

# Lloyd's Commercial Combined 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 binder 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)

UNDER-INSURANCE/AVERAGE CONDITION

The Business Property, Business Interruption and Machinery and Electronic sections of this Policy are subject to an under-insurance/average condition. The effect of this condition is that if at the time of loss the sum insured or limit of indemnity 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 indemnity and You should re-assess these sum(s) insured or limit(s) of indemnity during the currency of the Policy and prior to renewal each year.

Example:

When: The value of the property is \$250,000

The Coinsurance percentage is	80%
The sum insured or limit of indemnity for it is	\$100,000
The Excess is	\$250
The amount of loss is	\$40,000

Step (1):  $\$250,000 \times 80\% = \$200,000$

(the minimum amount of insurance to meet Your coinsurance requirements)

Step (2):  $\$100,000 \div \$200,000 = .50$

Step (3):  $\$40,000 \times .50 = \$20,000$

Step (4):  $\$20,000 - \$250 = \$19,750$

We will pay no more than \$19,750. The remaining \$20,250 is not covered.

YOUR DETAILS

Your full name and trading name if applicable	<input type="text"/>	<input type="text"/>
	FIRST NAME	LAST NAME
Your company name and trading name if applicable	<input type="text"/>	<input type="text"/>
		ABN
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
What interest do the above parties have?	<input type="text"/>	
Business Description	<input type="text"/>	
	TYPE OF BUSINESS AND DESCRIPTION	
Years in operation	<input type="text"/>	<input type="text"/>
	THIS BUSINESS (YEARS)	ANY SIMILAR BUSINESS (YEARS)

## YOUR 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

If You answered 'Yes' to any of the above 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 COVER

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)

<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

Where there are additional locations to be insured, please provide all Business Details on the provided notes page at the end of this document.

## CONSTRUCTION OF THE BUILDING

Walls  Brick/Concrete  Iron  Other

Timber  Fibro/Asbestos

Roof  Concrete  Iron  Other

Timber

Floors  Concrete  Fibro/Asbestos  Other

Timber

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?  Are any of the buildings or structures subject to heritage listing?  Yes  No

YEARS

**BUSINESS DETAILS (CONTINUED)**

**ITEMS AND DETAILS ON PREMISES**

Is any commercial cooking done on the premises?  Yes  No      Thermostat controlled  Yes  No

Are the 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

If 'Yes', is the store:  Internal       External      Bundled?  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

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.

**BUSINESS DETAILS** (CONTINUED)

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

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 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)?

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

## BUSINESS PROPERTY SECTION

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"/>

## BUSINESS INTERRUPTION SECTION

	Sum Insured		Sum Insured
Gross Income:	\$ <input type="text"/>	Additional increase in cost of working:	\$ <input type="text"/>
Indemnity Period:	<input type="text"/> months	Rentals:	\$ <input type="text"/>
Claims preparation expenses (incl. Professional Fees):	\$ <input type="text"/>	Payroll:	\$ <input type="text"/>

## THEFT SECTION

Contents:	\$ <input type="text"/>
Stock:	\$ <input type="text"/>
Contents & Stock:	\$ <input type="text"/>
Liquor/alcohol:	\$ <input type="text"/>
Tobacco & cigarettes:	\$ <input type="text"/>

## MONEY SECTION

	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"/>

## GLASS SECTION

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: \$

## GENERAL PROPERTY SECTION

Items	Sum Insured
Laptops:	\$ <input type="text"/>
Surveyor equipment:	\$ <input type="text"/>
Professional equipment:	\$ <input type="text"/>
GPS, mobile phones, PDAs:	\$ <input type="text"/>
Specified items:	\$ <input type="text"/>
Unspecified items:	\$ <input type="text"/>
Total:	\$ <input type="text"/>
Excess:	\$ <input type="text"/>

## MACHINERY & ELECTRONIC SECTION

### Machinery

Machinery Breakdown:	\$ <input type="text"/>
Maximum value per Insured Item:	\$ <input type="text"/>
Total value of all Insured Items:	\$ <input type="text"/>
Deterioration of Stock:	\$ <input type="text"/>
Increase in cost of working:	\$ <input type="text"/>

Is there a maintenance agreement in force for the machinery?  Yes  No

Machinery:	No.	kW/HP
Air conditioners - split system	<input type="text"/>	<input type="text"/>
Air conditioners - window/wall type	<input type="text"/>	<input type="text"/>
Cold/Freezer rooms	<input type="text"/>	<input type="text"/>
Domestic fridges/freezers	<input type="text"/>	<input type="text"/>
Temprite	<input type="text"/>	<input type="text"/>
Hot water boilers	<input type="text"/>	<input type="text"/>
Dish washers	<input type="text"/>	<input type="text"/>
Clothes washers	<input type="text"/>	<input type="text"/>
Clothes dryers	<input type="text"/>	<input type="text"/>
Coffee machines	<input type="text"/>	<input type="text"/>
Microwave ovens	<input type="text"/>	<input type="text"/>
Exhaust fans (incl. kitchen canopy)	<input type="text"/>	<input type="text"/>
Slicing, mincing & mixing equipment	<input type="text"/>	<input type="text"/>
Air compressors	<input type="text"/>	<input type="text"/>
Cash registers	<input type="text"/>	<input type="text"/>
Centrifugal pumps	<input type="text"/>	<input type="text"/>
Other (Please specify)	<input type="text"/>	<input type="text"/>

## MACHINERY & ELECTRONIC SECTION (CONTINUED)

### Electronic Equipment

Type, make, model, kW & age of electronic equipment

Replacement value

1.		\$
2.		\$
3.		\$
4.		\$

Maximum value per Insured Item: \$

Total value of all Insured Items: \$

Is there a maintenance agreement in force for electronic equipment?  Yes  No

## PUBLIC AND PRODUCTS LIABILITY SECTION

Limit of liability required:

Public Liability: (maximum payable for any one claim or series of claims arising out of any one occurrence) \$

Products Liability: (maximum payable for any one claim or series of claims, and in the aggregate during any one Period of Cover) \$

Excess: \$

## EMPLOYEE FRAUD SECTION

Limit of liability any one loss and in the aggregate: \$

No. of employees

Principals, directors & partners:

Staff with access to Money, stock & accounts:

Staff without access to Money, stock & accounts:

How often are bank statements and books of account reconciled?

How often are stock takes conducted?

Are Your accounts independently audited?  Yes  No

Are wages paid electronically or in cash?

Is all Money subject to control by two or more employees?  Yes  No

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

	Employees	No. of staff	Labour hire
Managerial, clerical, sales:	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Manufacturing:	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Installation:	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Other:	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Total:	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

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:	<input type="text" value="\$"/>			
Turnover exported:	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Turnover imported:	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Country involved:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company representation in this country	<input type="checkbox"/> Power of attorney	<input type="checkbox"/> Power of attorney	<input type="checkbox"/> Power of attorney	<input type="checkbox"/> Power of 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 the Insurer and then subject to additional terms and conditions and payment of an extra premium. A USA/ Canada export questionnaire may have to be completed. Any additional information supplied in respect of such exports shall be deemed to form part of this Proposal.

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

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

Is Your product range relatively stable or changing frequently?  Relatively stable  Changing frequently

If changing frequently, provide full details:

Do You have quality control procedures in place?  Yes  No

If 'Yes', provide full details:

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

If 'Yes', provide full details:

Do You have recall procedures in place?  Yes  No

If 'Yes', provide full details:

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

If 'Yes', provide full details:

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 provided only if specifically agreed by the Insurer.

## DETAILS OF THE BUSINESS/PREMISES

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

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

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:

Do You store, transport, use or handle any hazardous goods e.g chemical, radioactive materials, gases?  Yes  No

If 'Yes', please provide details:

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).

name

title/position

signature

date (dd/mm/yy)