

Optimum Insurance Services Pty Ltd Tracon Building, Level 1, Suite 101, 27 Belgrave Street, Manly NSW 2095 T 1300 739 861 | F 1300 732 225 service@optimuminsurance.com.au www.optimuminsurance.com.au

COMMERCIAL BUSINESS INSURANCE QUESTIONNAIRE								
<b>Current Broker</b>			Current Insurer					
Policy No.			Expiry Date					
<b>Contact Name</b>								
Postal Address								
Phone			Mobile					
Fax			Website					
Email								
Insured	Full nar	mes of Insured Persons o	r Companies to be ins	sured (	under	this p	olicy	
Occupation	Please p	provide a full detailed des	scription of your occup	ation.	•			
Years in Business								
Situation Address								
DUTY OF DISCLOSURE QUESTIONS					ANS	WER		
(a) In the past 10 years have you or any Insured person/ business/ corporation/ director had any insurer decline any proposal from inception or declined any Yes No claim, cancelled or refused to renew a policy or imposed special conditions?					0			
(b) In the past 10 years have you or any Insured person/ business/ corporation/				Yes	0	No	0	
(c) In the past 10 years have you or any Insured person/ business/ corporation/ director been convicted or have charges pending, for any criminal offence, Yes No					0			
including arson, or involving dishonesty of any kind?  (d) Have you ever had a non-motor vehicle loss, whether insured or not, in					Yes	$\bigcirc$	No	$\bigcirc$
(e) Are you aware of any exceptional circumstances, not covered above, that would influence the underwriters decision to accept the risk of insurance, or Yes No					0			
alter the terms?  (f) Do you authorize us to give to, or obtain from, other insurers or any reference services, any information relating to insurance held by you or any claim in Yes No relation thereto? If YES (a to e only), please provide further details.					0			

# **Optimum Service from Quote to Claim**



BUSINESS INFORMATION						
Total Turnover			\$			
Total Wages			\$			
Number of Employees:						
Total Sub-Consultant Pa	yments		\$			
Other			\$			
Provide details or all Pro exported/imported:	oducts					
Extensions/Endorsement	ts – Please Sp	ecify:				
Do you export to the Un	ited States or	Canada?	Yes	No	0	
If yes, please provide de						
PREMISES CONSTRUC	TION					
Floor			Roof			
Walls			Age of Building			
SECURITY						
Burglar Alarm	Yes (	) No (	Type of Alarm:			
Deadlocks on all Externa	al Yes (	) No ()	Security Lighting	Yes O	No O	
Keyed Window Locks on External Windows	all Yes (	) No (	Bars on Windows	s Yes O	No O	
Roller Doors	Yes C	No O	Bollards in front of Roller Doors	of Yes O	No O	
Other Security – Please advise						
FIRE PROTECTION						
Back to Base Fire Alarm	Yes 🔘	No 🔘	Local Fire Alarm	Yes 🔘	No O	
Fire Sprinklers	Yes 🔘	No 🔘	Fire Hose Reels	Yes O No O	No or office	
Smoke Detectors	Yes 🔘	No 🔿	Extinguishers	Yes O No O	No of Units	
Other Fire Protection – Please advise						

**SUM INSURED** 

This covers Damage to Property insured at the Situation caused by any sudden or unexpected or unforeseen occurrence which is not otherwise excluded and provides a number of automatic extensions of cover and an optional extension of cover for Flood.						
Buildings	\$					
Mortgagee:						
Flood Cover:		Yes	0	No	0	
Plant, Machinery & All Oth	ner Contents	\$				
Stock		\$				
Other – specify: R	emoval of Debris	\$				
Other - specify.	lemoval of Debris	\$				
Accidental Damage 10% I	Max \$50,000	\$				
Policy Excess		\$				
BUSINESS INTERRUPT	ION (NORMAL COVER)	SUM	INSURE	D		
This covers consequential loss of income from the interruption of or interference with Your insured Business due to Insured Damage and provides a number of automatic extensions of cover and optional extensions of cover.						
Gross Annual Income		\$				
Additional Increased Cost	\$					
Loss of Rent Including Ou	\$					
Payroll						
Accounts Receivable		\$				
Additional Claims Prepara	tion Costs	\$				
Additional Increased Cost	of Working	\$				
Optional Extensions:-		\$				
Optional Extensions:-		\$				
Indemnity Period				Weel	<b>KS</b>	
Policy Excess	\$					
LIABILITY		SUM	INSURE	D		
This covers You for amounts You are legally liable to pay as compensation for Personal Injury, Property Damage and/or Advertising Liability occurring within the Territorial Limits as a result of an Occurrence in connection with Your Business. It also provides a number of automatic extensions of cover.						
General Liability	\$					
Products Liability	\$					
Care, Custody & Control	\$					
Policy Excess	\$					

FIRE & PERILS

BURGLARY		SUM INSURED				
This covers loss of or Damage to Property at the Premis extensions of cover.	es and provides	a number of automatic				
Contents (Exc Stock)	\$					
Damage to Premises		\$				
Contents (Inc Stock)		\$				
Stock in Trade		\$				
Cigarettes & Tobacco		\$				
Policy Excess		\$				
MONEY		SUM INSURED				
This covers loss of or Damage to Property at the Premis extensions of cover.	es and provides	s a number of automatic				
Blanket Cover		\$				
In Transit		\$				
In Building – Business Hrs		\$				
Additional In Building – Non Bus hrs		\$				
In Safe or Strongroom		\$				
Personal Custody		\$				
Additional Damage to Safe/Strongroom		\$				
Policy Excess		\$				
GLASS		CHOOSE APPLICABLE				
This covers You for Breakage of Glass at the Premises a extensions of cover.	nd provides a n	umber of automatic				
External: Single/Double/Multi Front	Replacement	O Not Taken				
Internal	Replacement	O Not Taken				
Optional Extensions:		\$				
Advertising Signs		\$				
Policy Excess		\$				
PORTABLE PROPERTY		SUM INSURED				
Covers items such as laptop computers, tools of trade whe	ther at or away f	from the premises.				
Unspecified Tools of Trade - Limit \$1,000 any item	ſ	\$				
Specified Items - Attach List	Ī	\$				
Policy Excess		\$				

EMPLOYEE FRAU	UD		SUM INS	<b>JRED</b>		
This covers You against loss of Property (including Money) due to the fraudulent or dishonest conduct of an Employee for their own gain or the financial benefit of any other person or organisation. It also provides a number of automatic extensions of cover.						
Blanket Cover for	all Employees		\$			
Policy Excess			\$			
MACHINERY & F	PLANT		SUM INS	<b>JRED</b>		
This covers Damage to Your insured Electrical, Electronic and Mechanical Plant and to Boilers and Unfired Pressure Plant. It also provides a number of automatic extensions of cover and an optional extension of cover for deterioration of Stock.						
Total Plant Value		\$	\$			
Deterioration of R	Refrigerated Food		\$			
Policy Excess			\$			
ELECTRONIC EQUIPMENT				SUM INSURED		
This covers loss of, Damage to or Breakdown of Your Insured Property caused by either Material Loss or Damage or Breakdown only cover. It also provides a number of automatic extensions of cover and optional extensions of cover.  Option 1) Accidental Damage including Breakdown Cover a)						
Option 2) Breakdown Cover Only  1. Specified Items - Attach List			b) ()			
· · · · ·			\$			
Loss of Restoring Data Increased Costs of Working			\$			
Policy Excess	or working		\$			
Tolicy Excess						
CLAIMS HISTORY						
Please provide de	etails of all claims	within the last five years				
Date of Loss C	Claim Details			Amount Paid		
				\$		
				\$		
				\$		
				\$		

OTHER INFORMATION				
Is there any further information that you would like to tell us?	Yes	0	No	0

## **IMPORTANT FACTS**

The Purpose of this Questionnaire is to set out all relevant information for your adviser to submit on your behalf to the insurer(s). Under the Insurance Contracts Act 1984, you are under a duty to make full disclosure as follows:

### **Your Duty of Disclosure**

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contract Act 1984 to disclose to the insurer every matter that you know or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matters -

- that diminish the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows, or in the ordinary course of their business, ought to know;
- as to which compliance with your duty is waived by the insurer.

### **Non-Disclosure**

If you fail to comply with your duty of disclosure the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the opportunity of voiding the contract from its beginning. There are other matters of which you should be aware in relation to the proposed professional indemnity insurance, as follows:

### **Utmost Good Faith**

A contract of insurance is based on the utmost good faith requiring the insurers and the insured to act towards each other with utmost good faith in respect of any matter arising in relation to the insurance.

#### **Privacy**

We are committed to protecting your privacy. To provide you with our services, which include negotiation and acquisition of insurance, we need to obtain certain information from you and pass it on to the third parties who are necessary to assist us in providing these services to you. These include insurers, accountants, lawyers and other advisers. We use the information you provide to advise about and assist with your insurance needs. We do not trade, rent or sell your information.

For further information about our Privacy Policy, ask for a copy or visit our website www.optimuminsurance.com.au

### **DECLARATION**

I/We the undersigned duly authorised person(s) declare that:

Email:

- I am/we are authorised by each of the Insured Company(s) to sign this Questionnaire;
- the above statements are correct, true and complete; and
- · no information material to this Questionnaire has been withheld; and
- I/we have read the important facts which you have put before me/us and I/we understand the advice given in relation to the duty of disclosure; and
- I/we have diligently made all necessary and detailed enquiries in order to comply with the duty of disclosure; and
- I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- I/We undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- I/we acknowledge that the Insurer relies on the information and representations in this Questionnaire and otherwise made by me/us in relation to this insurance.

Signature		
Full Name		
Position		
Date		
RETURN TO	Address:	Suite 1.01, Level 1, 27 Belgrave Street, MANLY NSW 2095
	Fax:	1300 732 225

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