

## IMPORTANT INFORMATION

### INSURER AND AGENT

Calibre Commercial Insurance Pty Ltd (ABN 86 603 039 023, AFSL 474540) ('Calibre Insurance') acts under a binder as agent for Great Lakes Insurance SE (ARBN 127 740 532, ABN 18 964 580 576, AFSL 318603) trading as Great Lakes Australia ('GLA'). Great Lakes Insurance SE is a limited liability company incorporated in Germany.

In all aspects of arranging this Policy, Calibre Insurance acts as an agent for the Insurer and not for You.

### DEFINED TERMS

Some words used in this Application Form ('Application') have a special meaning as defined in the Policy wording and such other documents which make up the Policy which contain definitions.

### GENERAL INSURANCE CODE OF PRACTICE

GLA is a signatory to the General Insurance Code of Practice ('the Code'). The Code aims to raise standards of service between insurers and their customers. Calibre Insurance's service standards are in accordance with the Code.

For any information about the Code, including a copy of the Code, contact Us or the Financial Ombudsman Service Limited ('FOS Australia') on 1800 367 287 (or 1800 FOS AUS) or visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

### YOUR DUTY OF DISCLOSURE (please read carefully)

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, 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.

#### 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.

After the Policy is entered into, ongoing disclosure obligations apply. See the Policy for details.

### PRIVACY

Both GLA and Calibre Commercial Insurance Pty Ltd ('Calibre Insurance') are committed to the safe and careful use of Your personal information in the manner required by the *Privacy Act 1988* (Cth), the Australian Privacy Principles and the terms of the Policy.

Calibre Insurance and/or GLA collect Your personal information in order to assess Your Application for insurance and, if Your Application is accepted, to administer and manage the Policy and respond to any claim that You make. To do this, Your personal

information may need to be disclosed to reinsurers, service providers and related entities who carry out activities on Our and Calibre Insurance's behalf, such as assessors and facilitators, some of whom may be located in overseas countries. Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing Us and Calibre Insurance with Your personal information, You consent to the disclosure of Your personal information (including sensitive information) to reinsurers, service providers and related entities in overseas countries to enable Us and Calibre Insurance to assess Your Application, to administer and manage the Policy and to respond to any claim that You make. Your personal information (including sensitive information) may be disclosed to entities in the following countries: Canada, Germany, India, Singapore, South Africa and the United Kingdom. If You consent to the disclosure of Your personal information to overseas recipients, and the overseas recipient handles Your personal information in a way other than in accordance with the Australian privacy laws, We and Calibre Insurance may not be responsible for the handling of Your personal information by the overseas recipient.

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We and/or Calibre Insurance may not be able to assess Your Application or administer and manage the Policy and respond to any claim that You make.

Our and Calibre Insurance's privacy policies contain information on how You may access personal information that each of Us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of Your personal information and how complaints are handled.

If You require more information, You can access the GLA Privacy Policy and Privacy Statement at [www.munichre.com/io/gla/en/privacy\\_statement.aspx](http://www.munichre.com/io/gla/en/privacy_statement.aspx) or Calibre Insurances Privacy Policy at [www.calibreinsurance.com.au/wp-content/uploads/PrivacyPolicy.pdf](http://www.calibreinsurance.com.au/wp-content/uploads/PrivacyPolicy.pdf) and Privacy Statement at [www.calibreinsurance.com.au/privacy-security/privacy-statement/](http://www.calibreinsurance.com.au/privacy-security/privacy-statement/)

### UNDER-INSURANCE

The Property Damage and Business Interruption sections of this Policy are subject to an under-insurance/average condition. The effect of this condition is that if, at the time of loss the Sum Insured is less than the full value of the property or revenue/gross profit insured, then You may not be covered for Your full loss. To avoid the possibility of having to bear a portion of any claim You should ensure that You are fully covered at all times. It is Your responsibility to ensure the adequacy of Sums Insured and You should re-assess these Sums Insured during the currency of the Policy and prior to renewal each year.

### FORM COMPLETION

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 Your answer on a separate page and attach it to the Application.

**IMPORTANT:** Any explanations of the cover in this application form are only a summary of the cover provided under the Policy. Full details of the standard cover, limitations, exclusions, terms, conditions and other benefits are contained in the Policy document which is available on request.

**THE APPLICANT**

Applicant(s) name

Trading as

Has this Business/property been insured previously?

Yes  No

Name of insurer(s)

**PERIOD OF INSURANCE**

From

To

 /  / 

Cover Note number

Date of expiry

 /  / 

**DETAILS OF THE BUSINESS/DETAILS OF THE RISK ADDRESS**

What are the premises You wish to insure?

Address

Suburb

State

  

Postcode

   

Nature of Your Business:  Property Owner only  an Owner Occupier  or a Tenant

Details of the occupation of Your Business/what are the premises used for:

Estimated Gross Annual Business Turnover

\$

No. of employees

**Interested parties**

Name of interested party

Type of interest

Address

Suburb

State

  

Postcode

   

Do You store hazardous chemicals, flammable liquid and/or gases at the premises?

Yes  No

If yes, please give details of type(s), storage arrangements and quantity below:



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 or owned this property:

At these premises  Elsewhere

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 >50 years old has the Premises been fully rewired since 1975? Yes  No

Is the building at the premises subject to a heritage or national trust listing, urban conservation order or any local ordinance requiring conditional re-instatement or redevelopment? Yes  No

If yes, please give details

What protection is installed on Your premises? (✓ please tick)

**Security:**

- Deadlocks  
 Keyed window locks  
 Bars/grilles/padlocks on windows/skylights  
 Local burglar alarm  
 Monitored burglar alarm

**Fire protection:**

- Extinguishers  
 Hydrants  
 Hose reels  
 Monitored fire alarm  
 Fully sprinklered:  Single water supply  
 Dual water supply

Method of burglar alarm monitoring

Describe any other security precautions at the premises

Is there any commercial cooking done on these premises? Yes  No

If yes, please specify the numbers and type of cooking: (insert number in box)

Wok  Oven  Stove  Hot plate/grill  Deep frying

Other cooking methods

If deep frying, total no. of litres

Are deep fryers fitted with thermostat cut off? Yes  No

If wok cooking, is any deep frying carried out in a Wok? Yes  No

Do You provide entertainment? Yes  No

If yes, please provide details

Are You licensed to serve alcohol? Yes  No

What is the latest time You trade to?  am/pm

**SECTION 1 PROPERTY DAMAGE**

This Section provides cover for physical loss or damage to the Business' property at the Risk Address. It does not cover loss or damage to the Business' property caused by theft (refer to Section 3 Burglary) nor loss of or damage to money (refer to Section 4 Money).

Is cover required?

Yes  No

	Sum Insured
1. Buildings	\$ <input type="text"/>
2. Contents	\$ <input type="text"/>
3. Stock	\$ <input type="text"/>
4. Contents & Stock	\$ <input type="text"/>
5. Cost of Rewriting Documents (replacing the standard \$50,000 cover)	\$ <input type="text"/>
6. Removal of Debris (replacing the standard \$100,000 cover)	\$ <input type="text"/>
7. Other Items:	
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

**SECTION 2 BUSINESS INTERRUPTION**

This Section covers a reduction in the income of the Business as a result of loss or damage to the Business' property.

Is cover required?

Yes  No

	Sum Insured
1. Gross Income (being money payable to You for goods sold/electrical power generated/services rendered/Gross Rentals received less the purchase cost of stock/Uninsured Working Expenses/Wages (if Wages is insured separately))	Indemnity Period <input type="text"/> months \$ <input type="text"/>
2. Weekly Income (being money payable to You for goods sold/services rendered or rentals received, less the purchase cost of stock)	Indemnity Period <input type="text"/> weeks \$ <input type="text"/> per week
3. Gross Rentals (being rentals received including contributions to outgoings)	Indemnity Period <input type="text"/> months \$ <input type="text"/>
4. Wages	Wages Indemnity Period <input type="text"/> months \$ <input type="text"/>
5. Additional Increased Costs of Working (in addition to the automatic \$25,000 cover)	\$ <input type="text"/>
6. Accounts Receivable (replacing the standard \$7,500 cover)	\$ <input type="text"/>
7. Additional Claims preparation costs (in addition to the standard \$25,000 cover)	\$ <input type="text"/>
Uninsured Working Expenses:	
<input type="text"/>	
<input type="text"/>	

**SECTION 3 BURGLARY**

This Section provides cover for Property Damage to the Business' property at the Risk Address caused by theft.

Is cover required?

Yes  No

	Sum Insured
1. Contents	\$ <input type="text"/>
2. Stock in Trade (excluding Tobacco Products)	\$ <input type="text"/>
3. Contents and Stock in Trade (excluding Tobacco Products)	\$ <input type="text"/>
4. Tobacco Products (consisting of cigarettes, tobacco, and cigars)	\$ <input type="text"/>

**SECTION 4** **MONEY**

This Section provides cover for physical loss or damage to the Business' Money. Money covered includes cash, credit card vouchers, cheques, telephone cards, metropolitan transit tickets and also lottery tickets (for their purchase cost only) but excludes bullion. Please see policy wording for full definition of 'Money'.

Is cover required?

Yes  No

1. Money in transit or in a Bank night safe
2. Money at the Risk Address during Normal Business Hours
3. Money in a locked Safe or Strongroom
4. Money in Your private residence (or the residence of Your authorised representative)
5. Money at the Risk Address outside Normal Business Hours (but not in a locked Safe or Strongroom)

Sum Insured

\$

\$

\$

\$

\$

OR

6. Combined Money

\$

(covering items 1 to 5 above. Note: cover for Money at the Risk Address outside Normal Business Hours (but not in a locked Safe or Strongroom) is limited to \$2,500).

**Optional Benefit**

Taxation Audit Costs. Cover required: (✓ please tick one box)

\$10,000

\$20,000

\$30,000

\$40,000

\$50,000

**SECTION 5** **GLASS**

This Section provides cover for Breakage of glass at the Risk Address.

Is cover required?

Yes  No

Glass cover You require: (✓ please tick)

Fixed External Glass

Fixed Internal Glass

Sum Insured

\$

Damage to signs (replacing the standard \$8,000 cover)

\$

Additional Benefits 1 to 5 total limit any one Period of Insurance (replacing of the standard \$10,000 cover) (Additional Benefits include such covers as temporary shuttering, signwriting, etc.)

**SECTION 6** **BROADFORM LIABILITY**

This Section provides cover for the Business' legal liability for Personal Injury to another person (other than Employees) or damage to property not belonging to the Business or Advertising Liability, which happens during the Period of Insurance and which is caused by an Occurrence in connection with the Business.

Is cover required?

Yes  No

Legal Liability cover Required: (✓ please tick one box)

\$5,000,000

\$10,000,000

\$15,000,000

\$20,000,000

Property in physical or legal control cover required (replacing the standard \$250,000 cover)

\$

**Optional Extension**

Road Risk Cover (covering Property Damage You are legally liable for, to or caused by customers' Vehicles whilst in Your control for the purpose of repairs, service or maintenance). Sum Insured required

\$

**Details of Your Business/Products**

Do You engage contractors, subcontractors or staff from labour hire firms?

Yes  No

If yes, please indicate:

1. Do You ensure that contractors and subcontractors have their own liability insurance?
2. Estimated amount to be paid in the next twelve months to contractors, subcontractors and labour hire firms
3. Type of work done by contractors, subcontractors and staff from labour hire firms

Yes  No

\$

Products means any goods, products or property (including any components, packaging or container for any of these) after they have ceased to be in Your possession or under Your control which are or are deemed by law to have been manufactured, grown, extracted, produced, processed, assembled, constructed, erected, repaired, serviced, installed, treated, sold, supplied, distributed, imported or exported by You in the course of Your Business.

Please provide details of Your Products, their intended use and estimated annual turnover of each Product.

Do You: (✓please tick)

- export   
  import   
  repack   
  re-label  
 manufacture   
  assemble   
  recondition   
  process   
 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.

**SECTION 7**

**TRANSIT**

This Section provides cover for physical loss or damage to the Business' property whilst in transit. Transit means the transportation of Property Insured by Watercraft, aircraft, postal service, rail or motor vehicle including whilst the Property Insured is in storage in the ordinary course of transit.

Is cover required?

Yes  No

How many Vehicle(s) will be used to convey the Property Insured?

State all types of goods to be covered and the number of Vehicles that will be used:

Sum Insured

\$

**SECTION 8 ELECTRONIC EQUIPMENT BREAKDOWN**

This Section provides cover for the Business' computer and Electronic Equipment at the Risk Address against Breakdown.

Is cover required?

Yes  No

Please list equipment to be covered:

Sum Insured

<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

**Additional Benefits**

Sum Insured

Restoration of Data (replacing the standard \$15,000 cover)?

\$

Increased Costs of Working (replacing the standard \$15,000 cover)?

\$

**SECTION 9 MACHINERY BREAKDOWN**

This Section provides cover for the Business' Machinery at the Risk Address against Breakdown. Some types of Machinery are excluded from cover, such as lifts, escalators and other people moving devices. Cover is also available for Boilers and Pressure Plant against Breakdown, Collapse or Explosion.

Is cover required?

Yes  No

Unspecified Machinery (Limit any one event = \$20,000)

Please indicate the number of all Unspecified Machinery at the Risk Address by type: (insert number in boxes)

Refrigerators       Freezers       Cool rooms       Air-conditioning units

Other types of units. Description:

**Specified Machinery**

Unit name/type of use	Serial number	kw or hp	Age (yrs)	Sum Insured
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

**Boilers and Pressure Plant**

Unit name/type of use	Serial number	kw or hp	Age (yrs)	Sum Insured
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Deterioration of Refrigerated Stock cover required?

Yes  No

If yes, Sum Insured

\$

**Details of Your Machinery, Boilers and Pressure Plant**

Are there any apparent known defects in any of the items of Machinery or Boilers and Pressure Plant? Yes  No

If yes, please specify

  


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

If yes, please specify

  


Are there any items of Machinery and Boilers and Pressure Plant that are subject to a maintenance agreement? Yes  No

If yes, please specify

  


Are there items of Machinery, Boilers and Pressure Plant that are more than 15 years old? Yes  No

If yes, please specify

  


**SECTION 10**

**GENERAL PROPERTY**

This Section covers physical loss or damage to portable items of the Business' property anywhere in the world, including loss or damage to property caused by theft.

Is cover required? Yes  No

Sum Insured

\$

**Unspecified Items** – limit any one claim

Note: items worth more than \$2,500 should be specified.

**Specified Items**

Item description	Serial number (if applicable)	Sum Insured
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

**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:

- 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  No  (✓please tick) If yes, please give full details

- 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  No  (✓please tick) If yes, please give full details



3. been charged with or convicted of any criminal offences in the past 10 years (other than minor traffic convictions)?

Yes  No  (✓please tick) If yes, please give full details

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  No  (✓please tick) If yes, please give full details

## DECLARATION

This Declaration must be completed and signed by or on behalf of all parties making this Application.

I/We have read and understood the clauses detailed under the Important Information section (including the duty of disclosure) included in this Application. I/We confirm that the answers and statements in this Application are correct and that no information has been withheld which may affect the decision to accept this Application or the terms and conditions of any insurance provided. I/We understand that if this Application is accepted, the insurance cover will be subject to the terms and conditions set out in the Policy. I/We further acknowledge that Calibre Insurance on behalf of GLA, their agents or employees reserve the right to decline this Application.

I/We acknowledge that the personal information Calibre Insurance collects from me/us is collected on behalf of GLA for the purpose of processing this Application, fulfilling Calibre Insurance's obligations in providing services to me/us, for the development of products and services, and to allow Calibre Insurance and its related entities to market products and services. If I/we do not provide relevant information, I/we acknowledge that Calibre Insurance on behalf of GLA may be unable to process my/our Application.

I/We acknowledge that information may be disclosed to:

- Intermediaries through which I/we deal with Calibre Insurance (for instance an agent, broker or financial advisor);
- Claims assessment participants (for instance an assessor, investigator and/or loss adjuster);
- Other reputable service providers (for instance mail houses); and
- Underwriters, who are responsible for part/all of the risk under a contract of insurance (for instance a reinsurer).

I/We authorise Calibre Insurance and/or GLA to give to or obtain from other insurers and/or an insurance or credit reference bureau information from this Application (including sensitive information), information from other insurances held by me/us with Calibre Insurance or GLA, and claims information obtained through the course of the contract.

By signing this Application, I/we consent to Calibre Insurance and GLA collecting and using this information for these purposes. This is subject to my/our right to opt out of receiving various marketing materials at any time.

I/We understand that this insurance does not operate until Calibre Insurance issues the Policy Schedule and premium has been paid (except for any cover provided under an interim contract of insurance).

Applicant 1 - Signature

Date

Applicant 2 - Signature

Date