about | PROPERTY





IMPORTANT INFORMATION: PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS PROPOSAL

Obtaining a Quotation

To minimise delays in obtaining a quotation please provide complete answers to all questions in this proposal and attach relevant brochures, CVs, etc. that you believe will help us understand your business.

Your Duty of Disclosure

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (for example, claims, whether founded or unfounded), is of the utmost importance with this type of insurance.

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, that 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.

Non-disclosure (if you do not tell us something)

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you 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.

Subrogation Agreements

Where another person would be liable to compensate you for any legal liability for loss, destruction, damage or injury otherwise covered by this insurance, but you have agreed with that person either before or after the loss, destruction, damage or injury occurred that you would not seek to recover any monies from that person, we will not cover you under this insurance for such legal liability for loss, destruction, damage or injury.

Privacy

About Underwriting value the privacy of your personal information and we will ensure the handling of your personal information is dealt with in accordance with the *Privacy Act 1988* (Cth) (the Act) and the relevant Australian Privacy Principals. Our full privacy policy can be accessed at <u>aboutunderwriting.com.au</u>

When we provide insurance products and/or services, we ask you for the personal information we need to assess applications for insurance policies, to administer and manage insurance policies and to investigate and handle claims. This can include a broad range of information ranging from your name, date of birth, address and contact details to other information about your personal affairs including your profession, financial affairs including financial statements, any criminal convictions or claims.

We may need to disclose personal information that you provide us to contractors, coinsureds, insurers and underwriters (who may be located overseas), lawyers, claims adjusters and others engaged by About Underwriting to enable them to administer policies or handle claims. Regardless of the information shared, we will take all reasonable steps to ensure that the above parties protect your information in the same way that we do.

Our Privacy Policy shown in the above link contains information about how you can access the information we hold about you, ask us to correct it, or make a privacy related complaint. You can obtain a copy from our Privacy Officer by emailing to privacy@aboutunderwriting.com.au



Consent

By visiting any of our websites, online quotation systems, applying for, renewing or using any of our products or services you agree to your information being collected, held, used and disclosed as set out in our Privacy Policy.

Claims Conditions

Reporting and Notice

Every claim made against you (the insured) shall be notified to us as soon as practicable, and in any event, prior to the expiry of the Period of Insurance or Extended Reporting Period (if applicable), and all documentation and correspondence pertaining to such claim shall be forwarded to us as soon as practicable after receipt.

All notifications of claims must be sent to:

claims@aboutunderwriting.com.au

Attention: Claims Manager About Underwriting Pty Ltd PO Box 16106 Collins Street West, Melbourne, VIC 8007

Complaints, Disputes or Feedback

If you wish to make a complaint or provide feedback about our products or services, or a Privacy breach, you can contact us at complaints@aboutunderwriting.com.au or privacy@aboutunderwriting.com.au Please refer to our complaints & disputes process detailed at aboutunderwriting.com.au or privacy@aboutunderwriting.com.au or privacy@aboutunderwr

If this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should contact:

Lloyd's Underwriters' General Representative in Australia

Suite 1603 Level 16, 1 Macquarie Place

Sydney NSW 2000

Telephone Number: (02) 8298 0783 Email: idraustralia@lloyds.com

Complaints that cannot be resolved can be escalated to an independent dispute resolution body; Australian Financial Complaints Authority (AFCA). This external dispute resolution body has the ability to make decisions of which About Underwriting are obliged to comply. Contact details are:

Australian Financial Complaints Authority
Phone: 1800 931 678

Fax: (03) 9613 6399
Email: info@afca.org.au
Internet: https://www.afca.org.au
GPO Box 3, Melbourne, VIC 3001



Industrial Special Risks Proposal

This Proposal is for Industrial Special Risk Property Insurance.

"You/your" in this Proposal means the "Named Insured".

About you		
1. Named insured(s):	
2. Trading name(s):		
3. ABN:		Are you registered for GST?
		Yes No
4. Contact:		
Phone (Business):		Email:
5. Web address(es):		
6. Postal Address:		
State:	Postcode	
7. Details of Interest	ted Parties:	
Party 1		
Name:		
Address:		
State:		Postcode:
Type of Interest:		



Party 2		
Name:		
Address:		
State:	Postcode:	
Type of Interest:		
8. Have you or an	y director/partner/manager of the business ever:	
Had insurance de	eclined or cancelled?	Yes No
Had an insurer re	efuse or not invite renewal?	Yes No
Had any special o	conditions imposed on a policy of insurance?	Yes No
Had a special exc	cess imposed on a policy of insurance?	Yes No
Had a claim rejec	cted under a policy of insurance?	Yes No
Been declared ba	ankrupt or put into receivership or liquidation?	Yes No
Been charged wi	th or convicted of a criminal offence?	Yes No
About you	r business	
9. Business addre	ess:	
State:	Postcode: tions please refer to the additional information see	rtion at the end of the proposal form
	wner of the premises? Yes No	action at the end of the proposal form.
11. Please provide	e a detailed description of the Professional Services	carried out:
by your own busii	ness:	
by other occupan	ts:	
12. How many year	ars has the insured been operating this type of risk?	



13. Is the building curre	ently occupied?	Yes (please comp	olete the follo	owing)			
If 'Yes', please list each	of the occupants below	v or attach a separa	ate page if re	quired.			
14. Number of Employe	ees:						
15. Please provide a pe	rcentage split of the st	ates in which you g	enerate you	r income:			
ACT:	NSW:	NT:		QLD:		SA:	
TAS:	VIC:	WA:	:	O/S:		Total:	
About your bu							
The following information	tion is required for eac	h building.					
16. Building Materials:							
Brick/Concrete	Iron	Roof		□ Con	Floors Concrete Fibro/As		chastas
Timber	Fibro/Asbestos	☐ Concrete ☐ Timber	☐ Iron	Timl		Птыода	spesios
Other:				Other:			
If mixed construction, please detail percentages of each:					constructic ges of each	on, please deta h:	ail
Brick/Stone:		-		Brick/Sto	one:		
Wood:		-		Wood:			
Other:				Other:			



17. Are there any EPS (expanded polystyrene) insulated panel walls? Yes (please complete the following) No (go to 18.)
If Yes, what is the percentage of total floor area?
Is the EPS internal or external
Is there a current self inspection programme in place? Yes No
18. Does the premises have asbestos? Yes (please complete the following) No (go to 19.)
Roof and walls Roof only Walls only If Yes, what is the percentage?
19. Does the premises contain any Aluminium Composite Panel? Yes (please complete the following) No (go to 20.) If Yes, what is the percentage?
20. What year was the property built?
If the property is more than 30 years old, please answer the following questions:
a) what year was the wiring and switchboard last replaced?
b) what year was the wiring last certified as compliant by a qualified electrician?
c) what year was the last thermographic scan carried out with no faults recorded?
d) what year was the plumbing last serviced or inspected by a qualified plumber?
21. Has the roof been replaced or improved since the premises were built? Yes No If "Yes", please specify the year the roof was replaced or improved:



22. Declared Values					
Section 1 - Material Loss or Damage					
Building		Removal of Debris			
Plant, Machinery & Contents		Extra Cost of Reinstatement			
Stock					
Section 1 Total Declared Value					
	Section 2 – Cor	sequential Loss			
Gross Profit		Claims Preparation Costs			
Payroll		Additional Increase in Cost of Working			
Loss of Rent					
Section 2 Total Declared Value					
Indemnity Period	months				
Dual Basis Payroll Limits	Initial Period	for weeks			
	Remainder Period	for weeks			
	Consolidated Period	for weeks			
Uninsured Working Expenses (Note: If not 100% please show proportions)					
23. Does the business premise	es have:	Building 1			
Double water supply fire sprin	kler system	Yes No			
Single water supply fire sprinkl	er system	Yes No			
Smoke detectors with local sounder		☐ Yes ☐ No			
Smoke detectors monitored externally 24hrs/day		☐ Yes ☐ No			
Monitored hard-wired smoke detectors		☐ Yes ☐ No			
Thermal detectors with local sounder		☐ Yes ☐ No			
Hose reels covering all floor areas		☐ Yes ☐ No			
Fire extinguishers of the type a	and quantity required to meet	☐ Yes ☐ No			



Australian Standards		
Deadlocks on all external door	S	Yes No
Key locks on all external doors		Yes No
Bars and grills or metal shutter	s on all external windows	Yes No
Bollards across roller doors or	at the front of the building?	Yes No
Burglar alarm system with loca	l sounder	Yes No
Burglar alarm system back to b	ase:	
	Digital dial type	Yes No
	Direct dial type	Yes No
A monitored alarm that is wire	less?	Yes No
An alarm that will be activated broken?	if your front window glass is	Yes No
A panic button?		Yes No
Security patrols		Yes No
Sufficient perimeter lighting		Yes No
Are staff trained to use all fire	protection equipment?	Yes No
Are there service agreements i equipment?	n place on all fire protection	Yes No
Frequency of fire protection ed biannually)	quipment service? (e.g.,	
Date last serviced:		
Other protection		☐ Yes ☐ No
Please describe other protection	n:	



24. Is there cooking on site? Yes (please complete the following) No (go to 25.)						
Kitchen						
Cuisine/Style:						
☐ Natural Gas	LPG	☐ Electric		Stoves	/Ovens	☐ Hot Plates/Grills
Deep Fryers	Woks	Salaman	ders	Other:		
Number of deep fryers:		Total combine fryers:	ed volume	of deep		
Are all deep fryers thern with automatic cut-off s	•	Yes N	No			
Frequency of cleaning fi	lters	☐ Weekly	For	tnightly 🔲	Monthly	
Frequency of cleaning ca	anopies	☐ Weekly	For	tnightly 🔲	Monthly	
Filter and canopy cleaning	ng carried out by	Staff	Cor	itractor		
Frequency of cleaning d	ucting/flues	Fortnightly 3 monthly Annually				
Ducting/flue cleaning ca	rried out by	Staff	Cor	itractor		
Contractor details:						
Fire blanket installed in	kitchen	Yes N	No			
Minimum of 2 x 4.5 dry extinguishers installed in		Yes N	lo			
25. Is there any woodworking on the site? Yes (please complete the following) No (go to 26.)						
		Proces	ses			
Cutting/Sanding Upholstery						
☐ Varnishing/Painting/Lacquering/Spray Painting/Adhesive Application						
Housekeeping						
Floors and machinery cleaned			Daily	☐ We	ekly	
How often are the Roof	?					
Waste and Off-cuts remo		Daily	☐ We	ekly		
Is there any dust accumulation in the premises, especially on Yes				No		



horizontal surfaces?	
Oily rags disposed of in a self-closing metal bin	Yes No
Dust Extraction System	
☐ None installed	Portable/mobile bag system
Ducted system to central internal hopper	Ducted/fixed system to external hopper
Smoking	
Permitted without restriction	Yes No
Designated external areas only	Yes No
Designated internal areas of the building	Yes No
Finishing Process	
Vented spray booth	Yes No
Construction of the spray booth (EPS, etc)	
How often are the filters cleaned?	
Open-air spray/coating operations	Yes No
Heating drying tunnels/ovens	Yes No
	If Yes, fired/powered by:
Percentage of the floor area taken up by the spray booth in sqm	
Are the light fittings in the spray booth enclosed?	Yes No
Is it compliant with Australian Standards?	Yes No
Machinery	
Does the client have any one piece of machinery greater than \$250K?	Yes No
	If Yes, what is the highest value of any one piece of machinery and how many machines over \$250K?
In the event of a loss, would any of the machinery have to be sourced from overseas?	Yes No



				Yes. who	at is the expected replacement time including oning?
Is there a predictive/scheduled maintenance agreement in force for all machinery?			n	Yes] No
			in _] Yes [No
Is machinery left of	on after hours unsuperv	rised?] Yes [] No
Flammable Liquid	ds				
Solvents/flammak on premises	ole spray materials abov	e 100 litres store	ed] Yes [□No
			If Y	Yes, whe	ere?
Approved Flamma installed?	able liquids storage cabi	net/compound		Yes [No
			If Y	Yes, whe	ere?
Storage					
To what height?					
Method of Storag	e (palletised/tracks/soli	d pile, etc)			
Floor area taken u	ıp				
About your	claims				
•	med on an insurance po in respect of the covers			_	lease complete the following) o to 27.)
Date Notified (DD/MM/YYYY)	Insurer	Amount Paid	Excess	D	etails of Loss



About you	cover			
27. Period of Insu	rance:			
	to			
28. Limits of Liab	ility			
Section 1 – Mate	rial Damage			
Section 2 – Conse	equential Loss			
Section 1 & 2 - Co	ombined			
29. Sub-Limits of	Liability	,		

The liability of the Insurer(s) shall be further limited in respect of any loss or series of losses arising out of any one event at any one Situation as set out hereunder and it is understood and agreed the such Sub-Limits shall not increase the liability of the Insurer(s) beyond the Limit(s) of Liability expressed above and also the undermentioned deductible(s) will apply in respect of such Sub-Limits but shall not be cumulative.

Section 1	Sub-Limit
Accidental Damage	
Extra Cost of Reinstatement	
Removal of Debris	
Burglary and/or Theft (other than Money)	
Money in Transit or Night Safe	
Money on Premises during Business Hours	
Money on Premises outside Business Hours	
Money on Premises in Securely Locked Safe/Strongroom	
Money in Private Residence	
Theft of Property in the Open Air	
Glass Replacement Value	



Directors'/Employees' Personal Property	Per person:	
	In the annual aggregate:	
Temporary Protection		
Locks & Keys		
Statutory Enquiries		
Statutory Authority Fees		
Fire Extinguishment Fees		
Rewriting of Records		
Liability to Make Enquiries		
Landscaping		
Damage to Property in Open Air as a result of Wind, Rainwater & Hail		
Unpacking Expenses		
Expediting Expenses		
Cost of Clearing Drains		
Loss of Land Value		
Additional Extra Cost of Reinstatement		
Liability for Duty		
Customer Goods		
Works of Art, Antiques and Curious		
Loss Minimisation Costs		
Customer Goods		
Other – please specify		
Section 2	Sub-Limit	
Claims Preparation Costs		
Additional Increased Cost of Working		

Claims Preparation Costs	
Additional Increased Cost of Working	
Public Utilities	
Unspecified Suppliers' and/or Customers/ Premises (Australia and New Zealand)	
Infectious or Contagious Diseases	



Contractual Fines and Penalties	
Other Contributing Properties	
Trade Exhibitions	
Other – Please specify	
Combined Sections 1 & 2	Sub-Limit
Acquired Companies	
Acquired Properties	



Declaration

I acknowledge that I have read and understood the important notices and privacy statement contained in this proposal. Where I have provided information about another individual, I declare the individual has been made aware of the facts contained in the important notices and privacy statement.

I agree that this proposal together with any other information or documents supplied shall form the basis of the contract of insurance.

I declare that I am authorised to complete this proposal on behalf of the Insured and that to the best of my knowledge the statements, particulars and information contained in this proposal and any other documents accompanying this proposal are true and correct in every detail and that no material facts have been misstated or omitted.

I undertake to inform about Underwriting of any material alteration to those facts before entering into a contract of insurance.

Date:	Name:	
Position:	Signature:	



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Additional Information:
If insufficient space to complete questions, please provide at this section: