

COMMERCIAL BUSINESS INSURANCE QUESTIONNAIRE

Current Broker	<input type="text"/>	Current Insurer	<input type="text"/>
Policy No.	<input type="text"/>	Expiry Date	<input type="text"/>
Contact Name	<input type="text"/>		
Postal Address	<input type="text"/>		
Phone	<input type="text"/>	Mobile	<input type="text"/>
Fax	<input type="text"/>	Website	<input type="text"/>
Email	<input type="text"/>		

Insured Full names of Insured Persons or Companies to be insured under this policy

Occupation Please provide a full detailed description of your occupation.

Years in Business

Situation Address

DUTY OF DISCLOSURE QUESTIONS

ANSWER

- | | | | | |
|---|-----|-----------------------|----|-----------------------|
| (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 claim, cancelled or refused to renew a policy or imposed special conditions? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| (b) In the past 10 years have you or any Insured person/ business/ corporation/ director ever been declared bankrupt or involved in any form of insolvency administration and not been discharged for at least one year? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| (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, including arson, or involving dishonesty of any kind? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| (d) Have you ever had a non-motor vehicle loss, whether insured or not, in excess of \$20,000? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| (e) Are you aware of any exceptional circumstances, not covered above, that would influence the underwriters decision to accept the risk of insurance, or alter the terms? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| (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 relation thereto? If YES (a to e only), please provide further details. | Yes | <input type="radio"/> | No | <input type="radio"/> |

Optimum Service from Quote to Claim

Optimum Insurance Services is a Corporate Authorised Representative of
 Insurance Advisernet Australia Pty Limited AFSL 240549 AR No. 291220

Commercial Business Insurance Questionnaire

BUSINESS INFORMATION

Total Turnover	\$	<input type="text"/>
Total Wages	\$	<input type="text"/>
Number of Employees:		<input type="text"/>
Total Sub-Consultant Payments	\$	<input type="text"/>
Other	\$	<input type="text"/>
Provide details or all Products exported/imported:		<input type="text"/>
Extensions/Endorsements – Please Specify:		<input type="text"/>
Do you export to the United States or Canada?	Yes	<input type="radio"/> No <input type="radio"/>
If yes, please provide details		<input type="text"/>

PREMISES CONSTRUCTION

Floor	<input type="text"/>	Roof	<input type="text"/>
Walls	<input type="text"/>	Age of Building	<input type="text"/>

SECURITY

Burglar Alarm	Yes <input type="radio"/> No <input type="radio"/>	Type of Alarm:	<input type="text"/>
Deadlocks on all External Doors	Yes <input type="radio"/> No <input type="radio"/>	Security Lighting	Yes <input type="radio"/> No <input type="radio"/>
Keyed Window Locks on all External Windows	Yes <input type="radio"/> No <input type="radio"/>	Bars on Windows	Yes <input type="radio"/> No <input type="radio"/>
Roller Doors	Yes <input type="radio"/> No <input type="radio"/>	Bollards in front of Roller Doors	Yes <input type="radio"/> No <input type="radio"/>
Other Security – Please advise	<input type="text"/>		

FIRE PROTECTION

Back to Base Fire Alarm	Yes <input type="radio"/> No <input type="radio"/>	Local Fire Alarm	Yes <input type="radio"/> No <input type="radio"/>	No of Units
Fire Sprinklers	Yes <input type="radio"/> No <input type="radio"/>	Fire Hose Reels	Yes <input type="radio"/> No <input type="radio"/>	No of Units
Smoke Detectors	Yes <input type="radio"/> No <input type="radio"/>	Extinguishers	Yes <input type="radio"/> No <input type="radio"/>	No of Units
Other Fire Protection – Please advise	<input type="text"/>			

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FIRE & PERILS	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	\$ <input style="width: 150px; height: 20px;" type="text"/>
Mortgagee:	<input style="width: 150px; height: 20px;" type="text"/>
Flood Cover:	Yes <input type="radio"/> No <input type="radio"/>
Plant, Machinery & All Other Contents	\$ <input style="width: 150px; height: 20px;" type="text"/>
Stock	\$ <input style="width: 150px; height: 20px;" type="text"/>
Other – specify: Removal of Debris	\$ <input style="width: 150px; height: 20px;" type="text"/>
	\$ <input style="width: 150px; height: 20px;" type="text"/>
Accidental Damage 10% Max \$50,000	\$ <input style="width: 150px; height: 20px;" type="text"/>
Policy Excess	\$ <input style="width: 150px; height: 20px;" type="text"/>

BUSINESS INTERRUPTION (NORMAL COVER)	SUM INSURED
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	\$ <input style="width: 150px; height: 20px;" type="text"/>
Additional Increased Cost of Working	\$ <input style="width: 150px; height: 20px;" type="text"/>
Loss of Rent Including Outgoings	\$ <input style="width: 150px; height: 20px;" type="text"/>
Payroll	\$ <input style="width: 150px; height: 20px;" type="text"/>
Accounts Receivable	\$ <input style="width: 150px; height: 20px;" type="text"/>
Additional Claims Preparation Costs	\$ <input style="width: 150px; height: 20px;" type="text"/>
Additional Increased Cost of Working	\$ <input style="width: 150px; height: 20px;" type="text"/>
Optional Extensions:- <input style="width: 250px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
Optional Extensions:- <input style="width: 250px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
Indemnity Period	<input style="width: 80px; height: 20px;" type="text"/> Weeks
Policy Excess	\$ <input style="width: 150px; height: 20px;" type="text"/>

LIABILITY	SUM INSURED
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	\$ <input style="width: 150px; height: 20px;" type="text"/>
Products Liability	\$ <input style="width: 150px; height: 20px;" type="text"/>
Care, Custody & Control	\$ <input style="width: 150px; height: 20px;" type="text"/>
Policy Excess	\$ <input style="width: 150px; height: 20px;" type="text"/>

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BURGLARY	SUM INSURED
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This covers loss of or Damage to Property at the Premises and provides a number of automatic extensions of cover.

Contents (Exc Stock)	\$
Damage to Premises	\$
Contents (Inc Stock)	\$
Stock in Trade	\$
Cigarettes & Tobacco	\$
Policy Excess	\$

MONEY	SUM INSURED
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This covers loss of or Damage to Property at the Premises and provides a number of automatic extensions of cover.

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
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This covers You for Breakage of Glass at the Premises and provides a number of automatic extensions of cover.

External: Single/Double/Multi Front	Replacement	<input type="radio"/>	Not Taken	<input type="radio"/>
Internal	Replacement	<input type="radio"/>	Not Taken	<input type="radio"/>
Optional Extensions:		\$		
Advertising Signs		\$		
Policy Excess		\$		

PORTABLE PROPERTY	SUM INSURED
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Covers items such as laptop computers, tools of trade whether at or away from the premises.

Unspecified Tools of Trade - Limit \$1,000 any item	\$
Specified Items – Attach List	\$
Policy Excess	\$

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EMPLOYEE FRAUD **SUM INSURED**

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 & PLANT **SUM INSURED**

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 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) <input type="radio"/>
Option 2) Breakdown Cover Only	b) <input type="radio"/>

1. <u>Specified Items – Attach List</u>	\$
Loss of Restoring Data	\$
Increased Costs of Working	\$
Policy Excess	\$

CLAIMS HISTORY

Please provide details of all claims within the last five years

Date of Loss	Claim Details	Amount Paid
		\$
		\$
		\$
		\$

OTHER INFORMATION

Is there any further information that you would like to tell us?

Yes No

