

VETERINARIANS BUSINESS INSURANCE QUESTIONNAIRE

NAME OF CLINIC:.....

ADDRESS:.....P/code.....

CONTACT PERSON:

CONTACT DETAILS: Telephone: () Fax: ()

Email: ABN:

CURRENT INSURER.....& EXPIRY DATE / /

How long have you been insured with this insurer?years

a) CONSTRUCTION DETAILS OF CLINIC:

External Walls: Roof: Floor:

Approx. age of Building: years

b) SECURITY: Any Alarm? - No / Yes Type - Local (ie bells/siren) or Monitored to security coy.

Do you have deadlocks or swipe-cards on or to access doors? Yes / No

Your Location is : Enclosed in Shopping Centre under fulltime management, In industrial estate,
In a residential area, In a street fronted property in retail area, Within an office building/complex,
In a Shopping Mall/Village/Arcade - not on the street, Remote/Out of Town - details.....

c) FIRE PROTECTION: Any Fire Extinguishers located on the premises? Yes / No,
Any Smoke Alarms or Detectors installed? Yes / No Do you have a Fire Blanket? Yes / No

Nominate your required sums insured -

1) PROPERTY DAMAGE (Accidental Loss or Damage cover):

Buildings.....\$

All Contents & Business equipment.....\$

Stock.....\$

Other (details needed).....\$

Any Interested Parties? : Eg Bank / Financiers (names.....)

Do you require cover for Flood damage? No / Yes

Has the Clinic ever suffered Flood damage? No / Yes When?.....

Cause? (e.g. excessive rainfall, creek/river overflow etc).....

.....

Amount of loss sustained? \$..... Amount paid? \$.....

Other details.....

.....

Deterioration of Refrigerated Foods/Stock-**automatic cover** for \$ 5,000 applies.

2) THEFT:

Limit of All Contents & Stock.....\$

3) MONEY

- a) In Transit or on the premises during business hours.....\$
- b) On Premises - **outside** business hours (maximum \$ 3,000) \$
- d) On Premises - in a locked safe or strong-room.....\$
- e) At or in your private residence (maximum \$ 3,000) \$

4) GLASS & SIGNS:

Internal and External glass- will be insured for the.....**Replacement Cost**
 Are any external signs valued more than \$8,000? No / Yes - value? \$

5) PUBLIC & PRODUCTS LIABILITY (LEGAL LIABILITY)

Limit of Indemnity: select either \$ 5, 10 or \$ 20 million cover
 Expected Annual Business Turnover (for next 12 months) - \$
 Number of employees: Full time - Part time -
 Do you provide any services to racehorses, professional jumping horses or show horses? Yes / No

6) MANAGEMENT LIABILITY

Covers the management liability for you, your directors, officers and employees
 Limit required: \$250,000 (minimum); \$500,000; \$1 Million or \$2 Million
 Employee Dishonesty needed? - Limit \$ Number of Employees.....

7) BUSINESS INTERRUPTION

- a) Gross Income (including any Loss of Rent- over 12 month period)..... \$
- b) Outstanding Accounts Receivable.....\$
- c) Additional Increased Cost of Working (we suggest minimum of \$ 50K)...\$

8) PORTABLE & VALUABLE ITEMS (Valued over \$ 2,500 each)

(Items carried with you in your business - cover is World Wide)
 Describe -\$

9) EQUIPMENT BREAKDOWN (of MACHINERY, COMPUTER & ELECTRONIC EQUIP)

Items such as any **Machinery** (boilers/pressure plant, air-conditioning systems etc.),
Computers, printers, servers, monitors, screens, hard disk drives etc. and
Electronic Equipment such as office machines, diagnostic equipment, electro-medical equipment etc.

Overall Limit required\$
 Rewriting/restoring your Computer Records/Data -- Limit.....\$
 Additional costs to keep your computer system working -- Limit.....\$

10) DETERIORATION OF STOCK (over the \$ 5,000 automatic cover)

Limit needed.....\$

11) GOODS IN TRANSIT

Accidental loss of or damage to your Goods/Stock Limit.....\$

12) TAX PROBE

The professional fees incurred by the Insured (incl. travel & accommodation) following an audit of their business, financial or tax affairs by the Australian Tax Office or a Commonwealth/State/Territory Department, Body or Agency.

Limit required (\$ 10,000 minimum)\$

Number of directors ?..... Ever had any previous tax audits ? No / Yes

13) PERSONAL ACCIDENT for VOLUNTARY WORKERS - Needed? Yes / No

For official unpaid volunteers between 12 and 80 years old - including travel to and from the Clinic/Hospital. Benefits include - Death benefit - up to \$50,000, Weekly Income (for wage earners) up to \$ 500 per week, Domestic Help & Home Tutorial Benefits for full-time students.

14) CYBER EXPOSURE - Worried about malware/extortion/ransomware/employee error/ hacker attack or damage to your business reputation? - Limit - \$ 250,000 / \$ 500,000 / \$ 1 million -- contact us for coverage information.

**** GENERAL QUESTIONS: ****

In the past 3 years, are you or your staff aware of any instances that would give rise to a possible claim? No / Yes Details.....

.....
Are you a member of any Buying Group or specific Vet Association? YES / NO
Details: A member of

Has any owner/director or officer or the business itself:

1) Had more than 3 losses or losses exceeding \$5,000 in last 3 years? No / Yes

2) Been declared bankrupt or convicted of a criminal offence? No / Yes

3) Involved with a business that has gone into receivership? No / Yes

4) In past 5 years had any insurance cancelled, declined or refused? No/Yes

If Yes - details:.....

.....
We can also help in the following areas - just let us know what you need:

HOUSE & CONTENTS // BOAT or CARAVAN // INVESTMENT PROPERTIES // BUSINESS or LEISURE TRAVEL // WORKERS COMPENSATION // SUPERANNUATION // INCOME PROTECTION INS. // TOTAL & PERMANENT DISABLITY INS. // KEYPERSON COVER // PARTNERSHIP or BUY/SELL DEALS.

Contact Steve Turula steve@southerncrossbrokers.com.au

Tony Mirams tony@southerncrossbrokers.com.au

Dominic Roberts dominic@southerncrossbrokers.com.au

Phone (03) 9645 3822 Fax (03) 9645 1533

SOUTHERN CROSS BROKERS PTY. LTD. - PO Box 593, Port Melbourne Vic. 3207