

# Commercial Proposal Form



360 Commercial Pty Ltd **ABN** 73 620 071 650 is an Authorised Representative (**AR** 1256191) of  
360 Underwriting Solutions Pty Ltd **ABN** 18 120 261 270, **AFSL** 319181  
The Forum, Level 3, 240 Pacific Highway, Charlestown, NSW 2290

# Proposal Form



## Important Notices

The information you provide in this document and through any other documentation, either directly or through your insurance Broker, will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including these Important Notices, please contact us or your insurance Broker before signing the Declaration at the end of this document. Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

## Agent of Insurers

360 Commercial acts as an agent of the Insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document please read it carefully.

## Duty of Disclosure

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance. The duty applies until the policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between when the answers are provided to us or disclosures are made and the Relevant Time, you need to tell us.

Your duty however does not require disclosure of matters that:

- + reduce the risk;
- + are common knowledge;
- + We know or, in the ordinary course of our business, ought to know; or
- + We have indicated we do not want to know.

If You do not comply with your duty of disclosure, we may be entitled to:

- + reduce our liability for any claim;
- + cancel the contract;
- + refuse to pay the claim; or
- + avoid the contract from its beginning, if your non-disclosure was fraudulent.

## Privacy

We are committed to protecting your privacy in accordance with the *Privacy Act 1988 (Cth)* and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at [www.360uw.com.au](http://www.360uw.com.au)

Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask us.

## Insured Details

Date: \_\_\_\_\_

The Insured: \_\_\_\_\_

The Insured's Business: \_\_\_\_\_

The Policy Period: From \_\_\_\_\_ To \_\_\_\_\_

The Insured's Annual Income: \$ \_\_\_\_\_

## Asset Protection

### Location 1

Address: \_\_\_\_\_

Sum Insured: Building \$ \_\_\_\_\_ Contents including stock \$ \_\_\_\_\_

Construction of: Roof \_\_\_\_\_ Walls \_\_\_\_\_

Floor \_\_\_\_\_ Age \_\_\_\_\_

Sandwich Panel:  Under 25%  25% to 50%  Over 50%

Fire Protection:  Sprinklers  Hose Reels  Extinguishers

Theft Protection:  Alarm  Monitored  Local

Deadlocks  CCTV

Interested Party: \_\_\_\_\_

### Location 2

Address: \_\_\_\_\_

Sum Insured: Building \$ \_\_\_\_\_ Contents including stock \$ \_\_\_\_\_

Construction of: Roof \_\_\_\_\_ Walls \_\_\_\_\_

Floor \_\_\_\_\_ Age \_\_\_\_\_

Sandwich Panel:  Under 25%  25% to 50%  Over 50%

Fire Protection:  Sprinklers  Hose Reels  Extinguishers

Theft Protection:  Alarm  Monitored  Local

Deadlocks  CCTV

Interested Party: \_\_\_\_\_

### Location 3

Address: \_\_\_\_\_

Sum Insured: Building \$ \_\_\_\_\_ Contents including stock \$ \_\_\_\_\_

Construction of: Roof \_\_\_\_\_ Walls \_\_\_\_\_  
 Floor \_\_\_\_\_ Age \_\_\_\_\_

Sandwich Panel:  Under 25%  25% to 50%  Over 50%

Fire Protection:  Sprinklers  Hose Reels  Extinguishers

Theft Protection:  Alarm  Monitored  Local  
 Deadlocks  CCTV

Interested Party: \_\_\_\_\_

### Cover is included within the location Limits for

Equipment Breakdown:  Required  Not Required

Glass and Signwriting: Replacement Costs

Unnamed Location Limit \$25,000: Alternative Limit \$ \_\_\_\_\_

Transit Limit \$25,000: Alternative Limit \$ \_\_\_\_\_

Flood **NOT** insured select Limit if required:  \$100,000  \$250,000  \$500,000

### Cover is included in addition to the location Limits at each insured location for

Capital Additions: \$500,000 Acquired Property: \$250,000  
(Notification period 90 days)

Property Protection: \$100,000 Land Value: \$100,000

Please include a Post Loss Expenses Limit that provides for sufficient costs to cover removal of debris, fire brigade and emergency services, discharge of financial encumbrance, approval of statutory authorities and claims preparation costs.

\*Post Loss Expenses Limit: \$ \_\_\_\_\_

\*Marks a mandatory field

## Excesses

Select the Excess Options for:

All claims other than;	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000
Breakdown of Equipment	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000
Theft	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000
Storm	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000

Earthquake \$20,000 of 1% of the declared values at the location where the damage occurs whichever is less

An excess may also apply for;

Named Cyclones for insured locations above the Tropic of Capricorn; and Properties containing asbestos

## Business Income Protection

Please provide a copy of the Insured's Business Activity Statement or Profit and Loss Statement

Period of Recovery:	<input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months	<input type="checkbox"/> 18 months	<input type="checkbox"/> 24 months	<input type="checkbox"/> 36 months
Breakdown of Equipment:	\$	<input type="text"/>			
Annual Income:	\$	<input type="text"/>			
Rate of Gross Profit to Income:	<input type="text"/>	% refer profit and loss statement			
Accounts Receivable:	\$	<input type="text"/>			
*Expenses Limit:	\$	<input type="text"/>			

\*Select an expenses Limit that provides for business recovery expenses and claims preparation expenses

## Dependent Business Premises

If more than 20% of the Insured's gross profit is dependent on any one business (anywhere in Australia), please advise the following:

Alternative % of Gross Profit	<input type="text"/>	%
Name of Dependent Business	<input type="text"/>	
Address of Dependent Business	<input type="text"/>	
Occupation of Dependent Business	<input type="text"/>	

The following waiting periods apply under Business Income Protection;

Essential Services	48 hours
Dependent Business Premises	48 hours
Access Protect (50km radius of insured location)	48 hours
Breakdown	48 hours

## Crime Protection

Employee Theft and Money & Securities Limit: \$ \_\_\_\_\_

Excess Option:  \$250     \$500     \$1,000     \$2,000

Total Number of Employees: \_\_\_\_\_

Employees with Financial Responsibilities: \_\_\_\_\_

## Liability Protection

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

Number of Employees: \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_

Annual Salaries/Wages: \$ \_\_\_\_\_

## Products

What products do you manufacture? \_\_\_\_\_

What products are imported? \_\_\_\_\_

What countries do you import from? \_\_\_\_\_

% of Products:                      Manufactured \_\_\_\_\_ %                      Imported \_\_\_\_\_ %

Do all products comply with Australian Standards?                       Yes                       No

Are you HACCP certified?                       Yes                       No

Do you export any products to the USA or Canada?                       Yes                       No

Value of exported products: \$ \_\_\_\_\_

Are Contractors used in your business?                       Yes                       No

Annual payments to Contractors: \$ \_\_\_\_\_

Work performed by Contractors: \_\_\_\_\_

Do you obtain proof of insurance?                       Yes                       No

Are labour hire personnel used in your business?  Yes  No

Annual Payment to Labour Hire Personnel: \$

Work performed by Labour Hire Personnel:

Do you obtain proof of insurance?  Yes  No

## History and General Information

### 1. Have you in the last 5 years

I. Made any claims on an insurer for loss or damage?  Yes  No

II. Had any insurance declined or cancelled, renewal refused, claim rejected, proposal rejected, special conditions or excess imposed by an insurer?  Yes  No

III. Suffered any uninsured loss or damage?  Yes  No

If you answered yes to any of the above, please provide details:

### 2. Have you or any Partner or Director of the Business

I. Ever been declared bankrupt?  Yes  No

I. Been involved in a company or business which became insolvent or subject to any form of solvency administration?  Yes  No

II. Been charged or convicted of a criminal offence within the past 5 years other than minor traffic convictions or offences?  Yes  No

If you answered yes to any of the above, please provide details:



## Signature and Declaration

This Declaration must be signed by the intending insured as the Proposer(s). If the intending insured is a Company, Partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be authorised to sign on behalf of all persons/entities identified as the intending insured(s).

Before completing this document, I/We have read and understood the information herein, including the Important Notices.

I/We agree that this Proposal Form together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected. I/We undertake to inform the insurer of any material alteration to this information occurring before the proposed insurance commences.

I/We declare that the statements and particulars contained within this Proposal Form are true and that I/We have not mis-stated or suppressed any material facts.

I/We understand that the insurer is relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld.

I/We acknowledge that by submitting this completed Proposal Form (with any other information) I/We consent that the insurer may use and disclose my/our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. This consent remains valid until I/We alter or revoke it by written notice. I/We also undertake to advise any changes to my/our personal information.

Name of Firm:

Signature:

(This Proposal is to be signed by a Principal, Partner or Director of the Proposed Insured)

Title of Signatory:

Full Name:

Date:





# 360

Commercial

## NSW

Level 18, 201 Kent St  
Sydney, NSW 2000

The Forum, Level 3  
240 Pacific Highway  
Charlestown, NSW 2290

## VIC

Level 9, 99 William St  
Melbourne, VIC 3000

## QLD

Level 8, 500 Queen St  
Brisbane, QLD 4000

## SA

PO Box 1166  
Nairne, SA 5252