

BUSINESS INSURANCE QUESTIONNAIRE

Please answer all questions. Please tick appropriate boxes and provide details as requested. If there is not enough space provided to answer a question, please complete on a separate page and attach it to the Quotation Form.

DATE:

INSURED DETAILS					
Insured(s) Name:		<i>Note: Please list all entities to be insured. Including any ABN registered companies & trusts that may have an ownership or financial interest in the business.</i>			
Trading as:					
Contact Name:		Phone:			
Email:		Website:			
Postal Address				Postcode:	
ABN:		GST Registered: Yes <input type="checkbox"/> No <input type="checkbox"/>		ITC %	
Are you exempt from Stamp Duty?		Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(If yes, please provide proof or ask Broker about NSW Stamp Duty Exemption)</small>			

Period of Insurance:	From:	To:
----------------------	-------	-----

Previous Insurance	Has this business/property been insured previously? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of insurer(s):	Policy Expiry Date:

DETAILS OF YOUR BUSINESS/DETAILS OF THE PREMISES						
Estimated Gross Annual Turnover:		No. of staff: <small>(including working Directors)</small>		FT	PT	
Main Business Location:						
Suburb:		State:		Postcode:		
Nature of your Business:		Property Owner only		Owner Occupier		Tenant
Details of the occupation of Your Business/What are the premises used for:						
If Property Owner only – List ALL Tenants						
Name of interested Parties:						
Type of interest (i.e. Landlord, Financier):						
Do you store hazardous chemicals, flammable liquid and/or gases at the premises?				Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please give details of type(s), storage arrangements, and quantity:						
What percentage of EPS, PIR or Sandwich Panelling does the premises contain?				%		
The Premises – location type(Please tick one box)						
<input type="checkbox"/> Main street frontage		<input type="checkbox"/> Industrial Estate		<input type="checkbox"/> Shopping Mall (outdoor)		
<input type="checkbox"/> Rural/out of town/remote		<input type="checkbox"/> Suburban street		<input type="checkbox"/> Shopping centre (no street frontage)		
What floor are you on:		Number of storeys/floors:		Number of units (if available):		
Are the premises shared with other occupants?		Yes <input type="checkbox"/> No <input type="checkbox"/>				
How long have you been conducting this business:		At these premises years		Elsewhere years		

DETAILS OF YOUR BUSINESS/DETAILS OF THE PREMISES

What is the roof made of?		What are the walls made of?	
What is the floor made of?		What is the age of the premises?	years
Are the premises connected to mains water supply? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If the Premises are >50 years old when last rewired? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is the building at the Premises subject to a heritage or national trust listing Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please give details:			

SECURITY & FIRE PROTECTION

What protection is installed on your premises?	
Security	Fire Protection
<input type="checkbox"/> Deadlocks on all external doors	<input type="checkbox"/> Shopping centre (no street frontage)
<input type="checkbox"/> Window locks on all windows without bars	<input type="checkbox"/> Extinguishers
<input type="checkbox"/> Bars on windows /non-opening windows	<input type="checkbox"/> Hydrants
<input type="checkbox"/> CCTV	<input type="checkbox"/> Hose reels
<input type="checkbox"/> Bollards or Roller shutters	<input type="checkbox"/> Monitored fire alarm
<input type="checkbox"/> External Lighting	Fully sprinklered
<input type="checkbox"/> Watchman patrols	<input type="checkbox"/> Single water supply
<input type="checkbox"/> Local burglar alarm	<input type="checkbox"/> Dual water supply
<input type="checkbox"/> Monitored burglar alarm	<input type="checkbox"/> Smoke Detectors
If applicable, specify type of alarm monitoring:	
Describe any other security or fire protection precautions at the premises:	
Is there any commercial cooking done on these premises? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please complete <i>Supplementary Cooking Risk Questionnaire</i>	

PROPERTY DAMAGE COVER

This cover section provides cover for physical loss of or damage to Your Property Insured at the Premises. It does not cover theft of Property Insured (refer to Theft cover section).

Is cover required? Yes ☐ No ☐

	Sum Insured
Buildings including Landlords fixture's & fittings	\$
Stock (including work in progress, customer's goods)	\$
Contents (excluding money)	\$
Rewriting of records (if replacing the standard cover)	\$
Removal of debris (if replacing the standard policy benefit)	\$
Extra costs of reinstatement (if replacing the standard policy benefit)	\$
Playing surfaces (if replacing the standard cover)	\$
Specified Items:	\$
Optional Covers:	
	Sum Insured
Do you require Strat title mortgagee(s) interest cover only? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Do You require cover to be extended to include Flood? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Seasonal increases? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, 1 st period: From: To	2 nd period: From: To

BUSINESS INTERRUPTION COVER

This cover section covers a reduction in the income of the business as a result of loss or damage to the business' property. (Your Broker can assist you with calculating the correct sums insured)

Is cover required? Yes ☐ No ☐

	Sum Insured
Annual Gross Revenue/Turnover Indemnity Period _____ months	\$
Weekly Revenue Indemnity Period _____ weeks	\$ per week
Insurable Gross Profit Indemnity Period _____ months	\$
Loss of Rent Receivable Indemnity Period _____ months	\$
Additional increase in cost of working	\$
Accounts Receivable (Outstanding Debtors)	\$
Claim preparation costs (Accountant Fees, Claim Preparer Fees)	\$
Uninsured Working Expenses (purchases, bad debt, freight, packaging etc)	\$
Optional Cover:	
Goodwill	\$

THEFT COVER

This cover section provides cover for loss of or damage to Property Insured at the Premises caused by theft.

Is cover required? Yes ☐ No ☐

	Sum Insured
Contents excluding Stock	\$
Stock in Trade	\$
Contents including Stock	\$
Cigarettes/Tobacco (consisting of cigarettes, tobacco or cigars)	\$
Theft without forcible and violent (replacing standard policy benefit)	\$
Additional damage to premises (replacing standard policy benefit)	\$
Optional Cover:	
Theft of Property Insured in the open air (within boundaries of Premises)	\$

MONEY COVER

This cover section provides cover for loss or damage to the business' Money.

Is cover required? Yes ☐ No ☐

	Sum Insured
1. Money In Transit	\$
2. Money in the Building during Business hours	\$
3. Money in the Building outside of Business hours	\$
4. Money in the Building anytime in a locked Safe or Strongroom	\$
5. Money in Custody/private residences	\$
OR	
Blanket cover (covering Money under items 1 to 5 above)	\$

PUBLIC AND LIABILITY COVER

This cover section provides cover for the Business' legal liability to pay as Compensation in respect of Personal Injury, Property Damage or Advertising Injury, which happens during the Period of Insurance within the Geographical Limits in connection with Your Business and caused by or arising out of an Occurrence.

Is cover required? Yes ☐ No ☐

Gross Annual Wages Paid \$

Public and Property Liability cover required: (please tick one box)

\$5,000,000 ☐ 10,000,000 ☐ \$15,000,000 ☐ \$20,000,000 ☐ Other \$

Additional Benefit

Provide the approximate percentage split of your activities (based on gross turnover/fee income) per state.

% NSW	% VIC	% QLD	% SA	% WA	% NT	% TAS	% ACT	% Overseas
-------	-------	-------	------	------	------	-------	-------	------------

Do you engage contractors, subcontractors or staff from labour hire firms? Yes ☐ No ☐

If yes,

1. Do You ensure that contractors and subcontractors have their own liability insurance, and where necessary Workers Compensation Insurance? Yes ☐ No ☐
2. Estimated amount to be paid in the next 12 months to contractors, subcontractors & labour hire firms:

Labour	\$	
Labour and Plant	\$	
Labour and Plant and Materials	\$	

3. Type of work done by contractors, subcontractors and staff from labour hire firms:

HAZARDOUS ACTIVITIES & SUBSTANCES

	Yes	No
Do you, or do you intend to use, store or handle hazardous substances?		
Do you discharge waste or hazardous material into the atmosphere, sewer or elsewhere?		
Do you perform "hot work" away from own premises that involves the use of cutting, welding, grinding or soldering equipment?		
Do you use or handle asbestos at any time?		
Does your work perform work on or in connection with: Explosives, demolition, construction or maintenance work involving bridges, chemicals, defence, mines, offshore platforms, aircrafts or airports, utilities, gas production, petrochemical plants, power stations, cooling towers, rail, ships or marine risks		
If you selected yes to any of the above, please give full details.		
Do you work at heights above 10 metres or depths below 3 metres?		
If you selected yes , please give full details.		
Do you hire out equipment and/or staff?		
If yes, Is there a Hire Agreement with a legal waiver in place that the hirer signs before hire?		
Is the equipment checked and maintained after each hire?		

Products	
Products means anything manufactured, constructed, erected, assembled, installed, grown, extracted, produced or processed, treated, altered, modified, repaired, serviced, bottled, labelled, handled, sold, supplied, re-supplied or distributed, imported or exported, by You or on Your behalf in the course of Your Business, including any packaging.	
Please provide details of Your Products, their intended use and estimated annual turnover of each Product. Do You: (please tick)	
<input type="checkbox"/> Export <input type="checkbox"/> Import <input type="checkbox"/> Repack <input type="checkbox"/> Re-label <input type="checkbox"/> Process <input type="checkbox"/> Manufacture <input type="checkbox"/> Assemble <input type="checkbox"/> Recondition <input type="checkbox"/> Carry out any installation	
If You selected any of the above, please give full details, including estimated annual turnover for that process, and for imports/exports, please detail the countries of origin/delivery.	
Do You provide entertainment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details:	
Are you licenced to serve alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/> What is the latest time you trade to am/pm	
Does your Business involve a Motor Trade? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your Business involve Woodworking? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your Business involve Welding or cutting? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, to any of the above, a supplementary questionnaire may be required	

TRANSIT COVER	
This cover section provides cover for loss of or damage to Property Insured belonging to You or for which You are legally responsible whilst in Transit within the Commonwealth of Australia.	
Is cover required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How many vehicle(s) will be used to convey the Property Insured?	
State all types of property insured to be covered:	
Sum insured per transit:	\$
Will the property insured include cigarettes/tobacco? Yes <input type="checkbox"/> No <input type="checkbox"/>	

ELECTRONIC EQUIPMENT BREAKDOWN COVER	
This cover section provides cover for the Breakdown of Electronic Equipment at Your Premises. Laptop computers that are also insured under the General Property cover section are covered for Breakdown Australia wide.	
Is cover required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please list electronic equipment to be covered:	Sum Insured
	\$
	\$
	\$
	\$
	\$
Additional benefits	Sum Insured
Restoration of Electronic Data (replacing the standard cover)	\$
Computers – increased costs (replacing the standard cover)	\$
Indemnity Period (replacing the standard):	days

MACHINERY BREAKDOWN COVER

This cover section provides cover for the Breakdown of Machinery at Your Premises. Two types of cover are available; Specified Machinery cover and Blanket Machinery cover.

Is cover required? Yes ☐ No ☐

Blanket machinery – Limit any one event

\$10,000 ☐ \$20,000 ☐ Other Amount: \$

Please indicate the number of all Blanket Machinery items at the premises by type: *(insert number in boxes)*

Refrigerators: Freezers: Cool Rooms: Other types:

If any Other types of items, please describe types:

Specified Machinery *(please list below or ask your Broker for machinery tick off list)*

Unit Name/Type of Use	Serial Number	Kw or hp	Age (years)	Sum Insured
				\$
				\$
				\$
				\$
				\$
				\$

Optional Cover

Deterioration of Stock cover required? Yes ☐ No ☐ If yes, sum insured required: \$

Details of your machinery

Are any items of Machinery subject to a maintenance agreement? Yes ☐ No ☐

Are any items of Machinery more than 15 years old? Yes ☐ No ☐

Are there any apparent known defects in any of the items of Machinery? Yes ☐ No ☐

Do any of the items of Machinery require a certificate of inspection? Yes ☐ No ☐

If yes to any of the above, provide details:

GENERAL PROPERTY COVER

This cover section covers loss or damage to portable business items away from the business premises.

Is cover required? Yes ☐ No ☐ Australia wide ☐ Worldwide ☐

Type of cover required: (please tick one box)

☐ Defined Perils *(Fire & perils, damage due to collision or overturning vehicle, & theft following forcible entry from securely locked vehicle)*

☐ Full Accidental Damage *(in addition to Defined Perils)*

Unspecified Items - Replacement Value: \$

Items worth more than \$2,000 should be specified. If not enough space below, please provide a separate schedule.

Specified Items

Item Description	Serial Number <i>(if applicable)</i>	Replacement Value
		\$
		\$
		\$
		\$
		\$

TAX AUDIT COVER

This cover section provides cover for the professional fees such as accountant's fees incurred by You in connection with an audit or investigation of Your Business's tax affairs by a federal or state taxation authority.

Is cover required? Yes ☐ No ☐

Tax Audit Costs – Cover required: (please tick one box)

\$5,000,000 ☐ 10,000,000 ☐ \$15,000,000 ☐ \$20,000,000 ☐ Other \$

EMPLOYEE DISHONESTY COVER

This cover section provides cover for theft of Your Money, Contents or Stock by any of Your Employees.

Is cover required? Yes ☐ No ☐

Employee Dishonesty – Sum Insured Required: \$

Number of employees:

Number of employees handling money:

ADDITIONAL QUESTIONS

All of the following questions must be answered.

Have You, Your partners, any other office-holders; or if a corporation any of its directors proposed to be insured under this Policy, either alone or jointly:

- | | |
|---|--|
| 1. Had any insurance declined, cancelled or refused renewal, had any special conditions/warranty imposed, or declined or refused a claim in the last 5 years? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Suffered any loss, destruction or damage and/or made a claim on any insurer for any event whether insured or otherwise or had any claims made against you in the last 5 years? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Been charged with or convicted of any criminal offences in the past 10 years (other than minor traffic convictions)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Been declared bankrupt or ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation, receivership or voluntary administration)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If yes to any of the above, please give full details:

DUTY OF DISCLOSURE

Under the Insurance Contracts Act, you have to disclose every matter that you know, or could reasonably be expected to know, is relevant to the Insurers decision whether to accept the risk of insurance and on what terms. The duty of disclosure applies on each and every occasion you seek new insurance cover or renewal, alter or extend existing cover.

Your duty does not require disclosure on any matter

- that diminishes the risk to be undertaken
- that is common knowledge
- that the Insurance Company knows or in the ordinary course of its business ought to know
- as to which the Insurer waives compliance with your duty

It is essential that you comply with your duty of disclosure as the Insurance Company may be entitled to deny a claim, reduce its liability under the contract of insurance or cancel the contract from its beginning.

PRIVACY

CoverMe Insurance Solutions Pty Ltd are committed to protecting your privacy. For more information about our Privacy Policy, please ask us for a copy or view [here](#).

DECLARATION

I/we declare that the information in this questionnaire is true and correct and I/we have not withheld any relevant information.

Signature of applicant(s):

Position held:

Date: