



KNIGHTSBRIDGE

INSURANCE GROUP

BUSINESS PACKAGE INSURANCE

● Contact Details

First Name*

Phone*

Last Name*

Email*

● Business Details

Insured Name/s

Description of Business Activities

Are you registered for GST?

☐ Yes ☐ No

Please provide your ABN

What year did you commence trading?

Are you exempt from Stamp Duty?

☐ Yes ☐ No

Estimated gross rentals for the next 12 months

Number of full time employees

Number of part time employees

Estimated wages for the next 12 months

● Liability

Is cover required for Public and Products Liability?

☐ Yes ☐ No

● Property Details

Address

Year built

Year last rewired

Number of Levels (incl basement)

How many buildings on site?

Is the property heritage listed?

☐ Yes ☐ No

Do you Rent or Own the Premises?

Details of adjoining premises (business activities of your neighbours)

Location of premises (industrial area, shopping mall etc)

Interested Parties

☒ Construction Details

What material is the wall constructed of?

What material is the roof constructed of?

What material is the roof made from?

Does the property contain any asbestos?

☐ Yes ☐ No

If yes, please provide details

Does the premises have an EPS (Expanded Polystyrene) or other flammable insulation?

☐ Yes ☐ No

If yes, please provide details below

Please provide details

What percentage of the floor area has EPS?

Security Protection Details

Does the premises have a burglar alarm?

☐ Yes ☐ No

If yes, Is the alarm local or monitored by a security company?

☐ Yes ☐ No

Deadlocks?

☐ Yes ☐ No

Keyed Window Locks

☐ Yes ☐ No

Bars on Windows?

☐ Yes ☐ No

External Lighting?

☐ Yes ☐ No

Bollards?

☐ Yes ☐ No

CCTV?

☐ Yes ☐ No

Roller Shutters?

☐ Yes ☐ No

After Hours Watchman?

☐ Yes ☐ No

Security Patrols?

☐ Yes ☐ No

Security Fencing?

☐ Yes ☐ No

Fire Protection Details

Does the premises have sprinklers?

☐ Yes ☐ No

If yes, please provide following:

100% coverage

☐ Yes ☐ No

Water supply

Conforms to Australian Standards

☐ Yes ☐ No

Fire Extinguishers

☐ Yes ☐ No

Hose Reels?

☐ Yes ☐ No

Smoke Detectors - Monitored

☐ Yes ☐ No

Smoke Detectors - Non-monitored

☐ Yes ☐ No

Heat Detectors

☐ Yes ☐ No

Fire Alarm

☐ Yes ☐ No

Monitored Base Alarm

☐ Yes ☐ No

Fire Blankets

☐ Yes ☐ No

Fire Doors

☐ Yes ☐ No

Proximity to Fire Brigade

● Sums Insured

Material Damage

Building Sum Insured

Stock (maximum value) Sum Insured

Preferred excess for Material Damage

Contents/Plant/Manual Handling Equipment Sum Insured

Is Flood Cover required?

☐ Yes ☐ No

● **Business Interruption**

Is Business Interruption Cover required?

● Yes ● No

If yes, please provide following:

Type of Cover

Business Interruption Sum Insured

Is 100% Payroll included in the Sum Insured?

● Yes ● No

If yes, please provide following:

Dual Basis Payroll - Enter number of weeks for 100% payroll

Percentage of Payroll for remainder of Indemnity Period

Claims Preparation Costs Sum Insured

Indemnity Period (in months)

Additional Increased Cost of Working Sum Insured

● **Theft**

Is cover required for Theft?

● Yes ● No

If yes, please provide following:

Theft of Contents & Stock Sum Insured

Theft In The Open Air Sum Insured

Theft Without Forcible and Violent Entry Sum Insured

Theft of Cigarettes Sum Insured

Theft of Alcohol Sum Insured

Damage to Rented Premises Sum Insured

Preferred Excess/Deductible for Theft

● **Money**

Is cover required for Money?

● Yes ● No

If yes, please provide following:

Blanket Money Sum Insured

Preferred Excess/Deductible for Money

● **Glass**

Is cover required for Glass?

● Yes ● No

If yes, please provide following:

Type of cover

● Internal ● External ● Internal & External

Sum Insured for Signs

Preferred Excess/Deductible for Glass

● **General Property**

Is cover required for General Property?

● Yes ● No

If yes, please provide following:

Unspecified Business Items Description

Unspecified Business Items Sum Insured

Do any Business Items need to be specified?

● Yes ● No

If yes, please provide following:

Description

Sum Insured

General Property Excess

● **Duty of Disclosure**

Ever had an insurance policy cancelled, declined or terms imposed?

● Yes ● No If yes, please provide details:

Ever been declared bankrupt

● Yes ● No If yes, please provide details:

Ever been involved in a company or business which became insolvent or subject to any form of insolvency or voluntary administration (e.g. liquidation or receivership)?

● Yes ● No If yes, please provide details:

Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?

● Yes ● No If yes, please provide details:

Been liable for any civil offence or pecuniary penalty (exceeding \$5,000)?

● Yes ● No If yes, please provide details:

Any other matters you should disclose?

☐ Yes

☐ No

If yes, please provide details:

Any claims in the last 5 years under the sections to be insured?

☐ Yes

☐ No

If yes, please provide details:

☒ **Signature**

Name

Position/Title

Date Signed