



commercial / business
proposal

Important Notice

(Please read before completing this Proposal)

you, your where used in this Proposal means the Proposer and if more than one, each of them.

we, us, our means Wesfarmers General Insurance Limited ABN 24 000 036 279, trading as Lumley Insurance.

Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the insurer anything that you could be reasonably expected to know is relevant to the 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 a 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 business, ought to know;
- as to which compliance with your duty is waived by the insurer.

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its 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.

Proposal included in "Policy"

Anything you state in the Proposal will form part of the Policy document unless we tell you otherwise. Before you complete this Proposal, you should read the Policy because it will tell you about the insurance you are proposing we provide and contains definitions of words used in this Proposal.

Confirming Transactions

You may contact us or your adviser in writing (which is always required if you are advising cancellation) or by phone, to confirm any transaction under your Policy. Any transaction will be documented by us as quickly as possible.

Privacy

Lumley Insurance respects your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of our Privacy Statement is available at any of our offices.

Co-Insurance

Our Policy contains a condition of co-insurance which means that if your Sum(s) Insured is/are inadequate at the time of loss, part of the loss may not be covered. In addition, we will never pay more than the Sum(s) Insured.

Goods and Services Tax (GST)

To ensure you do not incur any unnecessary GST liabilities on claim settlements please ensure your Australian Business Number (A.B.N.) and tax status are entered in the space provided on this Proposal.

Additional Information

If insufficient space is provided on this Proposal in respect of any questions contained on the Proposal, please attach a sheet of paper containing the additional information, noting the relevant question number and sign and date such attachment.

Declaration and Acknowledgments

You declare and acknowledge as follows:

- You have not suppressed misrepresented or mis-stated any material information within your knowledge likely to affect our decision as to your eligibility for insurance and the answers given in this Proposal are in every respect true and correct.
- Subject to the Insurance (Agents and Brokers) Act, if this Proposal is accepted by us, the Proposal and the Policy and the Schedule which are issued shall constitute the entire agreement between you and us, and shall supersede any prior representations or warranties.

Signature

Date: / /

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Every question must be answered as it will affect our decision to insure you and the terms of insurance.

You must fully and clearly give the information asked for and if you do not know the answer, please state the fact.

Broker/Agent:

Cover Note No:

Proposer

Full name of Proposer:

Trading as:

Postal address:

Post Code:

Telephone:

Facsimile:

Name(s) of directors:

GST Details

ABN:

Tax status:

% entitlement to Input Tax Credits

Other Interested Party

Name:

Address:

Post Code:

Their interest: Mortgagee Owner Lessor Other - give details

Period of Insurance

From:

to:

at 4pm I.s.t.

Premises (situation of Property to be insured)

1.

2.

3.

General Business Information

How long have you carried on this business?

What other business have you been engaged in and for how long?

Do you store any spirits, oils or other highly flammable goods?

Yes

No

If yes, give details of type, amount and how stored.

Will the situations listed be left unoccupied for more than 30 consecutive days?

Yes

No

General Business Information

Describe the business and its operations:

Is any property or land under lease? Yes No

If yes, when does the lease expire?

Where the premises are leased/rented, who is responsible for:

Damage caused by burglars? Tenant Owner

Breakage of fixed glass? Tenant Owner

Do you keep stock and sale books? Yes No

How frequently are they entered up?

Are your books of account audited? Yes No

By whom and at what intervals?

Is any portion of your business operation away from the situations listed? Yes No

If yes, give details:

Details of Premises

	Situation 1	Situation 2	Situation 3
Construction			
Walls			
Floors			
Roof			
Sprinklered:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extinguishers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number & type			
Hose reels:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire alarms:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security alarms: Back to base	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deadlocks on doors:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Keyed window locks:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bar/grills doors:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bar/grills windows:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fire and Perils

	Situation 1	Situation 2	Situation 3
Buildings	\$	\$	\$
Stock	\$	\$	\$
Other contents	\$	\$	\$
Reinstatement conditions (optional extension 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extra costs (optional extension 2)	\$	\$	\$
Accidental damage (optional extension 3)	\$	\$	\$
Seasonal increase* (optional extension 4)	\$	\$	\$

* Seasonal increase means the following periods (a) 25 October to 5 January and (b) 30 days prior to Easter Sunday and five days thereafter.

Business Interruption

Trading profit	
(Annual takings less costs of goods and services)	\$
Additional increased cost of working	\$
Outstanding debts (optional extension 1)	\$
Suppliers'/customers' premises (optional extension 2)	\$

Burglary

	Situation 1	Situation 2	Situation 3
Stock	\$	\$	\$
Other contents	\$	\$	\$
Seasonal increase* (optional extension 1)	\$	\$	\$

Money

	Situation 1	Situation 2	Situation 3
In transit	\$	\$	\$
At Private residences	\$	\$	\$
On premises during normal business hours (limit \$500 outside normal business hours)	\$	\$	\$
In locked safes or strongroom	\$	\$	\$
Seasonal increase* (optional extension 1)	\$	\$	\$

Glass Breakage

	Situation 1	Situation 2	Situation 3
Cover required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Legal Liability

Limit of indemnity required:	Public liability \$	Products hazard \$
Are you a:	<input type="checkbox"/> Manufacturer? <input type="checkbox"/> Wholesaler?	<input type="checkbox"/> Retailer? <input type="checkbox"/> Other?
If other, please give details:		
State number of:	Partners/Principals	Employees
State annual:	Payroll \$	Turnover \$
What are your major products?		

Do you export to, or import direct from, other countries? Yes No

Do you perform welding/hotworks: at your premises? Yes No

away from your premises? Yes No

Do you perform work away from your premises? Yes No

If yes, provide details:

Machinery Breakdown

Breakdown - make and type of machines	
1	
2	
3	
4	
Maximum indemnity per machine \$	
Deterioration of refrigerated goods (optional extension 1)	
Number of chests:	Limit per chest \$

Premium Calculations (Office Use Only)

	Sum Insured \$	Rate %	Premium \$	F.S.L \$	GST \$	S/Duty \$	Total \$
Fire and Perils							
Buildings							
Stock							
Other contents							
Extra costs							
Accidental damage							
Seasonal increase							
Business Interruption							
Trading profit							
Additional costs							
O/S debts							
Suppliers etc.							
Burglary							
Stock							
Other contents							
Seasonal increase							
Money							
In transit							
At private residences							
On premises business hrs							
In safes or strongroom							
Seasonal increase							
Glass M/V							
Liability							
Machinery Breakdown							
Breakdown							
Det. refrig goods							
General property							
Totals							

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Please contact your nearest Lumley Insurance office for further information.

Wesfarmers General Insurance Limited A.B.N. 24 000 036 279

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