



Commercial – Retail – Industrial Insurance Application

Policy No.	Client No.	Intermediary No.
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The Applicant/s												
Name of Insured in full (Block Letters)	Surname(s)					Given Name(s)						
Tax Status	Registered Business	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ABN							Taxable	%
Postal Address										State		
										Postcode		
Contact Number(s)	Private Phone No.	()			Business Phone No.	()						
	Email											
Other interested Persons (e.g. Mortgagees or Lessors)	Type of Interest											
	Name											
	Address										State	
										Postcode		
Period of Insurance	From	/	/	to	/	/	at 4 p.m.					

General Information	
(If "Yes", to any questions below, please provide full details including name of insurer, dates, amount in \$'s, reason for cancellation)	Please ✓
a) Have you (in the past 5 years)	
1. made any claim(s) on an insurer for loss or damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. suffered any loss or damage which would have been covered by the proposed insurance policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Have you or any partner(s), shareholder(s) or director(s) of the business	
1. ever been declared bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. been liable for any civil offence or pecuniary penalty (exceeding \$5,000)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of Trade Premises									
Types of Business						or Property Owner only <input type="checkbox"/>			
Activities or Processes Involved						or Property Owner only <input type="checkbox"/>			
Location(s)		<input type="checkbox"/> <input checked="" type="checkbox"/> If same as postal address							
				State		Postcode			
				State		Postcode			
Construction of Premise(s)		Walls	Floors	Roof	No. of Storeys	Age of Building			
Occupation Code									
Construction Code									
Survey Details		Yes <input type="checkbox"/> No <input type="checkbox"/>	Date	/	/				
		A survey/inspection of your premises may be required. Please supply the name and contact telephone number of the appropriate contact person, with whom an appointment can be made.							
		Phone No.	()						
Number of Years		In this business		At this Location					
Occupancy		a) Are you the Owner of Premises <input type="checkbox"/> an Owner Occupier <input type="checkbox"/> or a Tenant <input type="checkbox"/>							
		Location 1			Location 2				
		Name		Occupation		Name		Occupation	
		1				1			
		2				2			
		3				3			
		4				4			
		5				5			
		6				6			
		7				7			
		8				8			
		9				9			
		If more please attach a list.							
		Changes in tenancies and the types of business conducted must be notified to us in writing as they occur. Failure to do so may affect your entitlement to claim benefits in the event of loss or damage.							
		N.B. You must advise us if any unit is unoccupied in excess of 60 days.							
Fire and Theft Protection		Is the section of premises occupied solely by you protected by:			Location 1		Location 2		
Installed and Maintained at the Premises		1. Connection to Mains Water Supply?			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		2. Fire Sprinkler System?			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		3. Fire Extinguishers?			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		4. Fire Hoses?			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		5. Deadlocks on all External Doors?			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		6. Bars/Grills on all External Windows?			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		7. Burglar Alarm System?			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Type: Local Siren only			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		: 24 hr Monitored			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		

Property Section		
Interest Insured	Sum Insured	
	Location 1	Location 2
Building	\$	\$
Contents including Stock	\$	\$
Removal of Debris (Instead of the automatic \$25,000)	\$	\$
Your Cover under this section includes Accidental Damage for 10% of the Sum Insured to a Maximum of \$250,000. If increase of cover required please show amount.	\$	\$
Is the Policy to the Mortgagee Protection only? (Property Section only to apply)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Business Interruption Section		
Interest Insured	Sum Insured	
	Location 1	Location 2
Gross Income (money payable to you for goods sold/services rendered or rentals, less purchase cost of stock) Indemnity Period <input type="text"/> months	\$	\$
or	or	
Weekly Income Indemnity Period <input type="text"/> weeks	\$	\$
Claims Preparation Costs (Instead of the automatic \$5,000)	\$	\$
Outstanding Accounts Receivable	\$	\$
Additional Increased Cost of Working	\$	\$
Total Sum Insured	\$	\$

Theft Section		
Interest Insured	Sum Insured	
	Location 1	Location 2
Stock in Trade (excluding tobacco, cigarettes & cigars)	\$	\$
Tobacco, Cigarettes and Cigars	\$	\$
Contents	\$	\$
Theft without forcible entry (Instead of automatic \$2,000)	\$	\$
Other (specify) <input type="text"/>	\$	\$
Total Sum Insured	\$	\$

Money Section		
Interest Insured	Sum Insured	
	Location 1	Location 2
Money in transit	\$	\$
Money in buildings during business hours	\$	\$
Money in buildings outside business hours	\$	\$
Money in buildings whilst contained in locked safe or strongroom	\$	\$
Money at your or your employees residence	\$	\$
Damage to Safe/Strongroom	\$	\$
ATM within a building	\$	\$

Additional covers available (please show amount when cover required)		
Employee Dishonesty (Maximum \$40,000)	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Taxation Audit Costs (Maximum \$20,000)	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$

Machinery Breakdown Section

Note: Fire and Perils risks are to be insured under the Property Section. Theft risks are to be insured under the Theft section.

Do you require cover for	Limit of Indemnity
1. Breakdown of Machinery, Plant, Boilers and Pressure Vessels? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$10,000
2. Deterioration of Refrigerated Goods	\$

Note: i) If your Machinery answer is Yes , please complete the following list be showing the number of each type of equipment at all locations shown on the schedule
 ii) No plant must exceed 4Kw/5hp.

Plant List	No.	Plant Factor	Factor Total	Plant List	No.	Plant Factor	Factor Total
Air Conditioning Equipment				Laundry Equipment			
Split System		11		Washers, Extractors, Dryers		1	
Window/Wall Type		2		Misc. Equipment			
Commercial Refrigeration Equipment				Air Compressor		6	
Freezers/Soft Serve Machine		11		Auto Car Wash		15	
Temprite		4		Car Hoist		4	
Other Units		9		Cash Register/Scanning Equipment		2	
Kitchen Equipment				Engine Diagnostic Unit		10	
Dish or Glass Washers		1		Pump (noc)		1	
Exhaust Fans (incl. Canopy)		1		Refrigerant Reclaimer		8	
Microwave Ovens		1		Vacuum Cleaners		2	
Slicing, Mincing & Mixing equipment		1		Wheel Aligner/Balancer		3	
				Work Shop Plant (noc)		3	
Total Plant Factor Nos.							

Electronic Equipment Section

Note: i) Fire and Perils risks including Theft are to be insured under the Property Section. Theft risks are to be insured under the Theft Section.
 ii) Indemnity Period 3 months, Excess 2 working days for Increased Cost of working cover.

List items (including make, model and serial numbers)	Sum Insured (New replacement Cost \$)	Rate %
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Restoration of Data	\$	
Increase Cost of Working	\$	
Total Sum Insured	\$	

Broadform Liability Section			
Limit of Indemnity		\$	
		Location 1	Location 2
a) How many people including working partners/directors are employed in the business?		\$	\$
b) Gross Annual Wages paid (include commission and other earnings)		\$	\$
c) Annual Turnover		\$	\$
d) Where you require indemnity as Property Owner Only, please show:		\$	\$
– Total Area of Premises in square metres		\$	\$
– Replacement Value of Building		\$	\$
– General Description of Occupancy i.e. Retail, offices, Industrial, Residential etc.			
e) Additional Covers available (please show amount when cover required)			
1. Property (excluding registered vehicles) in your physical and legal control (Instead of the automatic \$100,000)			
2. Motor Trade excluding testing and delivery \$100,000	Yes <input type="checkbox"/> No <input type="checkbox"/>	Limit	\$
3. Motor Trade including testing and delivery \$100,000	Yes <input type="checkbox"/> No <input type="checkbox"/>	Limit	\$
f) About your Products (Note – Exports to USA/Canada are not covered)			
1. Do you sell or distribute any product of a type not normally associated with your business/occupation?			Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you manufacture, pack or relabel any products which you sell or distribute?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If “Yes” show %			
Manufacture	%		
Pack	%		
Relabel	%		
3. Do you import products or raw materials			Yes <input type="checkbox"/> No <input type="checkbox"/>
If “Yes” from which countries?			
4. Are your products manufactured to comply with any Federal or state regulation or recognised International Standard or Code?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Glass Section		
Interest Insured	Location 1	Location 2
Internal Glass	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
External Glass	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
General Description of Occupancy, Factory, Warehouse, Retail, Office		
Size of Largest Pane of Glass	m ²	m ²
Additional Cover in excess of \$5,000 for Temporary Protection and Shattering, Signwriting, Shopfronts, Damage to Property and Damage to Electric Signs	\$	\$

General Property Section

Accidental Loss or Damage (Standard Cover) Yes No

Please indicate if reduced cover Option A (Fire, Theft, Collision and other Expressed Perils) is required. Yes No

Fire, lightning, explosion, malicious damage or vandalism; theft following forcible and violent entry which causes visible damage to a locked vehicle or premises; theft of equipment, which is securely attached to a vehicle through use of locks or padlocks, which results in visible damage to the securing devices; collision or overturning of the conveying vehicle.

List items (including make, model and serial numbers) for which individual item cover greater than \$1,000 is required.	Sum Insured	Rate %
	\$	
	\$	
	\$	
	\$	
Total Sum Insured	\$	

Please indicate if Goods in Transit cover is required (Maximum \$1,000) Yes No \$

Excess Option

Premium can be varied following excess choices.

Please ✓ your selection

Excess \$100 Excess \$250 Excess \$500 or Excess \$1,000

NB: These excess amounts when selected apply to all sections of the policy that are operative (except Broadform Liability for bodily injury claims)

Office Use

Cover Note	Premium	FSL	GST	S/Duty	Total
Property					
Business Interruption					
Theft					
Money					
Machinery Breakdown					
Electronic Equipment					
Broadform Liability					
Glass					
Transit					
General Property					

Worker's Compensation

Worker's compensation is compulsory in all states and territories of Australia. This package does not include Workers' Compensation.

Do you wish to be supplied with a quotation/further information regarding Workers' Compensation? Yes No

NB: Not applicable for Queensland and South Australia.

Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. The Act requires that before a Policy is entered into, you must give us certain information we need to decide whether to insure you and anyone else to be insured under the Policy, and on what terms. Your Duty of Disclosure is different, depending on whether this is a new Policy or not.

New business

Where you are entering into this Policy for the first time (that is, it is new business and is not being renewed, varied, extended or reinstated) you must tell us everything you know and that a reasonable person in the circumstances could be expected to tell us, in answer to the specific questions we ask.

When answering our questions you must be honest.

- **Who needs to tell us**

It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the Policy.

- **If you do not tell us**

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the Policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the Policy as never having worked.

Renewals, variations, extensions and reinstatements

Once your Policy is entered into and is no longer new business then your duty to us changes. You are required before you renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- **You do not have to tell us about any matter:**

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- which we indicate we do not want to know.

- **If you do not tell us**

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

Co-Insurance (Average) Clause

A co-insurance (average) clause applies to the Property, Business Interruption and Electronic Equipment Sections of this Policy.

This means that if the Sum Insured for:

- any items of Property insured under the Property Section; or the Gross Income insured under the Business Interruption Section;
- or any item of Electronic Equipment insured under the Electronic Equipment Section

is less than 80% of its value at the time you take out this Policy and at each renewal of the Policy, then for any loss or damage You will be Your own insurer for the difference, that is You will bear a rateable proportion of each claim in accordance with the following formula.

Sum Insured x Amount of loss or damage ÷ 80% of value = Amount Payable to QBE Commercial (up to Sum insured)

Inadequate Space to Answer

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact the Compliance Manager on 02 9375 4656 or email compliance.manager@qbe.com for further information.

Declaration and Authorisation

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Policy Terms and Conditions.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Applicant's Signature

X

Date

/ /

Applicant's Title

Please return the completed form to your Financial Services Provider.