

City Rural Insurance Brokers Pty Ltd

ABN 52 074 444 296

- Member of National Insurance Brokers Association and Steadfast Group Limited -

- Australian Financial Services Licence No. 237491 - General Insurance Broker -

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Business Pack

The insurance on your business is able to be tailored to your specific needs and requirements, you may take out cover on a variety of sections listed and ask for sections if they are not listed. We will review the quotes and select the policy that best suits your requirements.

In order for City Rural Insurance Brokers to provide you with an Obligation Free Quote, please complete the following.

GENERAL INFORMATION

Insured's name

Contact Name (if different)

Trading name

Subsidiaries

Postal address

Suburb/Town

State

Postcode

Email Address

Phone

Fax

Mobile Phone

Preferred method of contact

Occupation/Profession

Email Phone Fax

Experience in business (Years)

Current Insurer 

Expiry date 

Has any insurer in respect of any insurance policy held by you ever:

(a) Refused to renew / cancelled or terminated a policy

Yes No

If yes, please supply details.

(b) Refused a claim or required an increased premium under the policy?

Yes No

If yes, please supply details.

(c) Imposed special conditions under the policy?

Yes No

If yes, please supply details.

(d) Have you been convicted on any criminal offence or been declared bankrupt?

Yes No

If yes, please supply details.

(e) Have you had any claims in the past 5 Years inc Workers Compensation?

Yes No

If yes, please supply details.

PROPERTY DETAILS

Street address

Suburb/Town

State

Postcode

Construction 

Walls _____ Roof _____ Floors _____ Age _____

Details of Security

Deadlocks Yes No

Bars Yes No

Bollards Yes No

Fencing Yes No

Shutters Yes No

Window Film Yes No

Alarm

Yes No if Yes is it? Local  Monitored Dialer  Securitel 

Fire Protection

Smoke Detectors
Yes No

Extinguishers
Yes No

Fire Hose Reels
Yes No

Smoke Detectors attached to Alarm System
Yes No

FIRE & SPECIFIED PERILS

Value of Building(s)
\$ _____

Value of stock including work in progress
\$ _____

Value of Customers Goods
\$ _____

Value of Contents
\$ _____

BUSINESS INTERRUPTION

Annual Gross Profit
\$ _____

Claims Preparation Costs
\$ _____

Additional Increased Cost of Working
\$ _____

Gross Loss of Rent
\$ _____

Other
\$ _____

Indemnity / Benefit Period (Months)

BURGLARY /THEFT OF PROPERTY

Value of stock in trade
\$ _____

Value of customers Goods
\$ _____

Value of tobacco, cigars and/or cigarettes

Liquor value

\$ _____

\$ _____

Other contents
\$ _____

MONEY

Money in transit
\$ _____

Money on premises - business hours
\$ _____

Money on premises - O/S business hours
\$ _____

Money on premises - in locked safe
\$ _____

Money in private residence & Personal Custody
\$ _____

GLASS BREAKAGE

External Glass /Internal Glass (replacement value): Yes No

External Only Internal Only Internal/External

Advertising Signs
\$ _____

Damage to Stock
\$ _____

LIABILITY SECTION 1 - Public & Products Liability

Limit of Indemnity: \$5,000,000 \$10,000,000 \$20,000,000

Any Welding or Hot Work Yes No

If Yes the provide details of work done and % of income

OTHER DETAILS

(a) Does the business manufacture/modify/alter any product?

Yes No

If Yes, the provide details of work done and % of income

(b) Are any products IMPORTED by you / your business?

Yes No

If yes state

Type of Goods _____

Country of origin _____ Approx value \$ _____

Type of Goods _____

Country of origin _____ Approx value \$ _____

Type of Goods _____

Country of origin _____ Approx value \$ _____

(b) Are any products EXPORTED by you / your business? Yes No

If yes state

Type of Goods _____


Destination _____ Approx value \$ _____

Type of Goods _____

Destination _____ Approx value \$ _____

Type of Goods _____

Destination _____ Approx value \$ _____

Annual estimated turnover (sales) \$ _____ Employees wages  \$ _____

Proprietors/Directors wages \$ _____ Number of people in business at any one time _____

Does business engage sub contractors?
Yes No

Number of sub contractors involved _____ Estimated total value of sub contractors \$ _____

Type of work sub contracted to others

Are unregistered vehicles used in business?

Yes No

If yes, state details

Is cover required for Goods in Physical & Legal Control?

Yes No

If yes, state type of goods and amount of cover required

Previous losses/claims for Public Liability

How many years have you had experience in this type of business

_____ years

Have you recently completed any Business Management Courses or a New Enterprise Incentive Scheme (NEIS)?

Yes No

MACHINERY BREAKDOWN (up to 4hp)

Blanket

Description & No of Items

Maximum any one loss
\$

H/P value or

kW value

Specified Items

Description

H/P value or

kW value

Spoilage of Stock

Description of Stock

Value

\$

ELECTRONIC BREAKDOWN

Description

Value

\$

Electronic Equipment

Accidental Damage including Fire & Perils, Theft & Breakdown: Yes No

Specified Items

Description

Value

\$

Portable Items (Outside Premises)

Cost of Restoring Data

\$

Increased cost of working

\$

Additional policies available:

Travel, Contract Works, Director & Officers, Tax Audit, Fraud, Professional Indemnity Please send me information on the selected classes listed above.

I have read the Duty of Disclosure

Duty of Disclosure

In order to make an informed assessment of the risk and calculate the appropriate premium, your insurer needs information about the risk you are asking it to insure.

For this reason, before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 to disclose to your insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk and, if so, on what terms. The duty also applies when you renew, extend, vary or reinstate a contract of insurance.

You do not have to disclose anything that:

- Reduces the risk to be undertaken by the insurer;
- Is common knowledge;
- Your insurer knows, or in the ordinary course of its business, ought to know; or
- If the insurer has waived your obligation to disclose.

If you do not comply with your duty of disclosure, your insurer may be entitled to reduce its liability in respect of a claim or may cancel your contract of insurance. If the non-disclosure was fraudulent, the insurer may be able to avoid (or cancel) the contract of insurance from its beginning. This would have the effect that you were never insured.

One important matter to be disclosed is the history of losses suffered by the person seeking insurance or any closely associated person or entity. As you are responsible for checking that you have made complete disclosure, we suggest that you keep an up to date record of all such losses and claims.

Signature _____ Dated _____

Title _____

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