

# JEWELLERS BLOCK INSURANCE PROPOSAL

**BROKER:** \_\_\_\_\_ **POLICY No:** \_\_\_\_\_

## 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.

### Insurer

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

In arranging and effecting this Policy, InterPacific Underwriting Agencies Pty Limited trading as Australis Group Underwriting ABN 38 077 515 327 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, please visit our website: [www.ausuw.com](http://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: \_\_\_\_\_

Type: Retail: \_\_\_% Manufacture: \_\_\_% Wholesale: \_\_\_% Pawnbroking: \_\_\_% Other: \_\_\_%

(If 'Other') please describe: \_\_\_\_\_

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? \_\_\_\_\_%

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 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 BUSINESS:

Your Business Address: \_\_\_\_\_

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

Are you the owner of the premises?  Yes  No

Are You, a 'Registered Valuer' of jewellery?  Yes  No

Staff Numbers: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Principals/Directors: \_\_\_\_\_

Minimum worker numbers in your SALES area during business hours, including lunch time? \_\_\_\_\_

## VALUATION BASIS:

On what basis do you require claims to be settled? *Note: Unless otherwise agreed on the Schedule, claims in respect of your stock will be settled on the basis of Historical Cost Price.*

\_\_\_\_\_

## STOCK VALUES:

What were the Average total values during the last twelve (12) months, and Maximum total values at any time during the last twelve (12) months of:

	<b>Average</b>	<b>Maximum</b>
(a) Your own stock, merchandise and bank notes?	\$ _____	\$ _____
(b) Customers goods (for repair, valuation or any other activity) entrusted to you (other than for safe custody)?	\$ _____	\$ _____
(c) Goods in Trust, goods on approval or consignment from any third party?	\$ _____	\$ _____
<b>TOTALS:</b>	<b>\$ _____</b>	<b>\$ _____</b>

The totals under (a), (b) and (c) comprise approximately:

(i) Jewellery, gold and platinum goods, bullion, precious stones and pearls;	\$ _____	\$ _____
(ii) Watches;	\$ _____	\$ _____
(iii) Clocks, silverware, plate ware, giftware, and crystal;	\$ _____	\$ _____
(iv) Other similar goods; (Please describe) _____	\$ _____	\$ _____

## COVER & SUM INSURED REQUIRED:

On your own stock, merchandise and cash; and On customers goods for repair and valuation; and On goods on approval or consignment from third parties. \$ \_\_\_\_\_

On Trade or Office Furniture, Fixtures and Fittings, Machinery, Plant, Safes, Alarm Systems, Tenants decorations and improvements, and all other Contents (except your stock and goods in trust) at your premises. \$ \_\_\_\_\_

On the premises at which Your business is carried on and/or Landlord's fixtures and fittings thereof, the Insured's own or for which the Insured is legally responsible as tenant against acts by burglars, thieves or housebreakers. \$ \_\_\_\_\_

Costs of re-writing of Computer Record System(s). \$ \_\_\_\_\_

Cost of Removal of Debris. \$ \_\_\_\_\_

Is cover required for Internal/External Glass (If 'Yes' please tick the following:)?  Yes  No

Single Front  Double Front  Multi front  Factory/Warehouse/Other

Is cover required for Signs (ie advertising signs)?  Yes  No Sum Insured: \$ \_\_\_\_\_

**IMPORTANT NOTE:** The following sections of the proposal are limits which will be taken up as special conditions in the Schedule. Exceeding those limits may endanger your rights to indemnity by Insurers. It is therefore imperative that you select these limits with the greatest possible care and notify underwriters or their representatives, if during the current Policy period, these limits are to be increased or varied.

**VALUES OUT OF SAFE:**

What will the Maximum Total Value Of All: Watches, jewellery, gold bullion and platinum goods, precious stones and pearls (including those in display windows, inside and outside showcases) **Out Of A Locked Safe Or Strong Room.**

	<i>Maximum value</i>	<i>Limit any one item</i>
Outside Business Hours	\$ _____	\$ _____
During Temporary Closing eg. Lunch Time (if applicable)	\$ _____	\$ _____

**DETAILS OF DISPLAYS, SHOWCASES, EXHIBITIONS:**

Please provide the number of the following on your premises:

Display windows: \_\_\_\_\_ Inside Showcases: \_\_\_\_\_ Outside Showcases: \_\_\_\_\_

Give the Maximum displayed values of:	<i>During Business Hours</i>	<i>Outside Business Hours</i>
Any one display window/showcase:	\$ _____	\$ _____
Any one outside showcase:	\$ _____	\$ _____
Any one pad, tray, roll or plateau of articles:	\$ _____	\$ _____
In all display windows & outside showcases:	\$ _____	\$ _____

**EXHIBITIONS and DISPLAYS**

Did you during the past 12 months exhibit any portion of your stock at any Exhibition other than one promoted or financially assisted by any Public Authority or by any Trade Association, or entrust goods for any display or performance? (If 'Yes' please give details including values)  Yes  No

Do you exhibit goods, in any showcase in any hotel, club or elsewhere away from your premises? (If 'Yes' give details including values and protection ie type of glass, locks)  Yes  No

**OUTDOOR RISK:**

Give the following information in respect of all insured property (inclusive of amounts carried to and from Bank or Safe Deposit) carried outside the Proposer's premises stated in Question 1(c) by yourselves, your representatives, travellers, agents, messengers and delivery hands but NOT brokers during the last 12 months. (If insufficient space attach separate page)

	<i>No. of Days / Annum</i>	<i>Ave Amt / Person</i>	<i>Max Amt / Person</i>
IN YOUR STATE			
Name all principals, employees, travellers, agents etc:			
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____

**ELSEWHERE (ALSO NAME STATE/COUNTRY IN EACH CASE):**

Name of all principals, employees, travellers, agents etc:

_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

**HOME RISK:**

Does any principal, employee, traveller or agent take stock to their private dwelling for any purpose? If 'Yes', please give following information:  Yes  No

Name: \_\_\_\_\_ Maximum Value: \$ \_\_\_\_\_

Address \_\_\_\_\_

Full details of safe, alarms and any other protection: \_\_\_\_\_

Is the Property ever left unattended at the private dwelling?  Yes  No**OUTWARD ENTRUSTMENTS:**

What was the estimated value entrusted to dealers, customers, repairers, cutters and brokers during the past twelve months? (At any one time)	<i>Average Value</i>	<i>Maximum Value</i>
	\$ _____	\$ _____

**SENDINGS:**

What was the Aggregate Total value of all insured property sent during the past twelve months by:

	<b><i>Air Freight</i></b>	<b><i>Security Coy</i></b>	<b><i>Other Conveyance</i></b> (Please describe)
In Australia	\$ _____	\$ _____	\$ _____
Elsewhere (Countries & Values)?	\$ _____	\$ _____	\$ _____

Name of couriers mainly used \_\_\_\_\_

What is the Average Value \$ \_\_\_\_\_ Maximum Value \$ \_\_\_\_\_ of any one sending

**GENERAL PROTECTION OF THE PREMISES:**

Are premises occupied at night: By You?  Yes  No By employee/caretaker?  Yes  No

Are there any openings to the basement of the building from outside the shop?  Yes  No

Is the retail area of your premises partitioned off from the other sections?  Yes  No

(Please describe): \_\_\_\_\_

Give details of the following and how they are protected: (Describe type of locks, bars and grilles etc.)

	<b><i>Are they alarmed?</i></b>	<b><i>How they are protected?</i></b>
Each outer door	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Each inner door	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
All windows	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
All skylights/roof openings	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**DISPLAY WINDOWS AND SHOWCASE PROTECTION:**

Give full details of the type of glass in: *Plate* *Laminated* *Bandit Proof* *Other (describe)*

All your display windows     \_\_\_\_\_

All your outside showcases     \_\_\_\_\_  
All your inside showcases     \_\_\_\_\_

If All display windows don't have the same type of glass, please give details of each window:

Do you take precautions to protect the rear of your display window?  Yes  No

Are they kept permanently locked and keys removed?  Yes  No

Are interior showcases similarly locked and keys removed?  Yes  No

Do you use a separate area/cubicle or counter to show goods inside your shop?  Yes  No

At night and at all other times when premises are not open for business are all display windows/outside showcases protected by either shutters/grilles?  Yes  No

Give full particulars of such protection and state how they are secured \_\_\_\_\_

Does this protection cover the entire front of your premises?  Yes  No

If 'No', give details \_\_\_\_\_

During Business Hours are all your display windows and/or outside showcases containing jewellery, gold, silver, platinum, pearls and precious stones and watches protected either by:

(i) Fixed grilles covering the whole of the display?  Yes  No

If 'Yes', give specifications of these grilles: \_\_\_\_\_

(ii) Hanging glass suspended between the window glass and the display?  Yes  No

Give details and type of glass: \_\_\_\_\_

Can the internal grilles/suspended glass be reached under, over or around?  Yes  No

Is the entrance/exit door kept locked during window dressing/undressing?  Yes  No

## BURGLAR ALARMS:

Is there a Burglar Alarm? (If 'Yes', state make & model)  Yes  No

If a silent alarm, is the alarm monitored by a security or monitoring company?  Yes  No

If 'No', state who is receiving the alarm signal (full details): \_\_\_\_\_

If 'Yes', is it:  a dedicated phone landline?  a phone dialler system?  Other system

(Please describe): \_\_\_\_\_

Is the system protected against cutting of the lines? (If 'Yes', please state how)  Yes  No

Is the system backed up by an audible alarm? (If 'Yes', fully describe)  Yes  No

Are hold up/panic buttons incorporated in the system?  Yes  No

Is the system maintained under a regular service and testing contract?  Yes  No

If 'Yes' how regularly? \_\_\_\_\_

## SAFES:

Give the maker's name of safe(s), full description of the type and grade of safe(s), new or second hand:

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Approximate size and weight: \_\_\_\_\_ Approximate year of manufacture: \_\_\_\_\_

Whether illuminated and visible from the street at night?  Yes  No

Are the safes equipped with time locks?  Yes  No

Do you use the time locks at all times?  Yes  No

## STRONGROOMS:

Is there a strongroom? (If 'Yes', give full details)  Yes  No

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Is the strongroom equipped with time locks and do you use the time locks?  Yes  No

Are all keys, access cards (including those capable of operating alarms, safe(s) and strongrooms removed from the premises outside business hours? (If 'No', fully describe)  Yes  No

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## STOCK RECORDS:

When was your last annual stock taking? \_\_\_\_\_

Do you keep records of all sales purchases transactions, approvals, inward and outward entrustments? (NB Policy conditions may endanger your rights to indemnity, if proper records are not kept.)

Fully describe:  Yes  No

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Do you use electronic equipment/computers in your recording system?  Yes  No

If 'Yes', fully describe \_\_\_\_\_

## RECEIPTS:

Do You give receipts or approved repair notes, for goods left with you for repair, valuation, sale, or any other purpose and to require surrender of such receipts to collect goods?  Yes  No

Fully describe and attach copies \_\_\_\_\_

Do you use entrustment, approbation, repair or valuation notes for all outgoing goods which are your own or for which you have accepted liability?  Yes  No

If 'Yes', give details and attach copies \_\_\_\_\_

## REFERENCES:

Please provide two references from your trade: (Contact, Company Name & Phone Number)

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

## 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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