



# Guardian Underwriting Services Pty Ltd

ABN 21 051 930 105 AFS Licence 255319  
137 Moray Street South Melbourne 3205  
Telephone 03 8699 8800  
Facsimile 03 8699 8810

E mail [insure@guardianunderwriting.com.au](mailto:insure@guardianunderwriting.com.au)  
Website [www.guardianunderwriting.com.au](http://www.guardianunderwriting.com.au)

## BUSINESS PACKAGE PROPOSAL FORM

Proposer and Trading Name:			
Interested parties:			
Postal Address:			
Period of Insurance:		To	At 4.00pm local time
Full Business Description:			
Situation insured:			
Tax Status:	Registered <input type="checkbox"/> Yes <input type="checkbox"/> No	ABN No	Taxable %

### GENERAL QUESTIONS:

How long have you been operating this business?	
What is your estimated turnover for the next year?	

### INFORMATION

1. Is the property now proposed for insurance already insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please state the name of the insurer	
2. Have you, your spouse or any director or partner in your business either alone or in conjunction with others ever had insurance declined or cancelled or had special terms imposed by an insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide full details	
3. Have you, your spouse or any director or partner in your business either alone or in conjunction with others sustained loss or damage to property during the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide full details of any insurance claims made showing names of insurance companies and amounts of claims	
4. Are there any other matters you wish to disclose in relation to this application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide full details	

## SECTION 1 – FIRE AND ASSOCIATED PERILS

Construction Details		Description	Sum Insured
Walls		Building	\$
Floor		Contents	\$
Roof		Stock	\$
Year Built		Removal of Debris	\$
Sprinklers installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	\$
Smoke / Heat Detectors installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	\$
Reinstatement / Replacement Value Conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	\$
Connected to town water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	\$
Automatic cut off switch on all deep fryers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	\$
External Cleaning Contract for Kitchen Canopy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	\$
Is the building 'Heritage Listed' ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	\$
Is there a fire blanket installed in the kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total</b>	<b>\$</b>

## SECTION 2 – BUSINESS INTERRUPTION

Details		Description	Sum Insured
		Gross Profit	\$
Indemnity Period		Accountants Fees	\$
		Additional Cost of Working	\$
		Wages	\$
		Loss of Rent	\$
		<b>Total</b>	<b>\$</b>

## SECTION 3 – ACCIDENTAL DAMAGE

		Description	Sum Insured
		Building / Contents	\$
			\$

## SECTION 4 – PLATE GLASS

	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Sum Insured
Fixed Internal Glass?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Glass	Replacement
Fixed External Glass?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Illuminated Signs	\$
Illuminated Signs Included?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Numbers of Signs			
Number of windows			

## SECTION 5 – THEFT

	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Sum Insured
Security System installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contents / Stock	\$
Local Siren?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cigarettes / liquor	\$
Back to Base Monitored System?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	\$
Deadlocks on all doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	\$
All windows barred or key locked?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## SECTION 6 – MONEY

	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Sum Insured
Safe installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Money in Transit	\$
Make		Money in Residence	\$
Model		Money on the Premises – Business Hours	\$
Year of manufacture		Money on the Premises – Outside Business Hours	\$
Time delay ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	In Safe / Strong Room / ATM	\$
Dual key drop safe ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**SECTION 7 – FIDELITY GUARANTEE**

Information	Cash and Accounts	Inventory of Merchandise
1. Please state frequency of audits in respect of stock		
2. By whom are all audits made? (Public Accountants, staff auditor or other - fully explain)		
3. How often are bank accounts reconciled?		
4. Is a counter signature required for all cheques?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are monies, negotiable instruments or goods subject to joint control by two or more responsible employees?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Limit of Indemnity (Sum Insured) required:		
Any one employer		\$
Overall amount for all employees in any one period of insurance		\$

**SECTION 8 – PERSONAL ACCIDENT**

(Refer to separate Proposal Form for completion)

**SECTION 9 – BROADFORM LIABILITY**

(Refer to separate Proposal Form for completion)

**SECTION 10 – MACHINERY BREAKDOWN**

Item Description	Number of Units	Description	Limit Insured Any One Item
Refrigerators to 5 H.P.		Machinery Breakdown	\$
Electronic Scales/Cash Registers			
Dishwashers/Washing machines/Dryers		<b>Optional Extension</b>	
Air Conditioners to 5 H.P.		Deterioration of Stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Microwave Ovens		Amount	\$
Boilers			
All Other			

**YOUR DUTY OF DISCLOSURE**

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to this insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate contract of general insurance.

Your duty however does not require disclosure of matter that diminishes the risk to be undertaken by the insurer; that is of common knowledge; that your insurer knows or, in the ordinary course of his business, ought to know; as to which compliance with your duty is waived by the insurer.

**NON DISCLOSURE**

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

**Declaration:**  
In accordance with my/our duty of disclosure, I/we declare that the whole of the answers in this Proposal are true and correct and that I/we have withheld no information that might lead in any way to increase the companies risk or to influence its decision regarding this Proposal. I/we also declare that we have read and understood the statutory notices forming part of this Proposal.

<b>SIGNED:</b>		<b>DATED</b>	
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## IMPORTANT NOTICES

### AGENCY

Guardian Underwriting Services Pty Ltd ACN 060 176 543 (ABN 21 051 930 105) as Agent for the Insurer(s) shown on the Schedule. FSRA Licence number 255319. This Insurance contract is written under a 'Binding Authority Agreement' which gives Guardian authority to bind insurance contracts and / or settle claims on behalf of such Insurer (s). As a consequence Guardian is acting as Agent of such Insurer(s) and not as Your Agent. Guardian is NOT the Insurer for this contract and is NOT liable for any loss or claim. The Insurer(s) are clearly shown on the Schedule.

### CANCELLATION

You may cancel this Certificate at any time by notifying Us in writing and We will refund premium to you based on the following formula:

We will retain a minimum 25% of original premium paid

90 days to 149 days (25-40% of Certificate term)	maximum refund 45% of premium paid
150 days to 199 days (40-55% of Certificate term)	maximum refund 30% of premium paid
200 days to 259 days (55-70% of Certificate term)	maximum refund 20% of premium paid
260 days or more	no refund (over 70% of Certificate term)

### AVERAGE / CO – INSURANCE

It is vital that you insure for full replacement cost of your operation, or the following provision will apply.

Insurers will only pay the proportion of such loss, destruction or damage that the respective sum(s) bear to 85% of those respective values but limited also to the amount shown against each item in the Schedule.

This clause shall not apply if the amount of any destruction or damage does not exceed 7.5% of the respective Sum Insured.

The amount of the claim will be determined by the following formula:

$$\frac{\text{Sum Insured}}{85\% \text{ of Replacement Value}} \times \text{Amount of Damage} = \text{Claim Payment}$$

### PREMIUMS

The premium payable by you will be shown on your schedule. We take into consideration a number of factors in setting our premiums. These include, but are not limited to, factors relating to the level of cover provided, the situation of the risk, the insurance history of applicants, the experience of people who will run the operation and the purpose for which the property is used. Premiums are subject to Commonwealth and State taxes and/or charges. These include the Goods and Services tax, Stamp Duty and where applicable Fire Services Levy.

### CONTACTS



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