

BUSINESS PACK PROPOSAL FORM

Please read this carefully before completing the Proposal.

About this notice This notice gives a précis summary of the important requirements, conditions and obligations which relate to the placement and operation of your insurance policy. Please read this notice carefully before completing your proposal.

Your Duty Of Disclosure Before you enter into a contract of general insurance with an insurer, you have a duty, under the Contracts Act, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of matters:

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- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that your insurer knows or, in the ordinary course of business, 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 his 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.

Utmost Good Faith Every insurance contract is subject to the doctrine of utmost good faith which requires that the parties to the contract should act towards each other with the utmost good faith. Failure to do so on your part may prejudice any claim or the continuation of cover provided by your insurer(s).

Average (underinsurance) Provisions (Applicable to material damage insurances: commercial, business, marine hull, computer electronic, machinery breakdown, aviation & domestic home). These policies often contain an Average/Co-insurance clause which means that you must insure for the full value of the property Insured. If you underinsure, your claim will be reduced in proportion to the amount of the underinsurance, therefore make sure your sums insured are adequate.

Rights Of Subrogation You may prejudice your rights with regard to a claim if, without prior agreement from your insurers, you enter into an agreement with a third party that prevents the insurer from recovering the loss from that, or another party. Your policies contain provisions which allow the insurer to recover their liability from the responsible party. Any agreement you enter into that excludes or limits your rights to recover damages from another party in relation to any loss, damage or destruction contravenes these provisions. If you have any such agreements, we may be able to negotiate with your insurer to permit them and therefore we request you

to advise us of their existence. Examples of such agreements are the "hold harmless" clauses which are often found in lease agreements, maintenance and supply contracts pertaining to the installation and maintenance of fire protection systems and burglar alarms and in storage contracts.

Unnamed Parties Your policies may not provide insurance cover in respect of the interest of some other person or organisation who is not specifically named therein, irrespective of the sum(s) Insured. If you require the interest of a party other than the Named Insured to be insured, you must request this. Most policy conditions will exclude indemnity to other parties (e.g. mortgagees, lessors, principals, etc) unless their interest is properly noted on the policy.

Excess/Deductibles Excess or a Deductible is the first amount of each claim you are required to pay yourself, may not apply to each Part. Details of the Excess(es) applicable will be shown on the Schedule against the particular Section or Part.

Claims Please advise us of any event likely to give rise to a claim as soon as practicable & notify the Police immediately if required. Do not admit liability or make any offer of settlement. You must take all reasonable precautions for the safety of the property insured and to prevent further loss or damage.

Claims occurring prior to commencement Your attention is drawn to the fact your Policy/ies may not provide indemnity in respect of events that occurred prior to the commencement of the contract.

Acceptance Of The Proposal The Insurance proposed on this Proposal will not be in force until the completed Proposal has been received and the risk accepted by the Insurer. The subscribing Underwriters reserve the right to decline any Proposal.

Cancellation By You Subject to any cancellation restriction, you may cancel your policy by providing your instructions in writing to your broker. In the event of cancellation of a policy before the expiry dated, some insurers make refunds of premium based on monthly or quarterly apportionments and therefore a minimum charge may apply.

Change of Risks or Circumstances It is vital that you should advise us of any departure from your "normal" form of business (i.e. that which has already been conveyed to your insurers). For example, acquisitions, changes in occupation or location, new products or new overseas activities. To ensure proper protection, please consult your broker if you are in any doubt as to whether your insurer should or should not be told of certain changes.

BUSINESS PACK PROPOSAL FORM

PERSONAL HISTORY

To be completed by you the 'Proposed Insured'

Proposed Insured

"You, your and yours" where used in this Proposal means the Proposed Insured and, If more than one, each of them

Please print your answers

Your Previous Insurance History. These questions apply to you either alone or jointly with any other party or, if you are a corporation, the corporation or any of its directors.

1. Has any insurer declined an application from You, or cancelled or refused to renew a policy of Yours, required special terms to insure You, or declined or refused a claim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you sustained any loss or damage to property in the last 5 year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you had any claim made against you for property damage or personal injury in the last 5 Years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have You, or any person who will receive insurance protection under the proposed Policy, been charged with or convicted of, any criminal offences in the past 10 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. During the last two year have You or any other person to whom cover extends under this policy received any threats to life or property (private or business)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are there any other relevant facts relating to the risk to be insured which You should disclose to Us, to enable a true assessment of Your insurance Application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Is any portion of the property to be insured in a state of disrepair or poor condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered **Yes** to any of the above questions please give details.

Please attach full details on a separate sheet of paper if not sufficient space on this form:

Name of Insured		Policy Number	
Type of cover		Effective Date	

NB: All claim occurrences of this 'Proposed Insured' during the last 5 years must be included with this proposal (inclusive of other Businesses)

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Period of Insurance from	Date	to	Date
<i>Insurance commences 4.00pm on</i>		<i>and ends 4.00pm on</i>	
The Insured (if you are not a company)			
Trading Name (including subsidiary companies)			
Company ABN			
Address (postal)			
Number/Street			
Suburb		Post Code	
Address (business location)			
Number/Street			
Suburb		Post Code	
Contact numbers			
Telephone		Facsimile	
E-mail		Website Address	
Interested Parties			
Does anyone (other than the Insured) have a financial interest in any property?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Interest:		Lessor <input type="checkbox"/>	Mortgagee <input type="checkbox"/>
Full Name of Interested Parties			
Address of Interested Party (ies) to be insured			
Situation 1			
Date Business Commenced		Turnover	
Full Business Description			

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General Questions		
Name of tenants (if applicable)		
Are the premises leased or owned?		
Are the premises currently unoccupied?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the premises be left unoccupied for more than 60 consecutive days?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are your books of account audited?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, at what intervals		
Construction of Premises		
Concrete/ Brick/ Wood/Steel	Walls	
Other (specify)	Roof	
	Floor	
Number of Storey's		
Is there asbestos in the building?		Yes <input type="checkbox"/> No <input type="checkbox"/>
History of Premises		
How many years have you occupied these premises?		
Year Built?		
Have the premises been re-wired in the past 25 years?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes' what year		
Security of Premises		
<i>It is a condition of this policy that any burglar alarm must at all times be maintained in good condition and in efficient working order and be made operative whenever the premises are left unoccupied</i>		
Deadlocks on all external doors?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Bars/Grilles on windows?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the premises alarmed?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes' is it monitored? By whom:-		
Is it a Securitel line		Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire Safety of Premises		
<i>It is a condition of this policy that any fire protection equipment must at all times be in excellent condition and efficient working order.</i>		
Are you connected to town water?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there fire extinguishers / fire protection equipment?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of extinguishers		
Date of last test		
Fire Blankets?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the premises sprinklered?		Yes <input type="checkbox"/> No <input type="checkbox"/>

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Fire Safety of Premises - Continued		
Are there dual supply sprinklers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hydrants / Hose Reels?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Smoke Detectors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you store flammable goods on your premises? (e.g. petrol, paint, chemicals, gas in cylinders)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes to any of the above, please advise details and quantities and storage facilities.		
Are there any hazardous processes involved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , please advise details and quantities and storage facilities by situation.		
For restaurants/takeaway shops/commercial kitchens etc		
Safety of Premises		
Is there any deep fat -frying?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of frying bays?		
Total capacity?		
How often are they cleaned?		
By whom?		
Is this cooking equipment fitted with automatic thermostatic cut offs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Glass		
Approx. Area in Square meters of Internal Glass?		
Approx. Area in Square meters of External Glass?		
Is any of the glass now broken or damaged?		

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Schedule Content and Limits Required:	
Section One – Fire And Perils	
Building – Reinstatement sum insured	\$
Contents	\$
Stock	\$
Removal of Debris	\$
Other <i>(Please specify)</i>	\$
	\$
<i>Survey and Photograph's must be provided - Survey forms on: www.dominionunderwriting.com</i>	
Total Sum Insured:	\$
Accidental Damage	
Do you require Accidental damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total amount	\$
Section 2 – Business Interruption	
<i>Your property must be insured against fire damage before cover is granted under this Section</i>	
Gross Profit	\$
Professional Fees	\$
Additional increased cost of working	\$
Other <i>(Please specify)</i>	\$
Total Sum Insured:	\$
Indemnity period	months
Section 3 – Burglary &/or Theft	
Contents	\$
Stock (Excl. cigarettes/tobacco)	\$
Stock of cigarettes/tobacco	\$
Stock of liquor/alcohol	\$
Other <i>(Please specify)</i>	\$
Section 4 – Money	
Money in transit	\$
Money on the premises during business hours	\$
Money on the premises outside business hours	\$
Money on the premises in securely locked safe	\$
Money kept in your private residence	\$
Damage to safes / strong rooms	\$
Details of Safe: make and type	
Total sum insured for Specified Items:	\$

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Section 5 – Glass		
External Glass	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Internal & External Glass	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you require cover of illuminated signs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give amount of cover required	\$	
Section 6 – Employee Dishonesty		
Sum Insured	Option A \$10,000	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Option B \$25,000	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total Number of Employees		
Number of employees handling cash or negotiable instruments		
Section 7 – Machinery/Boiler & Pressure Vessel Insurance (including Electronic Equipment)		
Refrigeration equipment	Number of units	
	units	
	units	
	units	
Deterioration of refrigerated foods required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
What amount of insurance do you require?	\$	
Air conditioning plant	Number of units	
Split system	units	
Window/wall type	units	
Evaporative cooler	units	
Other equipment (please specify)	Number of units	
	units	
	units	
Section 8 – General Property		
Schedule of Items to be Insured		
Description	Serial Number	Sum Insured
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
<i>Please attach a separate sheet if this field is not sufficient</i>		

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Section 9 – Public And Products Liability

Please Complete This Section Only If Liability Cover Is Required

Is cover required for property ownership only?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Limit of Liability	
Public Liability (limit of liability any one occurrence and in the aggregate)	\$
Is cover required for goods in your care, custody and control?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please describe the property in goods care, custody and control	
Goods care, custody and control sum insured?	\$

Declaration and Acknowledgments

I/We declare and acknowledge as follows:

1. I/We have not suppressed, misrepresented or misstated any material information within my/our knowledge likely to affect the decision of Insurers as to my/our eligibility for insurance, and the answers given in this Proposal are truthful and frank in every respect.
2. Insurance cover will only arise upon the Insurer's acceptance of this Proposal as notified by the issue of an appropriate Policy Schedule and/or Policy Document.
3. I/We acknowledge that we have read and understood the Important Notice to the Insured and acknowledge that the Insurance Contract will be effected with an Insurance company which is regarded as an Direct Offshore Foreign Insurer under the Insurance Act 1973.
4. Subject to the Insurance Contracts Act 1984, if this Proposal is accepted by the Insurer, the Proposal and the Policy Wording Documentation signed and issued by the Insurer shall constitute the entire agreement between the parties and shall supersede any prior representations or warranties
5. The subscribing Underwriters will be relying on the information provided by me/us in the Proposal in deciding whether to provide cover, and if so, on what terms.
6. I/We have read and understood the notice concerning my/our duty of disclosure.
7. Where answers to questions contained on this Proposal are not in my handwriting they have been checked by me/us and I/we certify that they are in every respect, truthful and frank.
8. I/We will make the premises available for inspection by Dominion Underwriting Agents and/or their agent.

Signature: _____ Date: _____