arranged by Miramar Underwriting Agency Pty Ltd (ABN 97 111 534 797, AFSL 314176) ('Miramar') acting under a binding authority as agent for the Insurer, certain underwriters at Lloyd's. Miramar does not act as your agent.

### DEFINED TERMS

Some words used in this Proposal Form ('Proposal') have a special meaning as defined in the Policy wording and such other documents which make up the Policy which contain definitions.

### YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

#### **If you do not tell us something**

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### PRIVACY STATEMENT

In this Privacy Statement the use of 'we', 'us' and 'our' means the Insurer and Miramar unless specified otherwise.

The Privacy Statement set out below refers to Miramar's Privacy Policy in dealing with your information and processing of your insurance Policy. This will differ from the privacy policy of your broker as set out on their website.

We are committed to protecting your privacy. We are bound by the obligations of the *Privacy Act 1988* (Cth). This sets out basic standards relating to the collection, use, storage and disclosure of personal information.

We need to collect, use and disclose your personal information (which may include sensitive information) in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you.

Personal information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your insurance intermediary or co-insureds). If you provide personal information for another person you represent to us that:

- you have the authority from them to do so and it is as if they provided it to us;
- you have made 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.

We may disclose the personal information we collect to third parties who assist us in providing the above services, such as related entities, distributors, agents, insurers, reinsurers and service providers. Some of these third parties may be located outside of Australia. In all instances where personal information may be disclosed to third parties who may be located overseas, we will take reasonable measures to ensure that the overseas recipient holds and uses your personal information in accordance with the consent provided by you and in accordance with our obligations under the *Privacy Act 1988* (Cth).

In dealing with us, you consent to us using and disclosing your personal information as set out in this Privacy Statement. This consent remains valid unless you alter or revoke it by giving written notice to our designated Privacy Officer. However, should you choose to withdraw your consent, we may not be able to provide insurance services to you.

PRIVACY STATEMENT (CONTINUED)

Miramar's Privacy Policy which is available at [www.miramaruw.com.au](http://www.miramaruw.com.au) or by calling Miramar, sets out how:

- Miramar protects your personal information;
- you may access your personal information;
- you may correct your personal information held by us;
- you may complain about a breach of the *Privacy Act 1988* (Cth) or Australian Privacy Principles and how Miramar will deal with such a complaint.

If you would like additional information about privacy or would like to obtain a copy of the Privacy Policy, please contact our designated Privacy Officer by:

**Postal Address:** PO Box A2016, Sydney South NSW 1235

**Phone:** +61 2 9307 6656

**Fax:** +61 2 9307 6699

**Email:** [privacyofficer@steadfastagencies.com.au](mailto:privacyofficer@steadfastagencies.com.au)

You can download a copy of Miramar's Privacy Policy by visiting [www.miramaruw.com.au](http://www.miramaruw.com.au)

CO-INSURANCE (AVERAGE) CLAUSE

This Policy is subject to a co-insurance/average condition. The effect of this condition is that if at the time of loss the sum insured or limit of liability is less than the full value of the property or income insured, then you may not be covered for your full loss. It is your responsibility to ensure the adequacy of sum(s) insured or limit(s) of liability and you should re-assess these sum(s) insured or limit(s) of liability during the currency of the Policy and prior to renewal each year.

**Example:** When: The value of the property is \$5,000,000

The Co-insurance percentage is	85%
The sum insured or limit of liability for it is	\$2,125,000
The Deductible is	\$1,000
The amount of loss is	\$1,000,000

Step (1):  $\$5,000,000 \times 85\% = \$4,250,000$

(the minimum amount of insurance to meet your co-insurance requirements)

Step (2):  $\$2,125,000 \div \$4,250,000 = .50$

Step (3):  $\$1,000,000 \times .50 = \$500,000$

Step (4):  $\$500,000 - \$1,000 = \$499,000$

We will pay no more than \$499,000.

The remaining \$501,000 is not covered.

INSURED

POLICY NUMBER

YOUR DETAILS

Your full name and trading name if applicable

FIRST NAME

LAST NAME

Company Name and trading name if applicable

Interested parties

FIRST NAME

LAST NAME

FIRST NAME

LAST NAME

FIRST NAME

LAST NAME

What Interest do the above parties have?

Business Description

TYPE OF BUSINESS AND DESCRIPTION

Years in operation

THIS BUSINESS (YEARS)

ANY SIMILAR BUSINESS (YEARS)

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

**If you answered 'Yes' to any of these questions, or if there are any other matters you should disclose (see 'Your Duty of Disclosure'), please provide complete details on the provided notes page at the end of this document.**

## PERIOD OF INSURANCE

Expiring 4.00pm EST

  
 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  
 Fibro/Asbestos

Other

Roof

Concrete  
 Timber

Iron

Other

Floors

Concrete  
 Timber

Fibro/Asbestos

Other

Any EPS insulated panel walls

Yes  No

If so, what is the % of total floor area?

 %

Does the premises have asbestos?

Yes  No

If so, what is the %?

 %

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)?

ITEMS AND DETAILS ON PREMISES (CONTINUED)

Are they stored in?  Tanks  Drums  Bottles

Are they kept in an approved flammable goods cabinet or store?  Yes  No

If 'Yes', is the store:  Internal  External Bunded?  Yes  No

If 'No', how are they stored?

SAFETY AND PROTECTION

Are the premises protected by: Extinguishers?  Yes  No

WHAT TYPE  HOW MANY

Is there a maintenance agreement in place?  Yes  No Date last serviced?  DATE (DD/MM/YY)

Hose reels?  Yes  No

Sprinkler system?  Yes  No

Total area of premises  Partial (describe)

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

Fire blankets?  Yes  No

Deadlocks and/or padlocks to all external doors?  Yes  No

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

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

Do the premises contain a safe?  Yes  No  HOW MANY?

MANUFACTURER/MAKE/MODEL ①  MANUFACTURER/MAKE/MODEL ②

YEAR MANUFACTURED ①  YEAR MANUFACTURED ②

Torch and drill resistant?  Yes  No Torch and drill resistant?  Yes  No

Time delay locks?  Yes  No Time delay locks?  Yes  No

Other security features?  Other security features?

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 (i.e. local flood maps).

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

(in a gully or side of a hill, etc.)

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

**STORM/WATER PERILS (CONTINUED)**

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 what steps have been taken to mitigate the chance of water damage to the machinery (i.e. - adequate storm water drains in front of the property)?

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 – MATERIAL LOSS OR DAMAGE**

Building	\$	<input type="text"/>
Contents	\$	<input type="text"/>
Stock	\$	<input type="text"/>
Removal of Debris	\$	<input type="text"/>
Other	\$	<input type="text"/>

**SECTION 2 – BUSINESS INTERRUPTION/CONSEQUENTIAL LOSS**

Loss of Gross Profit	\$	<input type="text"/>
Payroll	\$	<input type="text"/>
Increase in Cost of Working	\$	<input type="text"/>
Claim Preparation Costs	\$	<input type="text"/>
Rentals	\$	<input type="text"/>
Other (Please specify)	\$	<input type="text"/>

**Total Declared Value** \$

## LIMITS OF LIABILITY

SECTION 1 – MATERIAL LOSS OR DAMAGE

\$

SECTION 2 – BUSINESS INTERRUPTION/CONSEQUENTIAL LOSS

\$

Combined Section 1 & 2 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:

## DECLARATION

I declare that:

- (a) I have read and understood the Important Notices set out in the Proposal.
- (b) I am authorised to complete and sign this declaration on behalf of all the applicants.
- (c) I confirm that the answers and statements in this Proposal are true and correct and I have not withheld any information which may affect the decision to accept this Proposal or the terms and conditions of any insurance provided.
- (d) I understand that if this Proposal is accepted, the insurance cover will be subject to the terms and conditions set out in the Policy.
- (e) I acknowledge that the particulars and statements contained in this Proposal shall form the basis of the contract should a Policy be issued.
- (f) I further acknowledge that Miramar on behalf of the Insurer may decline this Proposal.
- (g) I consent to Miramar and the Insurer collecting, storing, using and disclosing personal information as set out in the Privacy Statement. Where I have provided personal information on behalf of another person I have complied with my obligations as set out in the Privacy Statement.
- (h) I understand that this insurance does not operate until Miramar issues the Policy Schedule and the premium has been paid (except for any cover provided under an interim contract of insurance).

Applicant ①

NAME

TITLE

SIGNATURE

DATE (DD/MM/YY)

Applicant ②

NAME

TITLE

SIGNATURE

DATE (DD/MM/YY)