



### Proposal Form

Insurance solutions for your business needs

**Important information – Please read the following pages before completing this proposal.**

#### Your Privacy

Privacy legislation requires Us to make the following disclosures before collecting personal information about You:

- We need personal information about You to assess Your Proposal for insurance and to administer the Policy;
- Where relevant for this purpose, We will disclose Your personal information (other than sensitive information such as health information) to Your adviser (and any licensee or broker, he or she represents);
- We will also, where relevant, disclose Your personal information to Our service providers (including loss adjusters, administrators, reinsurers) and to Our business partners for this purpose. By submitting Your Proposal, You consent to those organisations collecting and Us disclosing sensitive information about You for this purpose;
- A list of the type of services providers and business partners We commonly use is available on request, or on Our website - go to [www.zurich.com.au](http://www.zurich.com.au) and click on the Privacy link at the base of Our home page;
- If You do not provide the requested information, Your Proposal may not be accepted, We may not be able to administer Your Policy or You may breach Your Duty of Disclosure, the consequences of which are set out in the Duty of Disclosure Notice;
- We may also disclose personal information about You where We are required or permitted to do so by law;
- In most cases, on request, We will give You access to the personal information We hold about You;
- You can contact Us by telephone on 132 687, e-mail Us at [Privacy.Officer@zurich.com.au](mailto:Privacy.Officer@zurich.com.au) or write to "The Privacy Officer" at Zurich Australian Insurance Limited, PO Box 677, North Sydney 2059.  
Please provide details of Your Policy number/s where known.

#### Important matters referred to in the Insurance Contracts Act 1984

##### Duty of Disclosure

Before You enter into this contract of insurance with Us, You have a duty under the Insurance Contracts Act 1984, to disclose to Us every matter that You know, or could be reasonably expected to know is relevant to Our decision whether to accept the risk of insurance, and if so, on what terms.

You have the same duty to disclose those matters to Us before You renew, extend, vary or reinstate this contract of insurance.

Your duty however does not require disclosure of matters:

- that diminish the risk to be undertaken by Us;
- that are of common knowledge;
- that We know, or that in the ordinary course of Our business, We ought to know;
- that We indicate to You that We do not want to know.

##### Non Disclosure

If You fail to comply with Your duty of disclosure, We may be entitled to reduce Our liability under the contract in respect of a claim or may cancel the contract. If Your non-disclosure is fraudulent, We may also have the option of avoiding the contract from its beginning.

#### Reasonable Precautions and Fraudulent Acts

You must take all reasonable precautions for the maintenance and safety of the Insured Property and prevention of loss. We will not be liable for any loss, damage, injury or liability arising from a deliberate or fraudulent act committed by You or on Your behalf.

Policy Number

Agent/Broker

#### Goods and Services Tax

This policy has provisions for payment of Goods and Services Tax (GST):

- by You in relation to premiums;
- by Us in relation to claims depending on the type of claim.

The GST component of Your claim will be settled according to Your Tax Input Credits (ITC) entitlement, for example:

ITC	Claim Settlement
0%	Settled inclusive of GST
100%	Settled less GST
60%	Settled less sixty percent (60%) of the GST

You must advise Us of Your correct ITC percentage. Any GST liability from Your incorrect advice is payable by You.

#### Cooling Off Period

Please ensure that You read Your whole Policy document including the attached Schedule, to be sure You have the cover You require.

If this is not the cover You require, You can cancel Your Policy within the Cooling Off Period, being 21 days after Your Policy commences.

Furthermore, if You have paid for Your renewal premium before the expiry date, You have the above Cooling Off Period applying to Your renewal.

To cancel, You must advise Us in writing and return the Schedule and Policy to Us within the time frame stated above. You will receive a full refund of the premium paid less Our administration fee, providing nothing has occurred for which a claim is payable under the Policy. The administration fee will be ten percent (10%) of the pro-rata premium for the period during which the Policy has been in force.

#### Confirmation of Transactions

You may contact Your adviser (and any licensee or broker, he or she represents) or Us, by telephone or writing, to confirm any transaction under Your Policy (including renewals). Our contact details are provided in Your Policy.

#### Average Notification

##### Under Insurance

The Fire Cover, the Business Interruption Cover, Commercial Motor Vehicle and Machinery Sections contain Under Insurance clauses that may limit the amount that We pay when You have a claim. This will only happen if You understate a Sum Insured or Declared Value. A more detailed explanation of how the Under Insurance clauses apply is contained within these Cover Sections.

##### Example

You insure Your building for a Sum Insured Value of \$70,000. Your building is damaged in a fire. The cost of repairs to Your building is \$30,000. The value of Your building at the time of the accident was \$100,000.

Under-Insurance is applied on the value of Your Building that is less than 80% of the true value.

$$\begin{aligned} \text{Claim payment} &= \frac{\$70,000}{\$100,000} \times \$30,000 \\ &= \$26,250 \end{aligned}$$

In this example We would pay to You \$26,250 for the cost of repairs to Your building (subject to the application of any excess(es)).

#### Policy details

For full details of AllGuard Business Insurance please refer to the Policy document. This is available from Your local Zurich Branch Office or Your Zurich adviser (and any licensee, he or she represents).

ALL QUESTIONS IN THIS PROPOSAL FORM MUST BE ANSWERED.

**1. Proposed Period of Insurance**

From  To  at 4pm

**2. Details of those proposed to be insured**

Full names of all persons and companies to be insured

Name

Trading Name

ABN

What proportion of this insurance premium are you claiming as an Input Tax Credit?

%

Your postal address

Business	Phone ( <input type="text"/> )
Private	Phone ( <input type="text"/> )
Fax	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>

Please describe the main activities of your Business

Number of Years the Business has been established

(years)

Number of employees (including proprietors, directors and partners)

(employees)

Estimated annual turnover \$

Wage roll \$

Name of Other Interested Party

Address of Other Interested Party

Directors, Partners and Proprietors

Provide the names and positions held by all Directors, Proprietors, and Partners of Your Business

<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"/>

### 3. General Information

Has any insurance company refused to meet a claim lodged by You or by any person named as the proposer herein, in respect of these classes of insurance?

Yes  No

If Yes, please provide details


Has any insurance company succeeded in denying a claim lodged by You or any person named as the proposer herein on the grounds of non-disclosure, misrepresentation and/or fraud, in respect of these classes of Insurance?

Yes  No

If Yes, please provide details


Do You have or intend to have any additional insurance with any other insurer in connection with these classes of insurance in respect of the same property of risk as You are now proposing?

Yes  No

If Yes, please provide details


Is there any additional information or detail of which You are aware and which may assist the Company to better assess the nature of the risks?

Yes  No

If Yes, please provide details


Has any insurance company in connection with these classes of insurance

(a) Declined to accept a proposal from You?

Yes  No

(b) Cancelled a policy, contrary to Your wishes?

Yes  No

(c) Declined to renew a policy, contrary to Your wishes?

Yes  No

If Yes, please provide details


For all Sections (other than Commercial Motor Section) list all claims and uninsured losses, damage or liabilities that have involved Your Business during the past five years.

Date of Loss	Description	Insurer	Amount
			\$
			\$
			\$
			\$
			\$
			\$



## 6. Business Interruption Section

### IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided. Yes  No

If Yes, please answer all of the questions below.

If No, please go to Section 7.

You must insure under the Fire Section to take out this section.

#### OPTION A – INCOME

Yes  No

Income \$

Additional Increase in Cost of Working \$

Payroll – Do you require Payroll to be insured? Yes  No

Tick (✓) Percentage of Annual Payroll required

10%  25%  50%  75%  \$

TOTAL SUM INSURED \$

Indemnity Period  Months

Excess \$

Additional Uninsured Working Expenses \$

#### OPTIONAL EXTENSIONS

1. Extensions to other premises –

Specified Suppliers (S)  %

Specified Customers (C) %   
(indicate % for each)

2. Additional Increase in Cost of Working Yes  No

\$

3. Accounts Receivable Yes  No

(Book Debts) \$

4. Additional Claims Preparation Costs Yes  No

\$

OPTION B – WEEKLY INCOME Yes  No

Only available to some occupations

Annual Turnover \$

Average Weekly Turnover \$

Weekly Income \$

Indemnity Period  weeks

#### OPTIONAL EXTENSIONS

1. Increased Cost of Working Yes  No

\$

#### OFFICE USE ONLY

Premium	FSL	GST
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
SD	Total Premium Payable	
\$ <input type="text"/>	\$ <input type="text"/>	

## 7. Combined General and Products Liability Section

### IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided. Yes  No

If Yes, please answer all of the questions below.

If No, please go to Section 8.

Limit of Liability required –

General Liability \$  any one Occurrence

Products Liability \$  any one Period of Insurance

Excesses

General Liability \$

Products Liability \$

Wages \$

Work away from Premises %

USA Exports %

Turnover \$

Number of Staff including principals

1. (a) Do you require Property Owners Liability cover on property which you do not occupy? Yes  No

(b) Declared Asset Values up to –

\$1m  \$2m  \$3m  \$4m

If over \$4m specify

(c) Address of Property to be insured

State Postcode

If insufficient space, please attach list of Properties to be insured.

2. Do your operations include –

(a) use or storage of explosives? Yes  No

(b) welding away from your Premises? Yes  No

(c) boilers and/or compressors which require Government Certificates? Yes  No

(d) manufacture, distribution, storage, transportation of chemicals or other toxic or harmful matter? Yes  No

(e) construction work? Yes  No

If "YES" to any of the above, please specify

3. Attach details of any liability assumed by written or verbal contract including 'Hold Harmless' Agreements.

4. Do you subcontract any work to others? Yes  No

If yes,

(i) what is the annual value of this subcontract work? \$

(ii) specify the type of work subcontracted (details)

Do you check that your sub-contractors have public liability cover? Yes  No

Note: You should check that their cover includes Your interests as a Principal.

**OPTIONAL EXTENSIONS**

1. Damage to Property which is in your Physical or Legal Control? Yes  No

If "YES", specify

(i) Limit required \$

Excess \$

(ii) Details of Property in your Physical or Legal Control.


2. Other Extensions? Please specify


**PRODUCTS LIABILITY QUESTIONS**

1. Are you a – Manufacturer?  Wholesaler?   
 Tick (✓) Retailer?  Importer?

2. Provide full details of Products in respect of which cover is required. (Attach catalogue/price list/samples of packaging, labels and printed warranties.)


3. Do you require cover for discontinued products? Yes  No

If "YES", please attach complete details of Products


4. Do you intend launching any new Products during the next 12 months? Yes  No

If "YES", please attach complete details of Products


5. (a) Do you keep records that will enable your source of purchase to be identified? Yes  No

(b) Are raw materials/ingredients laboratory tested for quality or impurity before use? Yes  No

6. Do you have a quality control program in place for finished Products? Yes  No

7. Provide full details of all Products exported/imported.

Description	Destination/source	Turnover
		\$
		\$
		\$
		\$
		\$
		\$

<b>OFFICE USE ONLY</b>		
Premium	FSL	GST
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
SD	Total Premium Payable	
\$ <input type="text"/>	\$ <input type="text"/>	

**8. Burglary Section**

**IS COVER REQUIRED?**  
 Please tick (✓) Yes or No in the box provided. Yes  No   
 If Yes, please answer all of the questions below.  
 If No, please go to Section 9.

Sum Insured

All Contents (including stock) \$

All Contents (excluding Stock) \$

Stock (excluding Cigarettes and Tobacco) \$

Cigarettes and Tobacco \$

Specific Items (please specify)


Damage to Premises \$

**OPTIONAL EXTENSIONS OF COVER**

1. Additional Damage to Premises \$

2. Do you require Theft without forcible entry? Yes  No

Burglary Section Excess \$

<b>OFFICE USE ONLY</b>		
Premium	FSL	GST
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
SD	Total Premium Payable	
\$ <input type="text"/>	\$ <input type="text"/>	

## 9. Money Section

### IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided. Yes  No

If Yes, please answer all of the questions below.

If No, please go to Section 10.

OPTION A – BLANKET COVER Yes  No

Sum Insured \$

OPTION B – SPECIFIED COVER Yes  No

Money in Transit (and Wages) \$

Money on Business Premises \$

Money in Safe or Strongroom \$

Money in Personal Custody \$

Other (please specify)  \$

Note: Money on Premises is limited to \$1,000 outside business hours in both Option A and Option B unless contained in a securely locked Safe or Strongroom.

OPTIONAL EXTENSIONS OF COVER – Available with Option A or B.

1. Additional damage to Safe and Strongroom (Cover for \$5,000 is automatically provided in the Section) Yes  No

\$

Money Section Excess \$

#### OFFICE USE ONLY

Premium FSL GST  
\$  \$  \$

SD Total Premium Payable  
\$  \$

## 10. Glass Section

### IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided. Yes  No

If Yes, please answer all of the questions below.

If No, please go to Section 11.

External Glass Yes  No

Internal Glass Yes  No

OPTIONAL EXTENSIONS OF COVER

1. Increased cover on Advertising (or Identification) Signs. Yes  No

\$

2. Increased Additional Benefit Yes  No

\$

Glass Section Excess \$

#### OFFICE USE ONLY

Premium FSL GST  
\$  \$  \$

SD Total Premium Payable  
\$  \$

## 11. Business Special Risks Section

### IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided. Yes  No

If Yes, please answer all of the questions below.

If No, please go to Section 12.

Cover for Unspecified Items

We do not cover mobile plant, motor vehicles, watercraft, video equipment, mobile telephones and radios, sporting equipment, aerial devices, computers or their accessories unless these items are specified.

Cover is limited to a maximum of \$1,000 for any other item that is not specified.

What is the total amount of cover that You want for all unspecified items. \$

Cover for Unspecified Items

Provide the following details of items that are to be specified?

Item 1 Description	
Manufacturer	
Serial Number	
Insured Value	\$

Item 2 Description	
Manufacturer	
Serial Number	
Insured Value	\$

Item 3 Description	
Manufacturer	
Serial Number	
Insured Value	\$

Item 4 Description	
Manufacturer	
Serial Number	
Insured Value	\$

Item 5 Description	
Manufacturer	
Serial Number	
Insured Value	\$

Optional Limitations

Do You want to limit cover to Loss or Damage:

a) caused by fire, storm, water, explosion, impact by a vehicle, earthquake, aircraft, malicious damage, collision or overturning of a vehicle or theft following visible, forcible and violent entry to a locked vehicle or premises? Yes  No

or b) caused by a peril other than fire? Yes  No

Business Special Risks Excess \$

#### OFFICE USE ONLY

Premium FSL GST  
\$  \$  \$

SD Total Premium Payable  
\$  \$

## 12. Employee Fraud Section

### IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided. Yes  No

If Yes, please answer all of the questions below.

If No, please go to Section 13.

OPTION A – Blanket Cover for all Employees Yes  No

Number of Employees

Limit per Employee \$

Overall Limit \$

Limit \$

Has Your auditor reported any defects in Your control procedures? Yes  No

If Yes supply full details:

  


How often is an audit of Your cash, accounts, inventory and stock carried out?

What was the date of the last audit?  /  /

Are audits completed by an external auditor? Yes  No

If 'Yes' supply the following details:

Auditor's Name

Contact Number

Auditor's Address

  
 State  Postcode 

Continuance of Coverage

Prior Underwriter

Expiry Date of Their Policy  /  /

Their Policy Limit \$

Employee Fraud Section Excess \$

### OFFICE USE ONLY

Premium	FSL	GST
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
SD	Total Premium Payable	
\$ <input type="text"/>	\$ <input type="text"/>	

## 13. Engineering Section

### IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided. Yes  No

If Yes, please answer all of the questions below.

If No, please go to Section 14.

a) Refrigeration & Air Conditioning Equipment (Individual value up to \$5,000). Indicate how many of the following machines You have that individually have a new replacement value of \$5,000 or less.

DESCRIPTION	QUANTITY
Bottle cabinet	<input type="text"/>
Counter display/cold plate unit	<input type="text"/>
Dairy display unit	<input type="text"/>
Deep freeze (up to 2m long)	<input type="text"/>
Deep freeze (over 2m long)	<input type="text"/>
Domestic freezer	<input type="text"/>
Domestic refrigerator	<input type="text"/>

DESCRIPTION	QUANTITY
Glass chiller	<input type="text"/>
Freezer/Cool room	<input type="text"/>
Ice maker/Storage bin	<input type="text"/>
Ice confectionery (slurpy)	<input type="text"/>
Chilled juice dispenser	<input type="text"/>
Meat display unit	<input type="text"/>
Post mix machine	<input type="text"/>
Motel/bar refrigerator	<input type="text"/>
Refrigerated vending machines	<input type="text"/>
Temprite unit	<input type="text"/>
Wall or window air-conditioner	<input type="text"/>
Split system air-conditioner	<input type="text"/>
Evaporative cooler	<input type="text"/>
Soft icecream units	<input type="text"/>

b) Other Electrical & Mechanical Equipment (Individual value up to \$5,000). Indicate how many of the following machines You have that individually have a new replacement value of \$5,000 or less.

DESCRIPTION	QUANTITY
Air compressor	<input type="text"/>
Auto wash (conveyor)	<input type="text"/>
Auto wash (not dryer)	<input type="text"/>
Bandsaw	<input type="text"/>
Canopy exhaust fan	<input type="text"/>
Car hoist	<input type="text"/>
Cash register	<input type="text"/>
Checkout scanner	<input type="text"/>
Coffee machine	<input type="text"/>
Dishwasher	<input type="text"/>
Engine diagnostic unit	<input type="text"/>
Exhaust fan	<input type="text"/>
Glass washer	<input type="text"/>
Hair dryer	<input type="text"/>
Hot wash (auto wash)	<input type="text"/>
Meat mincer	<input type="text"/>
Meat slicer	<input type="text"/>
Microwave oven	<input type="text"/>
Sausage filter	<input type="text"/>
Scales	<input type="text"/>
Sewage pump	<input type="text"/>
Silent cutter	<input type="text"/>
Slicer	<input type="text"/>
Swimming pool/spa equipment	<input type="text"/>
Scanner	<input type="text"/>
Vacuum cleaner	<input type="text"/>
Wheel aligner/balancer	<input type="text"/>

### OPTIONAL EXTENSIONS OF COVER

1. Deterioration of Refrigerated Goods Yes  No

Deterioration of Refrigerated Goods Excess \$

2. Increased Cost of Working Yes  No

\$

Indemnity Period Months

Excess Days

Engineering Section Excess \$

### OFFICE USE ONLY

Premium	FSL	GST
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
SD	Total Premium Payable	
\$ <input type="text"/>	\$ <input type="text"/>	

## 14. Electronic Equipment Section

### IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided. Yes  No   
 If Yes, please answer all of the questions below.  
 If No, please go to Section 15.

PART A – Material Loss or Damage Yes  No

Specified Items \$

### OPTIONAL EXTENSIONS OF COVER

1. The Cost of Restoring Data \$

2. Increased Cost of Working \$

PART A – Material Loss or Damage Excess \$

### PART B - Breakdown

Specify Items to be covered below


### OPTIONAL EXTENSIONS OF COVER

1. The cost of Restoring Data \$

2. Increased Cost of Working \$

### PART B – Breakdown

Increased Cost of Working \$

Excess Days \$

#### OFFICE USE ONLY

Premium \$ <input type="text"/>	FSL \$ <input type="text"/>	GST \$ <input type="text"/>
SD \$ <input type="text"/>	Total Premium Payable \$ <input type="text"/>	

## 15. Personal Accident Insurance Section (This is not Workers Compensation Insurance)

### IS COVER REQUIRED?

Please tick (✓) Yes or No in the box provided. Yes  No   
 If Yes, please answer all of the questions below.  
 If No, please go to Section 16.

### NOTE

- Renewal will not be offered to You following Your 65th birthday
- The Weekly Benefit must not exceed average weekly earnings of the Person to be insured

(If Voluntary Workers cover is required, proceed to OPTION C)

Person to be insured

First Name

Surname

Date of Birth  Sex: Male  Female

Height  Weight

Occupation

Are you covered by Workers' Compensation Yes  No

Has the Person to be insured ever had –  
 (a) heart complaint, hernia or other physical weakness or defect? Yes  No

(b) any other serious disease or illness? Yes  No   
 If 'Yes', please attach details


Does the Person to be insured require –  
 (a) Accident cover to be restricted to outside working hours only? Yes  No

(b) to take a voluntary Excess period? Yes  No

Period Days

Minimum Period Days is seven days.

Age limits at commencement of insurance –

Accident cover: 16 to 60 years.

Note:

- Renewal will not be offered to You following your 65th birthday
- The Weekly Compensation Benefit must not exceed average weekly earnings of the Person to be insured.

OPTIONS A and B Please tick (✓) cover required.

Option A - Accident Death only

Option B - Personal Accident

Capital Benefit Limit

Accident Weekly Benefit

Number of weeks (Standard cover 104 weeks)

Please note the Capital Benefit Limit should be calculated from the Weekly Benefit Limit.

eg \$500 per week times 104 weeks equals \$52,000 Capital Benefit.

OPTION C – Voluntary Workers Number of Workers

Usual type of voluntary work undertaken

Capital Benefit (any one worker)

Accident Weekly Benefit (any one worker) Number of Weeks

Overall Limit (any one Accident)

#### OFFICE USE ONLY

Premium \$ <input type="text"/>	FSL \$ <input type="text"/>	GST \$ <input type="text"/>
SD \$ <input type="text"/>	Total Premium Payable \$ <input type="text"/>	

## 16. Commercial Motor Section

IS COVER REQUIRED? Please  tick Yes or No in the box provided.

Yes  No

If Yes, please answer the following for each motor vehicle, bus, trailer or plant to be insured (maximum 4 vehicles, buses, trailers or plant).  
If No, please go to Section 18 (Declaration).

NAME	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
Year of manufacture				
Make of vehicle				
Model of vehicle				
Description, i.e. semi trailer, rigid body, tipper or trailer, concrete agitator, earthmoving plant, sedan, panel van etc.				
State under each vehicle which of the following options of cover You require - Please <input type="checkbox"/> tick which cover is required for each vehicle				
Option 1 – Comprehensive Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 2 – Own Damage Only Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 3 – Third Party Property Damage Only Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 4 – Third Party Property Damage, Fire & Theft Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 5 – Fire & Theft Only Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is the purpose for which the vehicle(s) is/are used? e.g. Business or Private				
Chassis, VIN, Engine number or Serial number				
Registration Number				
Present Value/Market Value (Excluding Accessories)	\$	\$	\$	\$
Please list below all accessories that are not factory standard equipment and show the value for each vehicle, e.g. air-conditioning, bull bars, CD players, two way radios, gates, chains & tarps.				
1. Stereo/CD and or Stacker	\$	\$	\$	\$
2. Mag Wheels and/or Trim	\$	\$	\$	\$
3. Tow/Bull Bar	\$	\$	\$	\$
4. Two way/CB Radio	\$	\$	\$	\$
5. Body Kit/Spoiler	\$	\$	\$	\$
6. Air conditioning	\$	\$	\$	\$
7. Security System	\$	\$	\$	\$
8. Sunroof	\$	\$	\$	\$
9. Caravan Annex	\$	\$	\$	\$
10. Gates, chains and tarps	\$	\$	\$	\$
11. Other (Unlisted) accessories	\$	\$	\$	\$
Sum Insured Value – it is recommended the market value (exclusive GST) plus the amount specified for accessories to be the maximum Sum Insured.	\$	\$	\$	\$
No claim bonus for each vehicle				
Current Insurer				
Policy Number				
Current No Claim Bonus for each vehicle				
If vehicle is subject to Finance, please state type of finance e.g. Hire purchase, Lease, Bill of Sale etc				
If vehicle is financed, place name of the Finance Company under each vehicle				
Where is the home base for each vehicle? Supply town name & postcode – if each vehicle works from the same home base, only answer for one vehicle				
State the maximum distance the vehicle will be used from its home base				
Do You require cover for non-owned trailer liability? If Yes, please choose one of the following options, i.e. \$50,000, \$100,000 or \$150,000	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000
If goods carrying, please describe the goods carried e.g. bricks, sand & metal, general carrying				
Carrying capacity				
If vehicle is a sedan or utility, please nominate if automatic or manual				

NOTE: DOCUMENTARY PROOF OF NO CLAIM BONUS IS MANDATORY AND MUST ACCOMPANY THIS PROPOSAL.

Limit of Liability is required for Third Party Property Damage

Please  tick in the box alongside the Limit of Liability required

\$5,000,000	\$10,000,000	\$15,000,000	\$20,000,000	Or please specify amount required
Yes <input type="checkbox"/> OR	Yes <input type="checkbox"/> OR	Yes <input type="checkbox"/> OR	Yes <input type="checkbox"/>	\$ <input type="text"/>

The proposer and other drivers' questionnaire

Please  tick the appropriate box.

Have any of the persons who will drive any of Your vehicles/plant –

- (a) had any motor insurance and/or claims refused and/or cancelled and/or imposed special terms in the last 5 years? Yes  No
- (b) had any convictions for driving under the influence of alcohol or drugs (DUI) and/or exceeding the prescribed content of alcohol (PCA) in the last 3 years? Yes  No
- (c) had a licence suspended or cancelled in the last five years? Yes  No
- (d) been convicted of a total of more than two (2) traffic offences (excluding parking) in the last 3 years? Yes  No

Are any of Your vehicles/plant involved in the carriage or use of the following?

- (a) Flammable Liquids, Gases, Chemicals or explosive substances previously assessed Yes  No
- (b) Refrigerated transport (Only answer 'Yes' to this question if the vehicle involved in refrigerated transport has over 10 tonne carrying capacity, i.e. a Prime Mover or Semi Trailer) Yes  No
- (c) Livestock
- (d) Logging

Do any of Your vehicles operate as Road Trains (i.e. more than two (2) goods carrying trailers being towed by one vehicle)? Yes  No

Are any of the Vehicles/Plant involved in work above the 26° parallel in Western Australia or the Northern Territory? Yes  No

Are any of the Vehicles insured used for charter purposes? Yes  No

If "Yes" to any of these questions, please provide full details –


Give personal details below of all persons (including yourself) who to Your knowledge will drive the vehicles/plant (We reserve the right to ask for a separate driver declaration form to be completed by each driver)

DRIVERS (NAME OF PRINCIPAL DRIVER FIRST)	YEAR OF BIRTH	YEAR LICENSED	NUMBER OF CLAIMS			NO. OF DRIVING OFFENCES LAST 3 YEARS
			THIS YEAR	LAST YEAR	2 YEARS AGO	

Give details of all accidents, claims or losses during the last three years (whether to blame or not) involving any vehicles/plant owned or insured by You or by any of the persons named above.

State "NIL" if no claims

DRIVER'S NAME	DATE OF LOSS	CIRCUMSTANCES OF THE LOSS	INSURANCE COMPANY	TOTAL COST \$

## Earthmoving vehicles or plant

Are any of Your vehicles/plant involved in earthmoving, bush clearing or civil construction? Yes  No

If Yes, please answer all of the questions below.

If No, please go to question 6.

Are any of Your vehicles/plant used or expected to be used:

(a) on, in, over, or under water? Yes  No

(b) in sand or beach operations? Yes  No

(c) in logging or bush clearing? Yes  No

(d) in demolition? Yes  No

(e) in connection with exploration, hazardous gases or any other hazardous occupation? Yes  No

(f) in underground mining or tunnelling? Yes  No

Are any of the vehicles/plant let out on a –

(a) "dry hire" basis (i.e. without Your operator being in charge)? Yes  No

(b) "wet hire" basis (i.e. with Your operator being in charge)? Yes  No

If "Yes" to any of these questions, please provide full details:


### OFFICE USE ONLY

Premium

\$

FSL

\$

GST

\$

SD

\$

Total Premium Payable

\$

## 17. Premium Summary

Sections Available	Premium Payable	Fire Services Levy	GST	Stamp Duty	Total Payable
Fire	\$	\$	\$	\$	\$
Business Interruption	\$	\$	\$	\$	\$
Liability	\$		\$	\$	\$
Burglary	\$		\$	\$	\$
Money	\$		\$	\$	\$
Glass	\$		\$	\$	\$
Business Special Risks	\$	\$	\$	\$	\$
Employee Fraud	\$		\$	\$	\$
Engineering	\$		\$	\$	\$
Electronic Part A	\$	\$	\$	\$	\$
Equipment Part B	\$	\$	\$	\$	\$
Personal Accident	\$		\$	\$	\$
Motor Vehicle	\$		\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## 18. Declaration

I/We in effecting insurance in accordance with the information furnished in this Proposal declare and warrant

(a) the statements in this Proposal Form are true.

(b) I/we have disclosed all matters which to my/our knowledge you should be aware of.

(c) No Insurance Company has ever cancelled, declined or refused to renew or imposed special terms or cancelled any policy held by me/us.

(d) that I/we agree to accept the terms, exclusions, conditions and limitations of the Zurich AllGuard Business Insurance Contract.

Proposer/s Signature

Date



THANK YOU FOR COMPLETING THIS PROPOSAL