

INDUSTRIAL SPECIAL RISK (Mark IV) PROPOSAL

BROKER: _____ **POLICY No:** _____
(Office Use Only)

IMPORTANT FACTS

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.

Co-Insurance

Section 1 - Specified Events and Section 2 - Business Interruption contain a co-insurance clause. This means that we require you to insure for full value. If you do not do so and you are underinsured at the time of loss, we will pay less in the event of a claim. The amount we will pay is in the proportion that the sum insured bears to eighty five (85%) per cent of the full value, subject to the specific conditions of the policy.

Insurer

This policy is underwritten one hundred (100%) per cent by Westport Insurance Corporation (ABN 48 072 715 738). Westport Insurance Corporation (Westport) is a wholly owned subsidiary within the Swiss Re Group. Westport is an authorised insurer in Australia within the meaning of that term under the Insurance Act 1973.

In arranging and effecting this Policy, Australis Group (Underwriting) ABN 80 082 459 372 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

We are committed to protecting you and your clients' privacy. We only use the personal information you provide to us to quote on and insure your risks. We only provide personal information to our Insurers and reinsurers (and their representatives) and those we appoint to assist us with claims under your policy. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly quote for your clients' insurance and we cannot insure them. You can check the personal information we hold about you and your clients at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, see our web site: www.ausuw.com

Contact details for Australis Group Underwriting are:

Mail: Compliance Manager,
Australis Group Underwriting
GPO Box 247, Sydney, NSW 2001
Telephone: (02) 9200 4000
Fax: (02) 9200 4099

PERIOD OF INSURANCE:

Cover commences: _____ / _____ / _____ Cover expires at 4.00 pm: _____ / _____ / _____

YOUR DETAILS:

Full Name: _____
Your ABN: _____

Trading Name: _____

Interested Parties: _____

What Interest do the above parties have: _____

Business Description _____

Years in operation This Business _____ yrs Any Similar Business: _____ yrs

What percentage of GST on Premium do you intend claiming as an Input Tax Credit? _____%

Do you maintain complete records of sales and purchases? Yes No

Are your books of account prepared by a public accountant each year? Yes No

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 answered 'Yes' to any of the above question provide complete details on a separate piece of paper

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 details)

DATE: _____ INSURER: _____ DETAILS: _____

____ / ____ / ____ _____

____ / ____ / ____ _____

____ / ____ / ____ _____

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

YOUR PREMISES:

Your Business Address: _____

Are you the owner of the premises? Yes No

Describe the business carried out by the occupants of the premises:

(a) Your own business _____

(b) Other occupants _____

Construction of the building:

Walls: Brick/Concrete Wood Iron Other: _____
Roof: Iron Timber Concrete Other: _____
Floors: Timber Concrete Other: _____

How old is the building? _____ yrs

Is any commercial cooking done on the premises? Yes No

Type? Frying (Bench Top or Vats -Thermostat Controlled? Yes No
 Grilling Oven

Are inflammable liquids or explosives stored on the premises? Yes No

If Yes', how much and how are they stored? _____

How are the premises protected?

- (a) Sprinkler System? Yes No
- (b) Automatic fire alarm and/or smoke detector connected to a fire station? Yes No
- (c) Hose Reels? Yes No
- (d) Extinguishers / Fire blankets? Yes No
- (e) Reticulated/mains water supply (non- metropolitan areas)? Yes No
- (f) Deadlocks and/or padlocks to all external doors? Yes No
- (g) Bars and/or key operated locks to all external windows? Yes No
- (h) Burglar Alarms (please tick the appropriate type below) Yes No
 - Back to Base (dedicated line) Securitel
 - Dialler/Radio Audible Local Alarm?

SUM INSURED DETAILS

DECLARED VALUES:

Section One: (All property Insured) \$ _____
Section Two: (Gross Profits) \$ _____
(Professional Fees) \$ _____
(Payroll) \$ _____
(Additional Increased Cost Of Working) \$ _____
(Other: _____) \$ _____

LIMITS OF LIABILITY:

The amounts hereunder represent the insurers maximum Limits Of Liability any one loss or series of losses arising out of any one event at any one Situation subject to any lesser Limits Of Liability specified elsewhere in the Policy.

Section One: \$ _____

Section Two: \$ _____

Combined Limit Sections One & Two: \$ _____

SUB LIMITS OF LIABILITY:

Removal Of Debris \$ _____

Accidental Damage: \$ _____

Burglary (excluding Money)	\$ _____
Theft (excluding Money)	\$ _____
Money In Transit	\$ _____
Money On Premises During Business Hours	\$ _____
Money On Premises Outside Business Hours	\$ _____
Money In Locked Safe	\$ _____
Glass	\$ _____
Personal Property Of Employees/Directors	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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.

Signature: _____

Position/Title: _____ Date: ____ / ____ / ____

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