**Office Package Insurance Proposal Form**

**Applicants Details**

|  |  |
| --- | --- |
| 1. Name of insured |  |
| 2. Postal Address |  |
| 3. Phone number |  | 4. Email |  |

**Business**

 5. Please provide a detail description of your business activities.

|  |
| --- |
|  |
| 6. Please confirm your turnover for the past 12 months | $      |
| 7. Please confirm total staff numbers including directors |       |

 8. Office Locations [ ]  Tick if same as postal address

|  |  |  |
| --- | --- | --- |
| Address | State | Postcode |
| 1.       |  |  |
| 2.       |  |  |
| 3.       |  |  |
| 4.       |  |  |

 9. Construction of office locations

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Age of building | Walls | Floors | Roof | No. of storeys | Owner of premises | Owner occupier | Tenant |
|       |       |       |       |       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
|       |       |       |       |       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
|       |       |       |       |       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
|       |       |       |       |       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| 10. If any of the buildings are over 40 years old are they been rewired and replumbed? | [ ] Yes [ ] No |
| 11. If you are the owner of premises are any of the premises vacant?If yes please provide full details | [ ] Yes [ ] No |
|        |
| 13. If you store flammable or toxic material on the premises please state the types and quantity in litres? |
|       |

 14. Please confirm the safety protection installed at each location – Please tick for each location

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Location 1 | Location 2 | Location 3 | Location 4 |
| Fire sprinkler System |  |  |  |  |
| Fire extinguishers |  |  |  |  |
| Local alarm |  |  |  |  |
| Monitored alarm |  |  |  |  |
| CCTV |  |  |  |  |
| Electronic building entry |  |  |  |  |
| Deadlocks on doors |  |  |  |  |

**Property Cover**

 15. Please confirm property cover requirements for each location

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Location 1 | Location 2 | Location 3 | Location 4 |
| Building  | $      | $      | $      | $      |
| Contents | $      | $      | $      | $      |
| Stock | $      | $      | $      | $      |
| Theft Cover  | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |

**Glass Cover**

|  |  |
| --- | --- |
| 16. Do you require cover for replacement of glass? |  |
| Location 1 | Location 2 | Location 3 | Location 4 |
| Yes [ ] No | Yes [ ] No | Yes [ ] No | Yes [ ] No |

**Business Interruption**

 17. Do you require cover for the following

|  |  |  |
| --- | --- | --- |
| Gross revenue $      | Gross profit $      | Weekly revenue$      |
| 18. Does the above amount include loss of rent? | [ ] Yes [ ] No |
| 19. Accounts receivable | $      |
| 20. Please confirm the indemnity period required for accounts receivable |       months |
| 21. Do you require additional cost of working? | $      |
| 22. Please confirm the indemnity period required for additional cost of working |       months |

**Money**

|  |  |
| --- | --- |
| 23. Do you require cover for theft of money? |  |
| Location 1 | Location 2  | Location 3 | Location 4 |
| $      | $      | $      | $      |

**Machinery Breakdown**

 24. Do you require cover for machinery breakdown? List any individual items to be covered

|  |  |
| --- | --- |
|       | $      |
|       | $      |
|       | $      |
|       | $      |
|       | $      |

**Electronic Breakdown**

|  |  |
| --- | --- |
| 25. Do you require blanket electronic breakdown cover? | [ ] Yes [ ] No |
| Description of items: | $      |
|       |

**Public and Products Liability**

 26. Do you require cover for public and products liability?

|  |  |  |  |
| --- | --- | --- | --- |
| Limit of indemnity | $5,000,000 [ ]  | $10,000,000 [ ]  | $20,000,000 [ ]  |

**Tax Audit**

 27. Do you require cover for tax audit?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| $10,000 [ ]  | $15,000 [ ]  | $20,000 [ ]  | $25,000 [ ]  | $30,000 [ ]  | $40,000 [ ]  | $50,000 [ ]  |
| 28. Do you require self-managed superannuation cover? | [ ] Yes [ ] No |

**General Property**

 29. Do you require cover for general property? [ ] Yes [ ] No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unspecified items | $2,500/$5,000 [ ]  | $2,500/$10,000 [ ]  | $2,500/$15,000 [ ]  | $2,500/$20,000 [ ]  |
| 30. Please list individual items to be covered including make model & serial number |  |
|       | $      |
|       | $      |
|       | $      |
|       | $      |
|       | $      |

**Interested Party**

|  |
| --- |
| 31. Do you require any interested party to be noted on you policy? [ ] Yes [ ] No |
| Policy Section | Interested Type e.g. landlord | Party |
|       |       |       |
|       |       |       |

**Claims History**

|  |  |
| --- | --- |
| 32. In the last 5 years have you suffered any loss or damage which was not covered by an insurance policy? | [ ] Yes [ ] No |
| 33. In the last 5 years have you made any claims to an insurer for loss or damage? | [ ] Yes [ ] No |
| 34. Has the insured or any principal partner or director ever been charged with a criminal offence, other than minor traffic convictions? | [ ] Yes [ ] No |
| 35. Has the insured or any principal partner or director ever been declared bankrupt? | [ ] Yes [ ] No |
| 36. Have you ever been involved in a business which became insolvent or subject to any form of administration (e.g. liquidation or receivership)? | [ ] Yes [ ] No |
| 37. Have you ever been liable for any civil offence or pecuniary penalty? | [ ] Yes [ ] No |
| 38. Has the insured or any principal partner or director ever been refused this type of insurance or had similar insurance cancelled, renewal declined, or had special conditions imposed? | [ ] Yes [ ] No |
| **If you have answered yes to questions 32 to 38 please provide additional information regarding the circumstances and any amounts paid by yourself or the insurer.** |

Duty of Disclosure

The Duty of Disclosure clause under Important Information is deleted and replaced with

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

•        reduces the risk we insure you for; or

•        is common knowledge; or

•        we know or should know as an insurer; or

•        we waive your duty to tell us about.

If you do not tell us something

If youdo not tell usanything youare required to**,** we may cancel your contract or reduce the amount we will pay you ifyou make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### **General Insurance Code of Practice**

This insurance complies with the Insurance Council of Australia’s General Insurance Code of Practice, apart from any claims adjusted outside Australia. Underwriters at Lloyd’s proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry.

**Privacy Policy**

IBL Limited, trading as Focus Underwriting (Focus), is committed to protecting your privacy in accordance with the Privacy Act 1998 (Cth) and the Australian Privacy Principles. Our Privacy Policy describes our current policies and practices in relation to the collection, handling, use and disclosure of personal information. It also deals with how you can complain about a breach of the privacy laws and how you can access the personal information we hold and how to have that information corrected.

Our contact details for all privacy enquiries are:

IBL Limited t/as Focus Underwriting

Address: Level 21 41 Exhibition Street Melbourne 3000

Phone: 1800 234 338

Email: enquiries@focusuw.com.au

Web: [www.focusuw.com.au](http://www.focusuw.com.au)

ABN: 65005754718

AFSL: 231203

Consent

By requesting usto provide you with insurance and insurance related services, youconsent to the collection, use and disclosure of personal information you have provided to us for the purposes set out in our Privacy Policy.

How we collect your personal information

Generally we collect personal information from you or your agents. Personal information may also be collected by us from our agents and service providers; other insurers and insurance reference bureaus; third parties who may claim under your policies; service providers who assist us in investigating, processing and settling claims; third parties who may be arranging cover for a group that you are part of; statutory, regulatory and law enforcement bodies and from publicly available sources.

Why we collect personal information

The personal information we collect enables us to provide our products and services. This may include processing and settling claims; offering products and services that may be of interest to you and conducting market research for products and services that may be relevant to you**.**

You can choose not to receive product or service offering from usby calling 1800 234 338 Eastern Standard Time 9am to 5pm Monday to Friday inclusive. For further information, you can access ourPrivacy Policy at [www.focusuw.com.au](http://www.focusuw.com.au/)

Who we disclose your personal information to

Your personal information may be disclosed to other parties with whom we have business arrangements for purposes set out in the paragraph above. These parties may include insurers, intermediaries, reinsurers, related companies, our advisers and parties involved in claims assessment, processing, investigation and settlement. Where required by law, we may also disclose information to government, law enforcement, dispute resolution and statutory or regulatory bodies.

Personal information about others

Where you provide personal information about others, you represent to usthat you have made them aware that you will do so, the types of third parties we may disclose it to together with the purposes we and ourthird parties use it for, how they can access such information and how complaints can be made.

Where you provide sensitive information about others, you represent to us that you have obtained their consent. If you have not, and will not do so, you must tell us before you provide the sensitive information.

Overseas Disclosure

Yourpersonal information may be disclosed to other companies in the Berkley group, reinsurers and service providers that may be located in Australia and overseas.

The countries this information may be disclosed may vary from time to time but may include the United States of America and other countries where the Berkley group has a presence.

Any information disclosed may only be used for the purposes detailed above.

Accessing your personal information and dealing with complaints

You may request access to the personal information we hold about you by calling us at any time.

OurPrivacy Policy details how you can make a complaint about a breach of the privacy principles as set out in the Privacy Act 1988 (Cth) and our complaints process. Our Privacy Policy is available at [www.focusuw.com.au](http://www.focusuw.com.au/)

**Declaration**

I/We hereby declare that:

I/We have read and understood the important notices in this proposal form. The undersigned are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this proposal and that I/we complete this proposal on their behalf.

The above statements are true, that I/we have not suppressed or misstated any facts, and that should any of the information given by me/us alter between the date of this proposal and the inception date of the insurance to which this proposal relates I/we will give immediate notice thereof.

Enquiry should be made of all principals/partners/directors and staff to ensure full disclosure. Signing the form does not bind the practice to accept the insurance or the insurers to provide a quotation.

|  |  |
| --- | --- |
| **Signature**       | **Date**       |
| **Name**       | **Title**       |