

IMPORTANT INFORMATION REGARDING THIS PROPOSAL

DUTY OF DISCLOSURE

You must comply with your Duty of Disclosure when you apply for insurance with us and each time you renew or alter your cover.

You have a duty of disclosure to tell us everything you know or should know, that is relevant to our decision to insure anyone under the policy, including you, and on what terms.

It includes matters we specifically ask about when you apply for a policy, or renew or alter your policy, and any other matters which might affect whether we insure you and on what terms.

The information you tell us can affect:

- the amount of your premium and your excess
- if we will insure you
- if special conditions will apply to your policy.

You do not need to tell us anything which:

- reduces the chances of you making a claim or
- we should know about because of the business we are in or
- we tell you we do not want to know.

If you are unsure it is better to tell us. If you do not tell us something which you know or should know is relevant, we might reduce a claim, refuse to pay a claim, cancel your policy, or if fraud is involved we can treat the policy as if it had never existed. The duty of disclosure applies to every person or organisation seeking insurance under this policy.

SUBROGATION AGREEMENTS

If another person is, or could have been, liable to compensate you for any loss, damage or legal liability otherwise covered by this policy, but you have agreed with that person either before or after the loss, damage or legal liability occurred that you would not seek to recover any moneys from that person, we will not cover you under the policy for any such loss, damage or legal liability.

INTERESTED PARTIES

We will not insure the interests of any person other than you, unless you have notified us in writing of such interest, and the interest has been noted in the schedule.

PERIOD OF INSURANCE

FROM

AT 4:00 PM TO

AT 4:00 PM

PERSONAL DETAILS

FULL NAME

TRADING NAME

POSTAL ADDRESS

TOWN

STATE

POSTCODE

PHONE NO:

(B)

ABN

(M)

ARE YOU REGISTERED FOR GST?

YES

NO

WEBSITE:

IF YES, WHAT IS YOUR ITC %?

EMAIL:

CLAIMS HISTORY

In the last five years have you, or any person to receive insurance protection under this policy:

- Suffered or claimed for any loss or damage to property? YES NO
- Received any demands or writ for personal injury or damage to property? YES NO
- Had any insurance declined or cancelled any renewal refused or had special conditions imposed or had a claim refused or declined? YES NO
- Been charged or convicted of any criminal offence relating to arson, drugs, burglary, housebreaking, theft, robbery, receiving stolen goods, fraud, dishonesty of any kind, malicious damage, damage to property, injury or assault to anyone? YES NO

In the past 12 months have you:

- Been declared bankrupt, been placed in voluntary receivership or had a receiver or administrator appointed? YES NO
- Been unable to pay any debts or liabilities as they fall due? YES NO

DETAILS

General Questionnaire:

- Number of years experience in the industry? <12mths 1-5yrs 5-10yrs 10yrs+
- Is the business currently insured? Yes No
- Has the business been uninsured for more than 3 months? Yes No
- Name of current/previous insurer?

PROPERTY DAMAGE

Please indicate the type of policy required:

Accidental Damage

Defined Events

ADDRESS OF THE PROPERTY/s TO BE INSURED

NAME OF INTERESTED PARTIES (ie. Mortgagees)

TOWN

NATURE OF INTEREST:

STATE

POSTCODE

DO YOU REQUIRE A CERTIFICATE OF CURRENCY? YES NO

BUILDING INSURANCE

	DESCRIPTION <i>(house, cottage etc)</i>	CONSTRUCTION Type <i>(brick, timber etc)</i>	YEAR BUILT	SUM INSURED	SMOKE DETECTORS		NATIONAL TRUST OR HERITAGE LISTED	
					YES	NO	YES	NO
MAIN RESIDENCE				\$	YES	NO	YES	NO
DWELLING 2				\$	YES	NO	YES	NO
DWELLING 3				\$	YES	NO	YES	NO
DWELLING 4				\$	YES	NO	YES	NO
Is there any white ant/termite damage to any of the properties to be insured?					YES	NO		
Is the property connected to mains water?					YES	NO		
Are any of the buildings more than 50yrs old?					YES	NO		
If yes have the buildings been:								
• Rewired in the last 20yrs?					YES	NO		
• Has the plumbing been serviced in the last 10yrs?					YES	NO		
• Has the roof been checked for structural defects in the last 10yrs?					YES	NO		

SECURITY

• Are all external doors fitted with locks?	YES	NO	• Is there an operating alarm fitted? If yes, is it:		
• Are all accessible external windows fitted with keyed locks?	YES	NO	Local Alarm	YES	NO
• Is the property fenced?	YES	NO	Dialler Type Alarm	YES	NO
			Security Monitored Alarm	YES	NO

UNSPECIFIED CONTENTS INSURANCE

	SUM INSURED
MAIN RESIDENCE	\$
DWELLING 2	\$
DWELLING 3	\$
DWELLING 4	\$

SPECIFIED CONTENTS INSURANCE

	SUM INSURED
MAIN RESIDENCE	\$
DWELLING 2	\$
DWELLING 3	\$
DWELLING 4	\$

** Please attach a full list of the specified contents. In the event of a claim for a specified item, the insurer may require proof of ownership. We recommend that you maintain current valuations for ALL items together with receipts where possible.*

SPECIFIED VALUABLES

Do you require cover for specified valuables?

YES NO

Sum Insured (main residence only)

\$

Please attach a full list of the specified valuables to this application.

UNSPECIFIED VALUABLES

If you have selected an Accidental Damage policy, unspecified valuables insurance is automatically included with a limit of \$2,500 per item & with a further limit of \$10,000 per policy period. If you have selected a Defined Events policy and require this cover, please select below:

Limit per Item	/	Policy Period
\$500		\$1,000
\$750		\$1,500
\$1,000		\$5,000

MONEY INSURANCE

The policy covers loss of money including current coin, bank notes or negotiable instruments such as but not limited to cheques, stamps, vouchers and tickets.

Money on the Premises - \$5,000 automatic inclusion	Do you require higher limits of indemnity?	YES	NO
Money in transit - \$5,000 automatic inclusion	If yes, please specify what limits are required:	_____	

BUSINESS INTERRUPTION

Do you require Business Interruption? Yes No

Indemnity Period

Sum Insured

Gross Income
Wages
Increased Costs of Working
Claims preparation costs
Accounts Receivable
Temporary Relocation

Total Sum Insured

Are copies of your accounts:

i.	Held by your accountant?	Yes	No
ii.	Held for at least 12 months?	Yes	No
iii.	Held in a premises other than the ones described in this proposal?	Yes	No

(if yes, please supply address)

Do you require cover for losses incurred as a result of Business Interruption at your supplier(s) premises?	Yes	No
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If 'yes', please indicate the sum insured required

PUBLIC LIABILITY

Please select the limit of liability required?

- \$5,000,000
- \$10,000,000
- \$20,000,000

Number of partners/principals

No of Employees

Estimated annual turnover

*Goods in your custody or control - automatic limit of **\$250,000**

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| • Do you wish to insure your liability as a property owner? (if you are not the occupier?) | Yes | No |
| • Is your property completely fenced? | Yes | No |
| • Do you offer recreational activities to your guests? (eg Massage, guided tours, horse riding etc)
<i>Please describe the activity</i> | Yes | No |
| • Is there a swimming pool/dam/creek on your property? (If yes, please complete addendum) | Yes | No |
| • Do you keep a register of guests? | Yes | No |
| • What is the size of your property? (acres) | | |
| • What is the maximum number of guests that can be accommodated at any one time? | | |
| • On your property do you allow others to conduct any other business activity? | Yes | No |
| • If yes, do you ensure that the third party holds a current insurance policy? | Yes | No |

Please describe the business that the third party conducts:

IMPORTANT INFORMATION

- Do you acknowledge that you have received, read and understood a product disclosure statement relevant to this insurance prior to your acceptance of the terms and conditions of this insurance? Yes No
- Do you acknowledge that the "Important Notices" at the beginning of this proposal were brought to your attention? Yes No
- Are all answers in this application correct? Yes No
- Are you aware that no insurance is in force until such time as the insurer has confirmed acceptance of this proposal in writing and the total amount of the premium paid? Yes No

Name and position of the person who signs for and on behalf of all proposers (please print)

Position

Signature

Date

PAYMENT

Please note that a credit card processing fee will apply when paying by credit card.

If you wish to pay your premium by credit card, please complete the details below:

Credit Card No. / / /
 Expiry Date / Credit Card Type: Mastercard Visa
 Amount to be paid \$ _____
 Cardholders Name _____
 Cardholders Signature _____ Date ____ / ____ / ____

QUOTATION

Please contact me with respect to providing a quotation for insurance on:

Motor Vehicle	Boat / Pleasurecraft
Transit / Cargo	Caravan
Professional Indemnity	Strata Title
Directors & Officers Liability	Aviation
Personal Accident / Illness	Other
Travel Insurance	

For further information, please contact:

nepean **brokers** /

Nepean Brokers & Associates Pty. Ltd.
 P.O. Box 2050, Rosebud VICTORIA 3939
 Tel - 03 5982 2330, Fax - 03 5981 1671

AFS License No. 227064

www.nepean.com.au

Where the proposed risk (property) has a body of water (dam, lake, river, stream, creek, pond or other major water feature aside from swimming pools and the like), please complete the following questions. Please note that for the purposes of this addendum, body of water is construed to mean "bodies" of water where applicable. It is your responsibility to declare and describe in detail all "bodies" of water to which this addendum may apply.

Do you have a dam, lake, river, creek or other body of water on your property? Yes No

If yes, please describe in detail:

Is the dam, lake, river, creek or other body of water fenced off from public access? Yes No

What is the size of the body of water?

Description	Maximum Length (m)	Maximum Width (m)	Maximum Depth (m)
<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"/>

What is the minimum distance from any building used for residential or accommodation purposes to a body of water as described above? m

Is there signage on the property warning of the hazards associated with the body of water? Yes No

If yes, please describe the location and the wording of the signage on the property warning of the water hazard.

Does the Bed & Breakfast cater for children? Yes No

If yes, do you impose a requirement that children be supervised at all times? Yes No

DECLARATION

Signed

Position

Date

IMPORTANT NOTICE

Please note that this addendum forms an integral part of the proposal form to which it is attached. It is not intended to replace, in part or in whole any part of the attached proposal form, and the same Duty of Disclosure that applies to the proposal form applies to this addendum. Failure to disclose any or all of the information referred to on this proposal form may result in the consequences of Non-Disclosure as shown on Page 1 of the proposal form.