



Guardian Underwriting Services Pty Ltd

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BUSINESS PACKAGE - QUOTATION REQUEST

Broker Contact		Company	
Facsimile:		Telephone Number	
Email Address		Quote Required by	

INSURED DETAILS

Insured Name:				
Period of Insurance:		To		At 4.00pm local time
Business Description:				
Situation insured:				
Current Insurer		Current Expiry Date		

CONSTRUCTION DETAILS

Walls	<input type="checkbox"/> Brick / Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Wood <input type="checkbox"/> Other _____ If Mixed construction please detail percentages of each: _____		
Floor	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other _____		
Roof	<input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Tiles <input type="checkbox"/> AC Sheeting		
Year Built		Number of Storeys	

FIRE PROTECTION

Fire Protection	<input type="checkbox"/> No Protection <input type="checkbox"/> Fire Sprinkler System <input type="checkbox"/> Smoke / Heat Detectors <input type="checkbox"/> Extinguishers <input type="checkbox"/> Fire Hydrants / Hose Reels		
Fire Alarm connected back to the Fire Brigade or Alarm Monitoring Company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Insured Premises connected to Town Reticulated Water Supply?			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECURITY

External Doors	<input type="checkbox"/> Dead Bolts <input type="checkbox"/> Dead Locks <input type="checkbox"/> Padlocks <input type="checkbox"/> Other Key Locks <input type="checkbox"/> Other		
External Windows	<input type="checkbox"/> Nil <input type="checkbox"/> Bars / Grills <input type="checkbox"/> Key Locks		
Burglar Alarms	<input type="checkbox"/> No Alarm <input type="checkbox"/> Local Alarm Only <input type="checkbox"/> Dialler <input type="checkbox"/> Securitel <input type="checkbox"/> Dedicated Landline <input type="checkbox"/> GSM Back Up		
Do You or a Manager live on the Premises?			<input type="checkbox"/> Yes <input type="checkbox"/> No

KITCHEN / COOKING AREAS

Are there Deep Fryers installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	<input type="checkbox"/> Bench Top <input type="checkbox"/> Free Standing
Do they have thermostatic controls or automatic cut off switches?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fire Blanket installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How often are the filters cleaned?	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____		
Do you have a Professional Contractor Clean the Extraction system?			<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is this carried out?			

The policy is conditional upon the Extraction system being cleaned by a Professional Contractor every 12 months.

FIRE AND ASSOCIATED PERILS			
Description	Sum Insured	Description	Sum Insured
Building	\$	Other	\$
Contents	\$	Other	\$
Stock	\$	Other	\$
Removal of Debris	\$	Other	\$
BUSINESS INTERRUPTION		Description	Sum Insured
Indemnity Period		Gross Profit	\$
<i>Gross Profit Definition Turnover less cost of goods sold</i>		Accountants Fees	\$
		Additional Cost of Working	\$
		Wages	\$
		Loss of Rent	\$
		Total	\$
ACCIDENTAL DAMAGE		Description	Sum Insured
		Building / Contents	\$
GLASS BREAKAGE			
Fixed Internal Glass?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Sum Insured
Fixed External Glass?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Glass	Replacement
Illuminated Signs Included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Illuminated Signs	\$
BURGLARY			
Description	Sum Insured	Description	Sum Insured
Contents / Stock	\$	Other	\$
Cigarettes / liquor	\$	Other	\$
MONEY			
Description	Sum Insured	Description	Sum Insured
Money in Transit	\$	Money on the Premises – Business Hours	\$
Money in Residence	\$	Money on the Premises – Outside Business Hrs	\$
		In Safe / Strong Room / ATM	\$
PUBLIC and PRODUCTS LIABILITY			
Limit of Liability	<input type="checkbox"/> \$5,000,000	Estimated Annual Turnover	\$
	<input type="checkbox"/> \$10,000,000	Number of Employees	
	<input type="checkbox"/> \$20,000,000	Is cover required for external tables and chairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Table seating capacity	Internal _____ External _____	Do staff check for spills and cleanliness of toilets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Do you provide any form of entertainment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed to seat?		If yes - details	
MACHINERY BREAKDOWN			
Item Description	Number of Units	Description	Limit per Item
Refrigerators to 5 H.P.		Machinery Breakdown	\$5,000
Electronic Scales/Cash Registers			
Dishwashers/Washing machines/Dryers		Optional Extension	
Air Conditioners to 5 H.P.		Deterioration of Stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Microwave Ovens		Amount	\$
Boilers			
All Other			
INSURANCE HISTORY			
Have the insured ever had insurance declined or cancelled or had special terms imposed by an insurance company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Past claims or losses?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Loss	Description of loss	Amount Paid	Amount Outstanding
Please attach additional information if required			