

TRADESPACK 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:	<small>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.</small>		
Trading as:			
Contact Name:		Phone:	
Email:		Website:	
Postal Address			Postcode: <input type="text"/>
ABN:		GST Registered: Yes <input type="checkbox"/> No <input type="checkbox"/>	ITC % <input type="text"/>
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: <input type="text"/>	To: <input type="text"/>
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Previous Insurance	Has this business/property been insured previously? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of insurer(s):	Policy Expiry Date: <input type="text"/>

DETAILS OF YOUR BUSINESS/DETAILS OF THE PREMISES			
Please provide details of your BUSINESS OCCUPATION/ACTIVITIES			
Trades Licence No. (i.e. Plumbing Lic. No.)	<input type="text"/>		No. of years held? <input type="text"/>
Actual Gross Turnover & Wages last 12 months:	Turnover: <input type="text"/>	\$ <input type="text"/>	Wages: \$ <input type="text"/>
Estimated Gross Turnover & Wages last 12 months:	Turnover: <input type="text"/>	\$ <input type="text"/>	Wages: \$ <input type="text"/>
No. of staff: <small>(including working Directors)</small>	Full time: <input type="text"/>	Part Time: <input type="text"/>	
What percentage of your work relates to:	DOMESTIC: <input type="text"/> %	COMMERCIAL: <input type="text"/> %	INDUSTRIAL: <input type="text"/> %
Plumbers only: Type B Gas Fitting? Yes <input type="checkbox"/> No <input type="checkbox"/> Estimated Turnover for this activity: <input type="text"/> %			

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 <input type="checkbox"/> No <input type="checkbox"/>			
Public and Property Liability cover required: (please tick one box)			
\$5,000,000 <input type="checkbox"/> 10,000,000 <input type="checkbox"/> 15,000,000 <input type="checkbox"/> 20,000,000 <input type="checkbox"/> Other \$ <input type="text"/>			
Additional Benefit			
Provide the approximate percentage split of your activities (based on gross turnover/fee income) per state.			
Property in your physical or legal control cover (if replacing the standard cover):			\$ <input type="text"/>
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

Continued over page

PUBLIC AND LIABILITY COVER *continued*

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:

Do you engage staff from Labour Hire firms? Yes ☐ No ☐

If yes, please provide details:

Estimated amount to be paid to Labour Hire firms in the next 12 months: \$

Type of work done by staff from the labour hire firms:

Is the work site made safe and secure according to relevant statutory obligations by laws, regulations, public authority requirements and safety requirements? Yes ☐ No ☐

Do you assume Liability or hold others harmless (other than lease liability)? Yes ☐ No ☐

If yes, please provide details provide a copy of the contract:

HAZARDOUS ACTIVITIES AND 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

Do you manufacture, supply, distribute or sell any products? Yes ☐ No ☐

If yes, please provide details of your products:

Do you: *(please tick)*

- | | | | |
|---|-----------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Export | <input type="checkbox"/> Import | <input type="checkbox"/> Repack | <input type="checkbox"/> Re-label |
| <input type="checkbox"/> Manufacture | <input type="checkbox"/> Assemble | <input type="checkbox"/> Recondition | <input type="checkbox"/> Process |
| <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:

PERSONAL ACCIDENT AND ILLNESS COVER

Is this cover required? Yes ☐ No ☐

Insured Name:

Date of Birth:

Sex:

Height:

Weight:

	Yes	No
In the past 5 years have you been medically attended to for any condition, injury or illness?		
Are you currently suffering from any illnesses or diseases?		
Have you ever claimed for benefits under any accident or sickness insurance?		
Have you been declined accident, sickness or life insurance, or been issued such insurance which has been postponed, modified, rated up, cancelled or renewal refused?		
Have you ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis or rheumatism, any disorders or mental, respiratory, nervous, genal-urinary, digestive, or circulatory systems, or of back, spine, eyes or heart?		
Are you involved in any hazardous pursuits, activities or sports?		
Are you a smoker?		

If yes, please provide details:

Name of current insurer:

Expiry Date:

Cover Required:

Capital Sum Insured: i.e. \$50,000, \$100,000 \$

(Weekly Accident & Illness – Average weekly gross earnings (before tax), less your business expenses. You can insure up to 85% of your average weekly earnings)

Weekly Earnings/Sum Insured: \$

Please choose level of cover: Accident Only ☐ Accident and Illness: ☐

Benefit Period (Weeks): i.e. 52 or 104?

Waiting Period (Days): i.e. 7, 14, 21, 28?

Fixed Business Expense Cover: (available for Sole Traders) \$

TOOLS OF TRADE COVER

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

Is cover required? Yes ☐ No ☐

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

Replacement Value: \$

Specified Items:

Item Description	Serial Number (If applicable)	Replacement Value (Incl. GST)
		\$
		\$
		\$
		\$
		\$
		\$

PROPERTY COVER DETAILS - (GO TO DECLARATION ON LAST PAGE IF THIS SECTION NOT REQUIRED)

Is cover required? Yes ☐ No ☐

Do you store hazardous chemicals, flammable liquid and/or gases at this Premises? Yes ☐ No ☐

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)

- ☐ Main street frontage ☐ Industrial Estate ☐ Shopping Mall (outdoor)
- ☐ Rural/out of town/remote ☐ Suburban street ☐ 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 ☐ No ☐

How long have you been conducting this business: At these premises years | Elsewhere years

CONSTRUCTION

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 ☐ No ☐

If the Premises are over 50 years old:

Has the premises been fully renovated for its current purpose? Yes ☐ No ☐

When was building last rewired?

If wiring is over 20 years old have you had a thermos graphic scan with no faults recorded, OR, do you have an Electricians Report confirming compliant? Yes ☐ No ☐

Is the building at the Premises subject to a heritage or national trust listing Yes ☐ No ☐

If yes, please give details:

SECURITY & FIRE PROTECTION

What protection is installed on your premises? (please select)

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 ☐ No ☐

If yes, please complete **Supplementary Cooking Risk Questionnaire**

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)	\$
Optional Covers:	
	Sum Insured
Do you require Strata 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"/>	

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: