

# Miramar Business Insurance Proposal Form

## IMPORTANT NOTICES

### BINDER AGREEMENT

The contract of insurance is arranged by Miramar Underwriting Agency Pty Ltd (ABN 97 111 534 797, AFSL 314176) ('Miramar') acting under a binding authority as agent for the Insurer(s), certain underwriters at Lloyd's. Miramar does not act as Your agent.

### DEFINED TERMS

Some words used in this Proposal form ('Proposal') have a special meaning as defined in the Policy wording and such other documents which make up the Policy which contain definitions.

### YOUR DUTY OF DISCLOSURE

Before You enter into an insurance contract, You have a duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

You have this duty until We agree to insure You.

You have the same duty before You renew, extend, vary or reinstate an insurance contract.

You do not need to tell Us anything that:

- reduces the risk We insure You for; or
- is common knowledge; or
- We know or should know as an insurer; or
- We waive Your duty to tell Us about.

#### If You do not tell Us something

If You do not tell Us anything You are required to, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

### PRIVACY STATEMENT

In this Privacy Statement the use of "We", "Us" and "Our" means the Insurer(s) and Miramar unless specified otherwise.

We are committed to the safe and careful use of Your personal information in the manner required by the *Privacy Act 1988* (Cth) and the Australian Privacy Principles and the terms of this Policy.

We collect Your personal information in order to assess Your application for insurance and, if Your application is accepted, to administer and manage Your insurance Policy and respond to any claim that You make. To do this, Your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on Our behalf, such as assessors and facilitators, some of whom may be located in overseas countries. See the Privacy Policies/Notices set out below for further information.

Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing Us with Your personal information, You consent to the disclosure of Your personal information to reinsurers, service providers and related entities in overseas countries to enable Us to assess Your application, to administer and manage Your insurance Policy and to respond to any claim that You make. If You consent to the disclosure of Your personal information to overseas recipients, and the overseas recipient handles Your personal information in a way other than in accordance with the Australian privacy laws, We may not be responsible for the handling of Your personal information by the overseas recipient.

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We may not be able to assess Your application or administer and manage Your insurance Policy and respond to any claim that You make.

Our privacy policies contain information on how You may access personal information that each of Us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of Your personal information and how complaints are handled. If You require more information, You can access certain underwriters at Lloyd's Privacy Notice at <https://www.lloyds.com/help/privacy> and Miramar's Privacy Policy at [miramaruw.com.au](http://miramaruw.com.au)

## UNDERINSURANCE

The Property Damage and Business Interruption Sections of the Policy are subject to an Underinsurance Clause. The effect of this condition is that if at the time of loss, the Sum Insured or limit of liability is less than the full value of the property or income insured, You may not be covered for Your full loss. It is Your responsibility to ensure the adequacy of Sum(s) Insured or limit(s) of liability and You should re-assess these Sum(s) Insured or limit(s) of liability during the currency of the Policy and prior to renewal each Year.

### Example

When: The value of the property is \$250,000

The Coinsurance percentage is	80%
The Sum Insured or limit of liability for it is	\$100,000
The Excess is	\$250
The amount of loss is	\$40,000

Step (1):  $\$250,000 \times 80\% = \$200,000$  (the minimum amount of insurance to meet Your coinsurance requirements)

Step (2):  $\$100,000 \div \$200,000 = .50$

Step (3):  $\$40,000 \times .50 = \$20,000$

Step (4):  $\$20,000 - \$250 = \$19,750$

We will pay no more than \$19,750. The remaining \$20,250 is not covered.

**YOUR DETAILS**

Your full name and trading name if applicable	<input type="text"/>	<input type="text"/>
	FIRST NAME	LAST NAME
Your company name and trading name if applicable	<input type="text"/>	<input type="text"/>
		ABN
Interested parties	<input type="text"/>	<input type="text"/>
	FIRST NAME	LAST NAME
	<input type="text"/>	<input type="text"/>
	FIRST NAME	LAST NAME
	<input type="text"/>	<input type="text"/>
	FIRST NAME	LAST NAME
What interest do the above parties have?	<input type="text"/>	
Business description	<input type="text"/>	
	TYPE OF BUSINESS AND DESCRIPTION	
Years in operation	<input type="text"/>	<input type="text"/>
	THIS BUSINESS (YEARS)	ANY SIMILAR BUSINESS (YEARS)
Have You or any director/ partner/manager of the Business ever:	(a) had insurance declined or cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) had an insurer refuse or not invite renewal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) had any special conditions imposed on a policy of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(d) had a special excess imposed on a policy of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(e) had a claim rejected under a policy of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(f) been declared bankrupt or put into receivership or liquidation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(g) been charged with or convicted with a criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If You answered 'Yes' to any of the above questions or if there are any other matters You should disclose (see 'Your Duty of Disclosure'), please provide complete details on the provided notes page at the end of this document.		

## PERIOD OF INSURANCE

Expiring 4.00pm EST

FROM

TO

## YOUR CLAIMS HISTORY

In the last 5 years have You sustained loss or damage (insured or not) of a type against which insurance is now being sought?  Yes  No

If 'Yes', please provide further details

(If insufficient space, please provide full details on a separate sheet of paper)

DATE (DD/MM/YY)

INSURER

DETAILS

AMOUNT

## BUSINESS DETAILS

Location of the Business

NUMBER, STREET ADDRESS

CITY/SUBURB

STATE

POSTCODE

Are You the owner of the Premises?

Yes  No

Describe the Business carried out by the occupants of the Premises

YOUR OWN BUSINESS

OTHER OCCUPANTS

Where there are additional locations to be insured, please provide all Business Details on the notes page provided at the end of this document.

## CONSTRUCTION OF THE BUILDING

Walls

Brick/Concrete  
 Timber

Iron  
 Fibro/Asbestos

Other

Roof

Concrete  
 Timber

Iron

Other

Floors

Concrete  
 Timber

Fibro/Asbestos

Other

Any EPS insulated panel walls

Yes  No

If so, what is the % of total floor area?

%

Do the Premises have asbestos?

Yes  No

If so, what is the % ?

%

How old is the Building?

YEARS

Are any of the Buildings or structures subject to heritage listing?

Yes  No

Is any commercial cooking done on the Premises?

Yes  No

Thermostat controlled

Yes  No

Are inflammable liquids or explosives stored on the Premises?

Yes  No

If 'Yes', please list types

## BUSINESS DETAILS (CONTINUED)

### ITEMS AND DETAILS ON PREMISES

If 'Yes', how much (litres/kilograms)?

Are they stored in?  Tanks  Drums  Bottles

Are they kept in an approved flammable goods cabinet or store?  Yes  No

If 'Yes', is the store:  Internal  External Bunded?  Yes  No

If 'No', how are they stored?

### SAFETY AND PROTECTION

Are the Premises protected by:

Extinguishers?  Yes  No  
 WHAT TYPE  HOW MANY

Is there a maintenance agreement in place?  Yes  No Date last serviced?   
 DATE (DD/MM/YY)

Hose reels?  Yes  No

Sprinkler system?  Yes  No

Total area of Premises  Partial (describe)

Automatic fire alarm and/or smoke alarm?  Yes  No

Connected to a fire station?  Yes  No Connected to alarm monitoring company?  Yes  No

Local only?  Yes  No

Fire blankets?  Yes  No

Deadlocks and/or padlocks to all external doors?  Yes  No

Are the Premises connected to town reticulated water supply?  Yes  No

Burglar alarms?  Yes  No  
 (Please tick appropriate type below)

Back to base (dedicated line)  GSM  Dialer/radio  Audible local alarm

Which of the following are present and activate the alarm?

Reed switches  Motion detectors (PIR)  Tremblers  IR beam

Pressure pads  Heat sensors  Panic buttons

Safe?  Yes  No   
 HOW MANY?

MANUFACTURER/MAKE/MODEL ①  MANUFACTURER/MAKE/MODEL ②

YEAR MANUFACTURED ①  YEAR MANUFACTURED ②

THESE QUESTIONS REFLECT THE KEY FACTORS THAT ARE TAKEN INTO ACCOUNT WHEN DETERMINING YOUR PREMIUM.

Torch and drill resistant?  Yes  No

Time delay locks?  Yes  No

Other security features?

Torch and drill resistant?  Yes  No

Time delay locks?  Yes  No

Other security features?

## BUSINESS DETAILS (CONTINUED)

### STORM/WATER PERILS

#### FLOOD

Is Flood cover required?  Yes  No

If required please attach supporting information (i.e. local Flood maps).

Is the property situated on high or low ground?  High  Low  LEVEL

Does the property sit on the high or low side of the road?  High  Low  LEVEL

Does the property slope from front to back?  Yes  No

Are there any river or creek systems within 200 metres of the Premises?  Yes  No

Have the Premises suffered any Flood or storm damage losses in the last 5 years?  Yes  No

If 'Yes', value of damage and date(s) of loss:

#### MACHINERY

Do You have any piece of machinery greater in value than \$500,000 AUD?  Yes  No

If 'Yes', what amount and how many machines?

In the event of loss would any of Your machinery have to be sourced from overseas?  Yes  No

If 'Yes', expected replacement time?

#### STILLAGE

Is all basement and ground floor Stock insured stored on racks or pallets?  Yes  No

If 'Yes', what height from the ground?

#### PROPERTY

If We are insuring machinery of high value what steps have been taken to mitigate the chance of water damage to the machinery, (i.e. adequate storm water drains in front of the property)?

What type of guttering does the property have?

Conventional guttering  Box guttering

Does the roof contain sky lights?  Yes  No

If 'Yes', how many?

Does the property have any other run off drainage?  Yes  No

## PROPERTY DAMAGE COVER SECTION

The Policy insures Buildings and/or Contents for reinstatement or replacement and Stock for indemnity, unless You request otherwise.

	Sum Insured		Sum Insured
Buildings:	\$ <input type="text"/>	Removal of Debris:	\$ <input type="text"/>
Contents including plant and machinery:	\$ <input type="text"/>	Accidental damage:	\$ <input type="text"/>
Stock:	\$ <input type="text"/>	Other: (Please specify) <input type="text"/>	\$ <input type="text"/>

## BUSINESS INTERRUPTION COVER SECTION

	Sum Insured		
Gross income:	\$ <input type="text"/>	Additional Increase in Cost of Working:	\$ <input type="text"/>
Indemnity Period:	<input type="text"/> months	Rentals:	\$ <input type="text"/>
Claims Preparation Expenses (incl. professional fees):	\$ <input type="text"/>	Payroll:	\$ <input type="text"/>

## THEFT COVER SECTION

Contents:	\$ <input type="text"/>
Stock:	\$ <input type="text"/>
Contents & Stock:	\$ <input type="text"/>
Liquor/alcohol:	\$ <input type="text"/>
Cigarettes, Cigars and Tobacco:	\$ <input type="text"/>

## MONEY COVER SECTION

	Sum Insured
Money In Transit:	\$ <input type="text"/>
Money on Premises during Business Hours:	\$ <input type="text"/>
Money on Premises outside Business Hours:	\$ <input type="text"/>
Money on Premises in securely locked Safe/Strongroom:	\$ <input type="text"/>
Money on Premises in securely locked ATM/TAB machine:	\$ <input type="text"/>
Money on Premises in securely locked gaming machine:	\$ <input type="text"/>
Money n a private residence/personal Custody:	\$ <input type="text"/>
Damage to Safe:	\$ <input type="text"/>

## GLASS COVER SECTION

Is cover required for Internal/External Glass?  Yes  No

(If 'Yes', please tick the following):

Single front  Double front

Multi front  Factory/warehouse/other

Is cover required for Signs (identification/advertising Signs)?  Yes  No

If 'Yes', how many?

Sum Insured for Signs: \$

## GENERAL PROPERTY COVER SECTION

Items	Sum Insured
Laptops:	\$ <input type="text"/>
Surveyor equipment:	\$ <input type="text"/>
Professional equipment:	\$ <input type="text"/>
GPS, mobile phones, PDAs:	\$ <input type="text"/>
Specified Items:	\$ <input type="text"/>
Unspecified Items:	\$ <input type="text"/>
Total:	\$ <input type="text"/>
Excess:	\$ <input type="text"/>

## MACHINERY & ELECTRONIC EQUIPMENT COVER SECTIONS

### Machinery

Machinery Breakdown:	\$ <input type="text"/>
Maximum value per insured item:	\$ <input type="text"/>
Total value of all insured items:	\$ <input type="text"/>
Deterioration of Stock:	\$ <input type="text"/>
Increased Cost of Working:	\$ <input type="text"/>

Is there a maintenance agreement in force for the machinery?  Yes  No

Machinery:	No.	kW/HP
Air conditioners - split system	<input type="text"/>	<input type="text"/>
Air conditioners - window/wall type	<input type="text"/>	<input type="text"/>
Cold/freezer rooms	<input type="text"/>	<input type="text"/>
Domestic fridges/freezers	<input type="text"/>	<input type="text"/>
Temprites	<input type="text"/>	<input type="text"/>
Hot water boilers	<input type="text"/>	<input type="text"/>
Dishwashers	<input type="text"/>	<input type="text"/>
Clothes washers	<input type="text"/>	<input type="text"/>
Clothes dryers	<input type="text"/>	<input type="text"/>
Coffee machines	<input type="text"/>	<input type="text"/>
Microwave ovens	<input type="text"/>	<input type="text"/>
Exhaust fans (incl. kitchen canopy)	<input type="text"/>	<input type="text"/>
Slicing, mincing & mixing equipment	<input type="text"/>	<input type="text"/>
Air compressors	<input type="text"/>	<input type="text"/>
Cash registers	<input type="text"/>	<input type="text"/>
Centrifugal pumps	<input type="text"/>	<input type="text"/>
Other (Please specify)	<input type="text"/>	<input type="text"/>

## MACHINERY & ELECTRONIC EQUIPMENT COVER SECTIONS (CONTINUED)

### Electronic Equipment

Type, make, model, kW & age of Electronic Equipment:

Replacement value

1.	\$
2.	\$
3.	\$
4.	\$

Maximum value per insured item: \$

Total value of all insured items: \$

Is there a maintenance agreement in force for Electronic Equipment?  Yes  No

## PUBLIC AND PRODUCTS LIABILITY COVER SECTION

Limit of liability required:

Public liability: (maximum payable for any one claim or series of claims arising out of any one Occurrence) \$

Products liability: (maximum payable for any one claim or series of claims, and in the aggregate during any one Period of Insurance) \$

Excess: \$

## EMPLOYEE FRAUD COVER SECTION

Limit of liability any one loss and in the aggregate: \$

No. of Employees

Principals, directors & partners:

Staff with access to Money, Stock & accounts:

Staff without access to Money, Stock & accounts:

How often are bank statements and books of account reconciled?

How often are Stock takes conducted?

Are Your accounts independently audited?  Yes  No

Are wages paid electronically or in cash?

Is all Money subject to control by two or more Employees?  Yes  No

## ESTIMATED ANNUAL PAYROLL (INCLUDING EARNINGS OF PRINCIPALS, DIRECTORS, PARTNERS)

	Employees	No. of staff	Labour hire
Managerial, clerical, sales:	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Manufacturing:	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Installation:	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Other:	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Total:	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Do You employ contractors or sub-contractors?  Yes  No If 'Yes', please answer (a), (b), (c) & (d) below.

(a) Estimated annual payment: \$

(b) Nature of work usually carried out:

(c) Do You obtain proof of their liability & workers' compensation insurance?  Yes  No

(d) Are You named as the principals on the contractors' &/or sub-contractors' liability policy?



**ADDITIONAL INFORMATION:**

**PRODUCT INFORMATION / TERRITORIAL LIMITS**

Estimate annual turnover:	<input type="text" value="\$"/>			
Turnover exported:	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Turnover imported:	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Country involved:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company representation in this country	<input type="checkbox"/> Power of attorney	<input type="checkbox"/> Power of attorney	<input type="checkbox"/> Power of attorney	<input type="checkbox"/> Power of attorney
	<input type="checkbox"/> Branch	<input type="checkbox"/> Branch	<input type="checkbox"/> Branch	<input type="checkbox"/> Branch
	<input type="checkbox"/> Representative	<input type="checkbox"/> Representative	<input type="checkbox"/> Representative	<input type="checkbox"/> Representative
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Coverage for PRODUCTS EXPORTED TO USA, CANADA, NORTH KOREA, IRAN or CUBA is excluded from this insurance. Coverage will be provided only if specifically agreed by the Insurer(s) and then subject to additional terms and conditions and payment of an additional Premium. A USA/Canada export questionnaire may have to be completed. Any additional information supplied in respect of such exports shall be deemed to form part of this Proposal.

**PLEASE REFER TO THE POLICY WORDING FOR DETAILS REGARDING TERRITORIAL LIMITS.**

Can You with certainty, identify the source of every item used in the manufacture of the products?  Yes  No

Is Your product range relatively stable or changing frequently?  Relatively stable  Changing frequently

If changing frequently, provide full details:

Do You have quality control procedures in place?  Yes  No

If 'Yes', provide full details:

Are Your products subject to any Australian or international standard?  Yes  No

If 'Yes', provide full details:

Do You have recall procedures in place?  Yes  No

If 'Yes', provide full details:

Have You discontinued manufacturing, processing or handling any products?  Yes  No

If 'Yes', provide full details:

Are any products specifically designed, manufactured, imported or handled for use in aircraft or other aerial devices or Watercraft?  Yes  No

If 'Yes', provide full details:

## CONTRACTUAL LIABILITY

Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality concerning Your products, or specifically agreed contracts.

Do You assume liability under contract or hold others harmless (other than lease liability)?  Yes  No

If 'Yes', please provide details and attach copies of all agreements (other than lease liability). Coverage will be provided only if specifically agreed by the Insurer(s).

## DETAILS OF THE BUSINESS/PREMISES

Do you require property owners liability cover on property which You do not occupy?  Yes  No

If 'Yes', please provide address, construction, size of land, information on who is occupying the Premises & replacement value of the Premises:

Do You or does someone on Your behalf perform any work away from the Premises?  Yes  No

If 'Yes', please provide details, e.g. welding, installation, servicing, repairs:

Do You store, transport, use or handle any hazardous goods e.g. chemical, radioactive materials, gases?  Yes  No

If 'Yes', please provide details:

NOTES:

## DECLARATION

I declare that:

- (a) I have read and understood the Important Notices set out in the Proposal.
- (b) I am authorised to complete and sign this declaration on behalf of all the applicants.
- (c) I confirm that the answers and statements in this Proposal are true and correct and I have not withheld any information which may affect the decision to accept this Proposal or the terms and conditions of any insurance provided.
- (d) I understand that if this Proposal is accepted, the insurance cover will be subject to the terms and conditions set out in the Policy.
- (e) I acknowledge that the particulars and statements contained in this Proposal shall form the basis of the contract should a Policy be issued.
- (f) I further acknowledge that Miramar on behalf of the Insurer(s) may decline this Proposal.
- (g) I consent to Miramar and the Insurer(s) collecting, storing, using and disclosing personal information as set out in the Privacy Statement. Where I have provided personal information on behalf of another person, I have complied with my obligations as set out in the Privacy Statement.
- (h) I understand that this insurance does not operate until Miramar issues the Policy Schedule and the premium has been paid (except for any cover provided under an interim contract of insurance).

Name

Title/position

Signature

Date (dd/mm/yy)