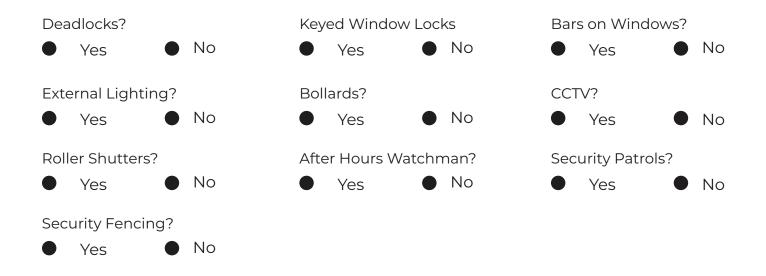


BUSINESS PACKAGE INSURANCE

Contact Details	
First Name*	Phone*
Last Name*	Email*
Business Details	
Insured Name/s	
Description of Business Activities	
Are you registered for GST?	Please provide your ABN
Yes	
What year did you commence trading?	Are you exempt from Stamp Duty?
what year and you commence trading.	 Yes No
Estimated gross roptals for the payt 12 months	Number of full time employees
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 Lial	bility?
Yes	
Property Details	
Address	





Fire Protection Details



Sums Insured

Material Damage

Building Sum Insured

Stock (maximum value) Sum Insured

Preferred excess for Material Damage



Is Flood Cover required?



Business Interruption

Is Business Interruption Cover required?	
Yes	
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
Prefered Excess/Deductible for Theft	
Money	

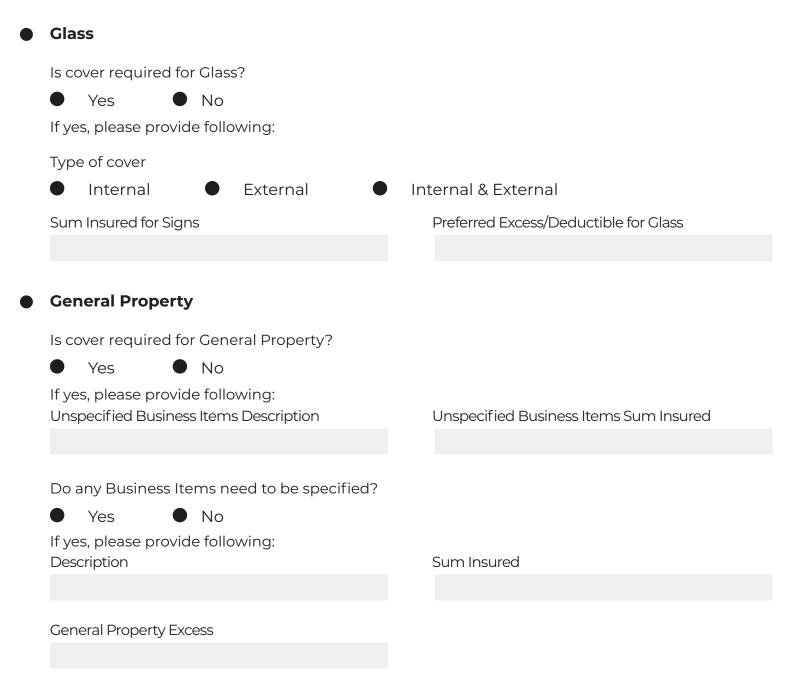
Is cover required for Money?

Yes No

If yes, please provide following:

Blanket Money Sum Insured

Preferred Excess/Deductible for Money



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