



Business Insurance Quotation Form

Insured Details: _____

Company Name/s: _____

Trading Name/s: _____

ABN: _____ ITC %: _____

Postal Address: _____

Contact Numbers: Bus: _____ Fax: _____ Mob: _____

Risk Details:

Occupation/s: _____

Situation Address: _____

Est Annual Turnover: _____ Est Annual Wages: _____

Number of Employees: _____

Fire Protection: Extinguishers: Yes/No Smoke Alarms: Yes/No Sprinkled: Yes / No

Security: Deadlocks: Yes / No Alarm: Yes / No Window Locks/Bars: Yes / No

If yes to Alarm. Is it Local or Monitored: _____

Construction: Walls: _____ Roof: _____

Age: _____ Floor: _____

Interested Parties: _____

Claims in last 5 years: _____

Current Insurance Company: _____

Expiry Date: _____ Premium: _____

Had Insurance Declined, Cancelled or terms imposed in the last 5 years: _____

Charged or Convicted of any criminal offences in the last 10 years: _____



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Cover Details

Fire & Perils Section

This section covers the damage to your property at your premises from certain sudden, unexpected or unforeseen occurrences, and provides a number of automatic additional benefits.

Building:.....\$ _____
Contents:.....\$ _____
Stock:.....\$ _____
Additional Removal of Debris.....\$ _____ (Automatically gives you min \$25,000)
Other:.....\$ _____

Business Interruption Section

This section covers the loss of income and the additional increased costs of working which results from the interruption of your business caused by events covered under Fire & Perils Section, Theft Section and Money Section,

Gross Income:.....\$ _____
Indemnity Period:.....\$ _____
Wages:.....\$ _____
Loss of Rent:.....\$ _____
Claims Preparation Cost:.....\$ _____
Increased Cost of Working:.....\$ _____
Other:.....\$ _____

Theft Section

This section covers loss of or damage to your property due to theft and provides a number of additional benefits.

Contents:.....\$ _____
Stock:.....\$ _____
Tobacco:.....\$ _____
Liquor:.....\$ _____
Other:.....\$ _____



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Money Section

This section covers your business's money whilst on your premises, in a safe or strong room, in transit to or from your premises, or in your personal custody, or the custody of a trusted employee.

In Transit:.....\$ _____
During Business Hours:.....\$ _____
Non Business Hours:.....\$ _____
In Safe:.....\$ _____
In Private Residence:.....\$ _____
Damage to Safe:.....\$ _____
Other:.....\$ _____

Glass Section

This section covers glass in your premises(including internal glass such as glass partitions, or external windows) and provides a number of automatic additional benefits.

Internal Glass:.....Yes / No
External Glass:.....Yes / No
Signage:.....\$ _____

Liability Section

This section covers the legal liability of your business for personal injury to another person (other than employees) or damage to property owned or controlled by someone else.

Public & Products Liability Limit.....\$ _____
Goods in Control.....\$ _____ (\$100,000 Automatic)

Employee Dishonesty Section

This section covers the theft of your business's property or money due to the fraudulent actions of employees for their own gain or the financial benefit of any other person or organisation.

Limit any one Employee:.....\$ _____
Limit any one Period of Insurance:.....\$ _____

Tax Investigation Section

This section covers the professional fees incurred in connection with an audit or investigation of the business's financial or tax affairs by any authority authorised to do so eg the Australian Taxation Office, Workers Compensation.

Limit of Cover:.....\$ _____



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Machinery/Equipment Breakdown Section

This section covers the breakdown of your business's mechanical machinery including air conditioning units, computers and electronic equipment such as photocopiers and faxes.

Limit any one Loss: \$ _____

Deterioration of Stock \$ _____

Increased Cost of Working: \$ _____

Data Restoration: \$ _____

General Property Section

This section covers the loss of or damage to portable property such as Tools, Laptop Computers, Personal Digital Assistants etc. throughout Australia.

Tools of Trade: \$ _____

Specified Items: \$ _____

List of Specified Items: _____

Any Additional Information: _____
