

Business Name: _____

Period of Insurance: _____ To _____ Current Insurer: _____

Contact Name: _____ Contact Mobile: _____

Contact Email: _____

1. The Insured

- (a) Full name of proposed Insured including subsidiaries.

Company Names: _____

(If insufficient space, please complete and attach schedule of Company Names.)

ABN / NZBN: _____

- (b) Address of all locations

- (c) Do your business activities include alarm monitoring, property ownership other than from where the Business operates from, manufacturing or importing directly any products, or provide a fee for service? Yes No

If Yes, please describe your additional operations and activities:

- (d) Number of years in continuous business: _____

- (e) Web address: _____

2. Estimated Turnover and Payroll

Estimated Annual Turnover (including rental and sales income) \$ _____

Estimated Annual Payroll (including earnings of principals, directors, partners) \$ _____

Please breakdown your business activities:

1. Retail Sales, offsite call out, repairs and installation, mobile locksmith services % _____

2. Automotive locksmith services % _____

3. Installation of local alarms and other security hardware % _____

4. Other (please specify) _____ % _____

Please confirm the following:

Number of Working Owners / Directors _____ Number of staff _____

Total _____

3. General information

- (a) Do all products you supply comply with the relevant Australian / New Zealand Standard? Yes No

- (b) Do you keep detailed records of your suppliers, and do they have representation in Australian / New Zealand?

- (c) Please provide details of any contracts where you assume the liability of others?
(eg Hold Harmless or Indemnification Agreements)

4. Contractors, Sub-Contractors and Labour Hire Personnel

- (a) Estimated Annual Payments to contractors and/or subcontractors \$ _____
 Number of contractors and subcontractors _____
 Describe activities undertaken by contractors and subcontractors _____

Is written evidence obtained from contractors and subcontractors confirming that they hold general and products liability cover?
 Yes No

- (b) Estimated Annual Payments to Labour Hire Personnel \$ _____
 Describe activities undertaken by Labour Hire Personnel _____

5. Claims and/or Loss Experience

- (a) Have you had any insured or uninsured claims or losses in the last five years? Yes No
 If Yes, please provide details below or attach if insufficient space:

- (b) After investigation, are you aware of any circumstances which could give rise to a claim under the proposed Policy and which are not mentioned above? Yes No
 If Yes, please provide details

6. Previous Insurance History

Please thoroughly investigate your response to each question prior to answering:

- (a) Have any claims and/or circumstances been made or notified against you, your business or any principal, partner, director or employee in their professional capacity? Yes No
- (b) Do you have any knowledge, information or are you aware of any alleged errors, omissions, offences, or circumstances which would result in a claim being made against you or a party named in (a) above? Yes No
- (c) Have you, your subsidiaries, affiliates or business predecessors been the subject of any disciplinary action or investigation by any authority or regulatory agency? Yes No
- (d) Has any application for similar insurance been declined or has any such insurance ever been rescinded, cancelled or has renewal been refused? Yes No
- (e) Special policy conditions imposed? Yes No
- (f) Increased excess or deductibles imposed on your Insurance? Yes No
- (g) Can you confirm there have been no fines or penalties, claims or circumstances that may give rise to a claim under Statutory Liability cover in the past 5 years? Yes No

Declaration

I declare that to the best of my knowledge and belief the answers given above or documents submitted represent the true position and that I have not withheld any material information from this proposal. I agree that this proposal and any accompanying documents shall form or partly form the basis of the contract proposed.

Signature(s) _____

Date _____

Title / Position _____