



# **Biz Select Insurance Application Form**

01 December 2008

# Biz Select Insurance

## Application Form



### Important Information

#### Code of Practice

Calliden Insurance Limited (Calliden) is a signatory to the General Insurance Code of Practice (Code). The Code aims to raise standards of service between insurers and their customers. Our service standards are in accordance with the Code.

For any information about the Code, including a copy of the Code, contact us (see contact details below) or the Financial Ombudsman Service on 1300 780 808 or visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

#### Under Insurance/Average

The Fire and Specified Perils and Electronic Equipment Sections of this Policy are subject to an Under Insurance/Average clause. The effect of this clause is that if, at the time of loss or damage the Sum Insured is less than the full value of the property or income insured, then You could be called upon to bear a proportionate amount of the loss accordingly. To avoid the possibility of having to bear a portion of any claim You should ensure that You are fully covered at all times.

#### Form Completion

Please answer all questions. Please tick appropriate boxes and provide details as requested. If there is not enough space provided to answer a question please complete Your answer on a separate sheet of paper and attach it to the Application Form.

### Your Duty of Disclosure (please read carefully)

Prior to entering into a contract of general insurance You have a duty to disclose certain information. You have the same duty to disclose prior to renewing, extending, varying or reinstating a general insurance contract.

#### What You must tell Us

When answering Our questions, You must be honest and You have a duty under law to tell Us anything known to You, and which a reasonable person in the known circumstances would include in answer to the question. We will use the answers in deciding whether to insure You and anyone else to be insured under the Policy, and on what terms.

#### Who needs to tell Us

It is important that You understand You are answering all 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 the 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 operated.

#### Important

This duty of disclosure applies to all the people named on the Application Form. Please read this Policy carefully to ensure:

- You are aware of all the contractual rights and obligations;
- the Policy provides the cover You require;
- You are aware of the limits regarding Policy coverage and what We will pay You under the Policy.

#### Privacy

The information collected on this proposal form will be used to assess Your request for insurance and to provide other insurance services in accordance with Our privacy policy. In addition We may share your information with other third parties, as defined in the privacy policy, in order to undertake insurance services. If You do not complete the proposal form in full, and in accordance with Your duty of disclosure, We may not be able to provide you with insurance or may impose additional conditions on any cover provided.

In accordance with Our privacy policy You may obtain access at any time to information that We or Our service providers hold on you. If You would like to contact Us about privacy, or would like to obtain a copy of the privacy policy You may do so through one of the following means:

- obtain the privacy policy online at [www.calliden.com.au](http://www.calliden.com.au)
- by phone 02 9551 1111
- by email to: [privacy@calliden.com.au](mailto:privacy@calliden.com.au)
- by letter to Privacy Officer, PO Box 348, Milsons Point NSW 1565.

## The Applicant

Applicant(s) name

Trading as

Contact person details

Mr

Mrs

Miss

Ms

Dr

Other

Given names

Surname

Title

Date of birth

What is Your postal address?

Suburb

State

Postcode

Telephone – Work

Telephone – Home

Email Address

ABN (You must supply this if You wish to claim GST input credits on this insurance.)

Full names of directors if a company

Has this Business/ property been insured previously?

Yes

No

Name of insurer(s)

Policy number

## Period of Insurance

From

To

Cover Note number

Date of expiry

## Details of the business / details of the risk address

What are the premises You wish to insure? (✓if same as postal address)

Address

Suburb

State

Postcode

Nature of Your Business:  Property Owner only  an Owner Occupier  or a Tenant

Details of the occupation of Your Business / what are the premises used for:

Estimated Gross Annual Business Turnover: \$  No. of employees:

Interested parties:

Name of interested party

Type of interest



Address

Suburb

State

Postcode

Do You store hazardous chemicals, flammable liquid and/or gases at the premises? Yes  No

If yes, please give details including type(s), storage arrangements, and quantity below:



The premises – location type: (✓please tick one box)

Main street frontage

Industrial estate

Shopping Mall (outdoor)

Rural/out of town/remote

Suburban street

Shopping centre (no street frontage)

What floor are You on?  Number of stories/floors

Number of units (if available)  Are the premises shared with other occupants Yes  No

How long have You been conducting this Business or owned this property:

At these premises?

Elsewhere?

What is the roof made of?

What are the walls made of?

What is the floor made of?

What is the age of the premises?  years

Are the premises connected to mains water supply? Yes  No

If the premises are > 30 years old, when was the wiring / plumbing last checked/repaired/replaced?

Is the building at the premises subject to a heritage or national trust listing, urban conservation order or any local ordinance requiring conditional re-instatement or redevelopment? Yes  No

If yes, please give details

What is the size of the premises?  Square meters / square feet (circle relevant measure)

What protection is installed on Your premises? (✓please tick)

**Security**

- Deadlocks
- Keyed window locks
- Bars/grilles/padlocks on windows/skylights
- Local burglar alarm
- Monitored burglar alarm

Method of burglar alarm monitoring:

Describe any other security precautions at the premises:

Is there any commercial cooking done on these premises?

Yes  No

If yes please specify the numbers and type of cooking (insert number in box)

- Wok
- Oven
- Stove
- Hot plate/grill
- Deep frying

Other cooking methods:

If deep frying, total no. of litres:  Are deep fryers fitted with thermostat cut off?

Yes  No

If Wok cooking, is any deep frying carried out in a Wok?

Yes  No

Do You provide entertainment?

Yes  No

If Yes, please provide details:

Are you licensed to serve alcohol?

Yes  No

What is the latest time You trade to?  am/pm

**Section 1 – Fire and Specified Perils**



This Section provides cover for physical loss or damage to the business' property at the Risk Address from events including fire, earthquake, storm and tempest and other Specified Perils. It does not cover loss or damage to the business' property caused by theft (refer Section 3 Burglary), breakage of glass (refer Section 5 Glass) nor loss or damage to money (refer Section 4 Money).

Is cover required?

Yes  No

Sum Insured

- |  |  |
|--|--|
| 1. Buildings (including all landlord's fixtures and fittings, walls, gates and fences).<br><small>(NOTE: The Sum Insured should include an amount for architects' and other consultants' fees and the Additional Costs of Reinstatement)</small> | \$ <input style="width: 80px;" type="text"/> |
| 2. Stock (including Stock in Trade and Customers Goods)  | \$ <input style="width: 80px;" type="text"/> |
| 3. Contents  | \$ <input style="width: 80px;" type="text"/> |
| 4. Cost of Rewriting Documents (replacing the standard \$25,000 cover)   | \$ <input style="width: 80px;" type="text"/> |
| 5. Removal of Debris (replacing the standard \$50,000 cover)   | \$ <input style="width: 80px;" type="text"/> |
| 6. Accidental Damage limit – (replacing the standard \$250,000 cover)  | \$ <input style="width: 80px;" type="text"/> |
| 7. Other Items:  |  |
| <input style="width: 100%; height: 15px;" type="text"/>  | \$ <input style="width: 80px;" type="text"/> |
| <input style="width: 100%; height: 15px;" type="text"/>  | \$ <input style="width: 80px;" type="text"/> |

## Section 2 – Business Interruption



This Section covers a reduction in the income of the business as a result of loss or damage to the business' property.

Is cover required?

Yes  No

- |   |  |                         |
|---|--|-------------------------|
|   |  | Sum Insured             |
| 1. Weekly Income  | Indemnity Period <input type="text"/> weeks  | \$ <input type="text"/> |
| <small>(being money payable to You for goods sold/services rendered or rentals received, less the purchase cost of stock)</small> |  |                         |
| 2. Gross Rentals  | Indemnity Period <input type="text"/> months | \$ <input type="text"/> |
| <small>(being rentals received including contributions to outgoings)</small>  |  |                         |
| 3. Additional Increased Costs of Working  |  | \$ <input type="text"/> |
| 4. Accounts Receivable  |  | \$ <input type="text"/> |
| 5. Professional Fees (replacing the standard \$25,000 cover)  |  | \$ <input type="text"/> |

Uninsured Working Expenses:

6. Seasonal Increase

Month	% increase Required	Month	% Increase Required
January	<input type="text"/>	July	<input type="text"/>
February	<input type="text"/>	August	<input type="text"/>
March	<input type="text"/>	September	<input type="text"/>
April	<input type="text"/>	October	<input type="text"/>
May	<input type="text"/>	November	<input type="text"/>
June	<input type="text"/>	December	<input type="text"/>

## Section 3 – Burglary



This Section provides cover for physical loss or damage to the business' property at the Risk Address caused by theft.

It does not cover theft of Money (refer Section 4 Money).

Is cover required?

Yes  No

- |   |                         |
|---|-------------------------|
|   | Sum Insured             |
| 1. Contents   | \$ <input type="text"/> |
| 2. Stock in Trade (including customers goods for which You are legally responsible) | \$ <input type="text"/> |
| 3. Contents and Stock in Trade (excluding Tobacco Products)                         | \$ <input type="text"/> |
| 4. Tobacco Products (consisting of cigarettes, tobacco, and cigars)                 | \$ <input type="text"/> |
| 5. Cost of Re-writing Documents (replacing the standard \$25,000 cover)             | \$ <input type="text"/> |

## Section 4 – Money



This Section provides cover for physical loss or damage to the business' money. Money covered includes cash, credit card vouchers, cheques, telephone cards, metropolitan transit tickets and also lottery tickets (for their purchase cost only) but excludes bullion and credit cards.

Is cover required? Yes  No

Sum Insured

1. Money in transit or in a bank night safe. \$

2. Money at the Risk Address during normal Business hours. \$

3. Money in a locked Safe or Strongroom. \$

4. Money in Your private residence. \$

5. Money at the Risk Address outside normal business hours (but not in a locked Safe or Strongroom). \$

**OR**

6. Combined Money \$   
(covering items 1 to 5 above. Note: cover for Money at the Risk Address outside normal business hours (but not in a locked Safe or Strongroom) is limited to \$2,500).

## Section 5 – Glass



This Section provides cover for breakage of glass at the Risk Address.

Is cover required? Yes  No

Glass cover You require (✓ please tick)

Fixed External Glass

Fixed Internal Glass

Illuminated signs (replacing the standard \$7,500 cover) \$

Additional Benefits 1 to 5 total limit any one Period of Insurance (replacing of the standard \$7,500 cover) \$   
(Additional Benefits include such covers as temporary shuttering, signwriting, etc.)

Does Your building have a glass exterior construction, atrium, leadlights or any other glass feature? Yes  No

If yes please specify

## Section 6 – Broadform Liability



This Section provides cover for the business' legal liability for personal injury to another person (other than employees) or damage to property not belonging to the business, which happens during the period of insurance and which is caused by an occurrence in connection with the business.

Is cover required? Yes  No

Legal Liability cover Required (✓ please tick one box)

\$5,000,000     \$10,000,000     \$15,000,000     \$20,000,000

Property in Physical or Legal Control cover required (replacing the standard \$100,000 cover) \$

**Optional Benefit**

Road Risk Extension (covering property damage You are legally liable for, to or caused by customers vehicles whilst in Your control for the purpose of repairs, service or maintenance). Limit any one Occurrence required (✓ please tick one box)

\$10,000  
  \$20,000  
  \$30,000  
  \$50,000  
  \$75,000  
  \$100,000  
 \$  Other amount

**Details of Your Business/products**

Do You have any of the following at any Risk Address (✓ please tick) If yes, no. of Units/spaces

<input type="checkbox"/> Car parking spaces	<input type="text"/>
<input type="checkbox"/> Passenger or Goods Lifts, Escalators	<input type="text"/>
<input type="checkbox"/> Unregistered Vehicles, hoists, cranes and/or other lifting equipment	<input type="text"/>

Do You engage contractors, subcontractors or staff from labour hire firms? Yes  No

If Yes, please indicate

1) Do You ensure that contractors and subcontractors have their own liability insurance? Yes  No

2) Estimated amount to be paid in the next twelve months to labour hire firms:

3) Type of work done by staff from labour hire firms:

Products means any goods, products or property (including any components, packaging or container for any of these) after they have ceased to be in Your possession or under Your control which are or are deemed by law to have been manufactured, grown, extracted, produced, processed, assembled, constructed, erected, repaired, serviced, treated, sold, supplied, distributed, imported or exported by You in the course of Your Business.

Please provide details of Your products, their intended use and estimated annual turnover of each product.

Do You: (✓ please tick)

export  
  import  
  repack  
  re-label  
  manufacture  
  assemble  
  recondition  
  process  
  carry out any installation

If You selected any of the above, please give full details, including estimated annual turnover for that process, and for imports/exports, and please detail the countries of origin/delivery.

**Section 7 – Transit of Property by Road**

This Section provides cover for physical loss or damage to the business' property whilst in transit.

Is cover required? Yes  No

How many Vehicle(s) will be used to convey the property?

State all types of goods to be covered and the number of vehicles that will be used

Sum Insured per Vehicle \$

Will the goods in transit include Tobacco Products or Liquor? Yes  No

If yes, Sum Insured \$

## Section 8 – Electronic Equipment



This Section provides cover for the business' computer and electronic equipment at the Risk Address against breakdown.

Is cover required? Yes  No

Please list equipment to be covered.

	Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Do You wish to insure for: (✓ please tick)

Restoration of Data?

Increased Costs of Working?

Sum Insured

\$

\$

## Section 9 – Machinery Breakdown



This Section provides cover for the business' machinery at the Risk Address against breakdown. It specifically excludes cover for lifts, escalators or other people moving devices. Cover is also available for boilers and pressure plant against explosion. Any Machinery driven by motors greater than 5hp or 4kw capacity must be specified.

Is cover required? Yes  No

**Unspecified Machinery** (Note: motors must not exceed 5hp or 4kw in capacity)

Please indicate the number of all Unspecified Machinery at the Risk Address by type (insert number in boxes)

Refrigerators     
  Freezers     
  Cool rooms     
  Air-conditioning units

Other types of units. Description:

<input type="text"/>
<input type="text"/>

Maximum limit any one Event for Unspecified Machinery (✓ please tick one box)

\$10,000     
  Other \$

### Specified Machinery

Unit name/type of use	Serial number	kw or hp	Age (yrs)	Sum Insured
<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"/>
<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"/>

### Boilers and Pressure Plant

Unit name/type of use	Serial number	kw or hp	Age (yrs)	Sum Insured
<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"/>
<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"/>

Deterioration of Stock cover required? Yes  No

If yes, limit any one Period of Insurance \$

**Details of Your Machinery**

Is there any apparent known defects in any of the Specified Machinery? Yes  No

If yes, please specify

  


Do any of the items insured require a certificate of inspection ? Yes  No

If yes, please specify

  


**Section 10 – General Property** 

This Section covers physical loss or damage to portable items of the business' property anywhere in the world, including loss or damage to property caused by theft following violent and forcible entry to a securely locked building or vehicle.

Is cover required? Yes  No

Sum Insured

**Unspecified Items** – limit any one claim

\$

Note: laptop computers, personal digital assistants (PDAs), video cameras, digital cameras, mobile phones, and any item worth more than \$1,000 must be specified.

**Specified Items**

Item description	Serial number (if applicable)	Sum Insured
<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"/>	<input type="text"/>	<input type="text"/>

**Additional Questions**

**All of the following questions must be answered**

Have You, Your partners, any other office-holders; or if a corporation any of its directors proposed to be insured under this Policy, either alone or jointly:

1. had any insurance declined, cancelled or refused renewal, had any special conditions/warranty imposed, or declined or refused a claim in the last 5 years?

Yes  No (✓ please tick) If yes, please give full details:

  


2. suffered any loss, destruction or damage and/or made a claim on any insurer for any event whether insured or otherwise or had any claims made against You in the last 5 years?

Yes  No (✓ please tick) If yes, please give full details:

  


3. been charged with or convicted of any criminal offences in the past 10 years (other than minor traffic convictions)?

Yes  No (✓ please tick) If yes, please give full details:

4. been declared bankrupt or ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation, receivership or voluntary administration) in the last 5 years?

Yes  No (✓ please tick) If yes, please give full details:


## Declaration

"I/we have read the duty of disclosure included in this Application Form. I/we confirm that the answers and statements in this application are correct and that no information has been withheld which may affect the decision to accept this application or the terms and conditions.

I/we acknowledge that the personal information Calliden collects from me/us is collected for the purpose of processing this application, fulfilling Calliden's obligations in providing services to me/us, for the development of products and services, and to allow the Calliden Group to market products and services. A current sample of those products and services appears on the back cover of this Policy wording. If I/we do not provide relevant information, I/we acknowledge that Calliden may be unable to process my/our application. I/we acknowledge that information may be disclosed to:

- Intermediaries through which I/we deal with Calliden (for instance an agent, broker or financial advisor);
- Claims assessment participants (for instance an assessor, investigator and/or loss adjuster);
- Other reputable service providers (for instance mail houses); and/or
- Underwriters, who are responsible for part/all of the risk under a contract of insurance (for instance a reinsurer).

I/we understand that Calliden may give to or obtain from other insurers and/or Insurance Reference Services information from this application and claims information obtained through the course of the contract.

By signing this Application Form, I/we consent to the Calliden Group collecting and using this information for these purposes. This is subject to my/our right to opt out of receiving various direct marketing material at any time.

I/we acknowledge that I/we have rights to access our personal information held by Calliden in accordance with the National Privacy Principles. I/we understand that this insurance does not operate until acceptance of this application in writing by Calliden (except for any cover provided under an interim contract of insurance)."

Signature

Date:

Signature

Date:

This declaration MUST be signed by or on behalf of all parties who are making this application for insurance.

### Queensland Underwriting Solutions Pty Ltd

Level 2, 433 Upper Edward Street,  
Spring Hill QLD 4000

PO Box 543, Spring Hill QLD 4004

PH: (07) 3831 3166

Fax: (07) 3832 6939

Email: admin@qus.com.au

This product is issued by Calliden Insurance Limited ABN 47 004 125 268, AFS Licence No. 234438

powered by  
**calliden**

Product issued by  
Calliden Insurance Limited

Level 7, 100 Arthur Street  
North Sydney NSW 2060  
Australia  
Tel: +61 2 9551 1111  
Fax: +61 2 9551 1155  
[www.calliden.com.au](http://www.calliden.com.au)

ABN 47 004 125 268  
AFSL 234438

© Calliden Insurance Limited 2008

