

Industrial special risks application



QBE Insurance (Australia) Limited ABN 78 003191 035 AFSL 239 545

IMPORTANT: Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead. Where provided, tick (✓) appropriate box to indicate answer.

The Applicant/s					
Name of insured(s)					
Tax Status	Registered Business <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	ABN		Taxable	%
Name and address of Interested Parties (e.g. Mortgagees)	1.				
	Type of Interest				
Name and address of Interested Parties (e.g. Mortgagees)	2.				
	Type of Interest				
Period of Insurance	From	/ /	To	/ /	At 4 p.m.

The Business (Please provide a full description of all activities and processes undertaken)

Limits of Liability		
Section 1	- Material Damage	\$
Section 2	- Consequential Loss	\$
	- Payroll (as defined)	\$
Section 1 & 2	- Combined	\$

Sub Limits of Liability – Section 1		
Sub Limits of Liability apply separately to the policy section indicated unless advised in our quotation that a Sub Limit applies to both Section 1 & 2 in respect to any one loss or series of losses arising out of one original source or cause (or as otherwise stated).		
Section 1		
Burglary or Theft or any attempt thereat		\$
Money	- In transit	\$
	- On Premises during Business Hours	\$
	- On Premises outside Business Hours	\$
	- In Securely Locked Safe or Strongroom	\$
	- In Personal Custody of the Insured or any Authorised Persons	\$
Accidental Damage		\$
Glass Breakage		\$
Removal of Debris		\$
Extra Costs of Reinstatement		\$
Directors and Employees Clothing and Tools of Trade	Any one person	\$
	In respect to all persons	\$
Property at Undeclared Premises (Applies to Section 1 & 2 combined)		\$
Acquired Companies (Applies to Section 1 & 2 combined)		\$
Other (please specify)		\$
		\$

Sub Limits of Liability – Section 2

Sub Limits of Liability apply separately to the policy section indicated unless advised in our quotation that a Sub Limit applies to both Section 1 & 2 in respect to any one loss or series of losses arising out of one original source or cause (or as otherwise stated).

Additional Increased Cost of Working		\$
Claims Preparation Costs		\$
Gross Rentals		\$
Other (please specify)		\$
		\$
		\$

Deductibles

The Insured shall bear the following amounts in respect of each claim or series of claims arising out of any one original source or cause

1.	Damage caused by Earthquake, Subterranean Fire or Volcanic Eruption. An amount equal to 1% of the Total Declared Values for Insured Property or \$20,000 whichever is the lesser	\$
Other (please specify)		\$
		\$
		\$
		\$
		\$
		\$

Con-insurance (Average) Clause

A co-insurance (average) clause applies to this Policy.

This means that if the Declared Values for Section 1 is less than 85% or Section 2 is less than 100% of their value at the time you take out this Policy or at any renewal of the Policy, then for any loss or damage You will be Your own insurer for the difference, that is You will bear a rateable proportion of each claim in accordance with one of the following formulae.

Section 1: Declared Value multiplied by the Amount of loss or damage divided by 85% of the value = Amount payable by QBE (up to Limits of Liability)

Section 2: Declared Value multiplied by the Amount of loss or damage divided by 100% of the value = Amount payable by QBE (up to Limits of Liability)

Declared Values – Section 1 Material Damage & Section 2 Consequential Loss

Location of Property	Occupation	Construction	Fire Protection	Security	Declared values						
					Building	Contents excl. Stock	Stock	Other Property		Removal of Debris	Total
								Description			
1					\$	\$	\$		\$	\$	\$
2					\$	\$	\$		\$	\$	\$
3					\$	\$	\$		\$	\$	\$
4					\$	\$	\$		\$	\$	\$
5					\$	\$	\$		\$	\$	\$
6					\$	\$	\$		\$	\$	\$
7					\$	\$	\$		\$	\$	\$
8					\$	\$	\$		\$	\$	\$
9					\$	\$	\$		\$	\$	\$
10					\$	\$	\$		\$	\$	\$
11					\$	\$	\$		\$	\$	\$
12					\$	\$	\$		\$	\$	\$
Total Declared Values					\$	\$	\$		\$	\$	\$

Declared Values – Section 2 Consequential Loss

1. Gross Profit/Gross Revenue/Gross Rentals/Increased Cost of Working only (turnover)	\$
2. Claims Preparation Costs	\$
3. Payroll	\$
4. Additional Increased Costs of Working	\$
5. Other (please describe)	\$
Total	\$

Indemnity period		Months
Dual Wages	100% for	Weeks plus % for Weeks (being the remainder)
Consolidation period		Weeks

Uninsured Working Expenses (List the expenses to be excluded and indicate the % of excluded expenses if less than 100%)

Extension to Section 2 Consequential Loss

Suppliers and Customers Premises

Name of Supplier of Customer	Situation	Limit

Other: Extensions to Section 2 – Please specify

General Information

- Has any insurer ever declined, refused to renew, cancelled or imposed special policy restrictions or excess? (if yes, please provide details) Yes No
- Has any insurer declined or rejected an insurance proposal or application? (if yes, please provide details) Yes No
- Has any insurer declined or rejected an insurance claim? (if yes, please provide details) Yes No
- Do you use or have any radioactive, explosives, flammable, toxic, corrosive or potentially dangerous goods? (if yes, please provide details) Yes No
- Are you premises, plant and machinery in good repair and all statutory requirements met? (if no, please provide details) Yes No
- Have you had any losses (whether insured or not) during the past 5 years? (if yes, please provide details) Yes No

20 / 20			20 / 20			20 / 20			20 / 20			20 / 20		
Amount	No	Excess	Amount	No	Excess	Amount	No	Excess	Amount	No	Excess	Amount	No	Excess

7. Give details of losses and precautions taken to prevent them happening again. If insufficient space attach additional pages.

8. Have you or any partners, shareholders or directors of the business ever been declared bankrupt or involved in a company which became insolvent or placed in receivership or a scheme of arrangement or compromises entered into? (if yes, please provide details)	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Have you or any partner, shareholder or director of the business been convicted of a criminal offence during the past 7 years or been liable for a civil offence or pecuniary penalty exceeding \$5,000? (if yes, please provide details)	Yes <input type="checkbox"/> No <input type="checkbox"/>

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, that 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 insurer 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 you failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Privacy

QBE's Privacy Policy describes how we collect, disclose, store and use your information and how you can access it, correct it or contact us to make a complaint. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at www.qbe.com.au/privacy , or to obtain a copy by phoning us on 133 723 or requesting it from our authorised representatives or service providers.

We may share you information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using personal information in accordance with our Privacy Policy. If you give us someone else's personal information you confirm that you've obtained their consent to do so.

If you don't provide all of the personal information we've requested, we may be unable to issue, administer or manage products or provide services.

Terrorism Cover

QBE Insurance (Australia) Limited is a participant in the Australian Government's terrorism reinsurance pool administered by the Australian Reinsurance Pool Corporation (ARPC) on their behalf.

Certain property may not eligible for participation in the coverage afforded by the "The Pool". Any property which is to be insured under this policy of this nature should be clearly identified. We may in certain circumstances subsequent to receipt of this information require further information from you. Our renewal offer will clarify the extent of any cover provided by the policy.

All Policies exclude "Terrorism", however the Australian Government may upon the occurrence of an act of terrorism in Australia declare those exclusions void (for Australian Domiciled risks in only) in eligible policies.

The Australian Government Pool does not provide any cover for overseas risks, and our exclusion will be applied in relation to events affecting those risks

Declaration and Signature

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Policy Terms and Conditions (Industrial Special Risk Insurance Policy Mark IV or V)
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise QBE Insurance (Australia) Ltd ABN 78 003 191 035 AFSL 239545 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine/ours including this completed application, my insurance claims history and my credit history.

Applicant's Signature Date

Applicant's Title