



Healthcare Business Package Application

IMPORTANT INFORMATION

Duty of Disclosure – What you must tell us

Under the Insurance Contracts Act 1984, you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

You do not have to tell us about any matter

- That diminishes the risk
- That is of common knowledge
- That we know or should know in the ordinary course of our business as an insurer, or
- Which we indicate we do not want to know

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim, or cancel your policy. If your non-disclosure is fraudulent we may also have the option of avoiding the contract from its beginning.

Declare the full value of your assets and income

If you have chosen to insure your Building and Contents for reinstatement and replacement cost; you should ensure that the amount you nominate is adequate to completely reinstate or replace them, as if they were new. If you do not insure them for their full re-instatement or replacement value, the insurer will not be able to fully reinstate or replace them, and you will have to bear a portion of the loss yourself. The insurer is entitled to reduce your claim, in some circumstances, by the percentage that you have under-insured your income and property.

This principle also applies to your gross income. You should insure for the full value of your income.

You need to assess whether the sums insured you have chosen are adequate every year before you renew your Policy and through the year periodically to ensure that you have included coverage for any unexpected increase in income or purchase of new or additional assets.

Cooling-off information

If you want to return your insurance after your decision to buy it, you may cancel it and receive a full refund. To do this you may notify your Financial Services Provider electronically or in writing, within 21 days from the date the Policy commenced.

This cooling-off right does not apply if you have made or are entitled to make a claim. Even after the cooling-off period ends, you still have cancellation rights however your Financial Services Provider may deduct certain amounts from any refund for administration costs or any non-refundable taxes.

Liability Claims – Broadform Liability Section

The Policy only provides cover in relation to Personal Injury and Damage to property that occurs during the Period of Insurance. This does not include Personal Injury or Damage to Property that has already been discovered after, the Period of Insurance.

Acceptance of the Application

This insurance will not be in force until the completed Application has been received and the risk accepted by the insurer. The insurer reserves the right to decline any Application.

Underinsurance / Average

This means that if you under-insure, you may be required to bear a portion of the loss yourself. It is recommended that you engage the services of a professional property valuer to establish correct and appropriate sums insured for your property and assets.

This Policy does not include Workers' Compensation Insurance

Workers' Compensation Insurance is compulsory for all employers of workers. This must be arranged separately.

Flood coverage – Property and Business Interruption section

This policy does not cover flood automatically. Flood coverage can be requested and will be assessed and offered on a case by case application basis by the insurer.

If you require assistance with the completion of this form or need clarification on a question or the information required, please contact your Insurance Broker.

DETAILS ABOUT YOU:

Please list all entities to be insured:

Trading name:

Ph.:

Website:

ABN:

Is the business Stamp Duty Exempt?: Yes (please provide copy of Exemption) No

Details of business activities:

LOCATION INFORMATION (additional locations can be listed in the Supplementary Additional Location Addendum form)

Main location address:

Building Construction: Timber Brick/Block/Concrete Other: Year Built:

Floor: Timber Brick/Block/Concrete Other:

Roof: Tile Iron/Colourbond Other:

Security Information:

Windows: Locks Bars/Grills Security screens Other:

Doors: Deadlocks Bars/Grills Security screens Other:

Alarms: Local alarm Monitored B2B alarm Security patrol

Fire Protection: Smoke detectors Automatic alarm Sprinklers Sprinklers (dual water supply)

Flood Cover: *applications for Flood cover are considered and granted at the insurer's discretion*

Do you require Flood Cover at this location? Yes No

Automatic Covers: your policy will automatically include the following cover

- Tax Audit: cover for 'audit costs' during an investigation \$50,000
- Employee Dishonesty: Sum Insured \$10,000

PROPERTY COVER

Building Sum Insured: \$ Not required

Contents Sum Insured: \$ Not required

Theft: 100% of Sum Insured Reduce to 25% of Sum Insured

BUSINESS INTERRUPTION COVER

Gross Income: \$ 12 Months 18 Months 24 Months Not required

Extra cost of working: \$ Not required

Claims Preparation Costs: \$ Not required

Accounts Receivable: \$ Not required

Annual Wages/Payroll: \$ Not required

For Property Owners only

Annual Rental Income: \$ Not required

PUBLIC LIABILITY (BROADFORM LIABILITY)

Sum Insured: \$10 Million \$20 Million Not required

Total number of Staff:

Estimated Turnover: \$

ADDITIONAL COVER OPTIONS – Please note these are PER LOCATION

Glass Cover: Required Not required

Money Cover: \$ Not required

General Property: Required (please note details below) Not required

Item description: Value: \$

Item description: Value: \$

Item description: Value: \$

ELECTRONIC EQUIPMENT AND MACHINERY BREAKDOWN

Electronic Equipment: Required (please note details below) Not required

Item description: Value: \$

Item description: Value: \$

Item description: Value: \$

Machinery Breakdown: Required (please note details below) Not required

Refrigerated Medical Supplies: \$ Not required

Cover under this section includes an automatic sum insured for:

- **Reinstatement of Data \$20,000**
- **Increased Cost of Working (due to breakdown) \$20,000**

Business Interruption due to a claimable breakdown: \$ 3 Months 6 Months 12 Months Not required

Machinery Breakdown: Required (please note details below) Not required

Cover per event: \$10,000 \$15,000 \$20,000 \$50,000

Total number of units:

Please specify any items that fall outside these limits, and their value:

GENERAL QUESTIONS

These questions relate to each and every individual and refer to all locations and must be answered in that respect.

Has any insurer decline an application from You, or cancelled or refused to renew a policy of yours, required special terms to insure You, or declined or refused a claim?

No Yes – please provide details:

Have you sustained any loss or damage to property in the last 5 years?

No Yes – please provide details:

Have you had any claims made against you for property damage or personal injury in the last 5 years?

No Yes – please provide details:

Have you, or any person who will receive insurance protection under the proposed Policy, been charged with or convicted of, any criminal offences in the past 10 years?

No Yes – please provide details:

During the last 2 years, have you or any other person to whom cover extends under this policy received any threats to life or property (private or business)?

No Yes – please provide details:

Is any portion of the property to be insured in a state of disrepair or poor condition?

No Yes – please provide details:

Are there any other relevant facts relating to the risk to be insured which You should disclose to Us, to enable a true assessment of Your insurance application?

No Yes – please provide details:

DECLARATION

I/We hereby acknowledge, that I/We have read and understood the Duty of Disclosure and other important notices at the beginning of this form, and that the information I/We have supplied on this proposal is true and correct.

I/We confirm that I/We have been authorized to enquire on behalf of and sign on behalf of the business/organization name in this proposal.

Name:

Position:

Signature:

Date:

Please complete and attach additional completed applications for additional locations.

Please return your completed proposal form to your insurance broker.