

Unoccupied Property Insurance Proposal Form



360 Complex Risks Pty Ltd (**ABN** 95 648 007 989) is an authorised representative (**AR** 1292305)
of 360 Underwriting Solutions Pty Ltd. **ABN** 18 120 261 270, **AFSL** 319181
Suite 1, Level 18, 201 Kent St, Sydney, NSW 2000

Important Information

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 Insurer 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 Insurer

360 Complex Risk Pty Ltd **ABN 95 648 007 989** (360 Complex Risks) is an Authorised Representative of 360 Underwriting Solutions Pty Ltd **ABN 18 120 261 270 AFSL 319 181**. In issuing the Unoccupied Property Policy, 360 Complex Risks will be acting under an authority given to it by the insurers, being Certain Underwriters at Lloyd's (Insurer). This means 360 Complex Risks will be acting as an agent for the Insurer, not for you. 360 Complex Risks has an authority from the Insurer to arrange, enter into/bind and administer this insurance. 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

Please access and read our Privacy 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.

Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

Please read this proposal fully prior to answering the questions.

- + Answer all questions in full.
- + All responses relate to the primary Unoccupied Property.

Where there is more than one insured address, please complete 'Appendix 1 – Additional Locations'.

- + All attached documents form part of this proposal form.

General Information

The insured (Must be registered to a commercial entity for Residential properties)

ABN

Commercial Policy Confirmation

This policy is designed as a commercial policy, and not designed for retail customers or associated retail policies. We do not offer this policy to retail customers. Please confirm you understand and agree?

Yes No

Names of the director(s) or trustee(s) of the insured entity

Interested Party(s)

Period of Insurance

Effective Date

Period of Cover

3 months

6 months

12 months

Your current, proposed or expiring premium

Type of Premises

Risk Address

Important Information to be declared:

We rely upon this proposal form and it is important to us that you make specific enquiries with each applicable party described in (I),(II),(III) & (IV) below prior to answering the questions and signing the declaration.

If you feel unable to answer a question(s) accurately or have a material fact or circumstance(s) to disclose please provide full details in the Additional Information section on page 9.

- You and insured family members
- Any Director or Partner
- Any person (s) with a beneficial interest of 25% or more in the business (other than mortgagees)
- Any person with management control of the insured entity (other than professional letting agents that you have contracted to manage the property):

Have any of the parties described in (I) – (IV) above:

- Been convicted of, or had any fines or penalties imposed for, a criminal offence in the last ten years? Yes No
- Been placed in bankruptcy, receivership or liquidation within the last ten years? Yes No
- Had any insurance refused, cancelled or had special conditions or restrictions imposed on your policies? Yes No
- Has another insurer made risk recommendations in respect of your business that have not been attended to? Yes No
- Are there any exceptional circumstances or anything special or unusual about your business which would increase the likelihood of loss, destruction, damage or liability? Yes No
- Made a claim or suffered a loss by any event for which Insurance is now being proposed within the last five years? Yes No

If you have answered Yes to any question(s) or feel that you have been unable to answer a question(s) accurately, please provide full details

The Premises

Please Note:

- + All boxes must be answered.
- + If you tick any of the boxes with an asterisk next to it, please provide as much detail as you can under the Additional Information section on page 9.
- + Failing to answer a question or provide the additional information will delay the process, as we cannot continue without this detail and will need to contact you for this information.

Do you occupy any part of the Premises? Yes No

If yes, please provide more details? (If insufficient space provide details in Additional Information section on page 9)

Is any part of the Premises occupied? Yes No

If yes, please provide more details? (If insufficient space provide details in Additional Information section on page 9)

Premises Construction Breakdown:

a. Please complete the table to detail the construction materials (e.g. brick, stone, concrete, tiles, metal, timber, composite panelling or other materials)

Construction	Materials
Walls	<div style="background-color: #f0f0f0; height: 20px;"></div>
Frame	<div style="background-color: #f0f0f0; height: 20px;"></div>
Roof	<div style="background-color: #f0f0f0; height: 20px;"></div>
Floors – Ground	<div style="background-color: #f0f0f0; height: 20px;"></div>
Floors – Upper	<div style="background-color: #f0f0f0; height: 20px;"></div>

b. In a good state of repair and will be maintained? Yes No
If not, please provide further details

c. Constructed with a flat roof (other than concrete or metal)? Yes No
If yes, please provide more details? (If insufficient space provide details in Additional Information section on page 9)

d. Does this structure contain any EPS? (coldrooms, expanded polystyrene or insulated sandwich panels) Yes No

- A cool room that is separate to main structure
- A cool room that is part of the main structure that is less than 20% of the total building footprint
- A cool room that is part of the main structure that is greater than 20% of the total building footprint
- EPS (not a cool room) less than 20% of the building
- EPS (not a cool room) more than 20% of the building

If yes, please provide more details? (If insufficient space provide details in Additional Information section on page 9)

The Building

Approximate age of the building: Approximate square meters of the building: Number of storeys of the building:
(either the age, year of build or decade the building was built)

Number of buildings on the property:

Is the property heritage listed? Yes No

Are the adjacent premises occupied? Yes No

If yes, what are they occupied as? (If insufficient space provide details in Additional Information section on page 9)

Is the building above the 26th parallel? Yes No

Security Protections

Basic Minimum security

Do the premises have the following levels of physical security that are in use:

a. Key operated locks fitted to all external hinged doors and /or key operated patio bolts fitted to all sliding/French doors Yes No

If NO, please confirm what security there is, why it doesn't meet minimum security and why this isn't a security risk?

b. Are all windows on ground and/or basement level either fitted glass, barred, grilled, or secured with key operated window locks? Yes No

If NO, please confirm what security there is, why it doesn't meet minimum security and why this isn't a security risk?

Additional security

- Are the premises protected by an Burglar Alarm? Yes No
 If YES, please advise type Not Monitored Monitored by security provider
- Are the premises protected by an Smoke Detector? Yes No
 If YES, please advise type Not Monitored Smoke Detector monitored by security provider
- Does the premises have a any of the following Full Time Caretaker 24 hour Security Guard Security Lighting

General

How long have the Premises been unoccupied? Up to 2 Years 3 - 5 Years *5 Years or more

How long is it anticipated that the Premises will remain unoccupied?

Are the Premises likely to undergo any building works, renovation, refurbishment, redecoration or demolition **during or after** the period of insurance? Yes No

Please Note: The insured must read and understand the declaration at the end of this proposal form, specifically the condition precedent with respect to any works that the insured intends to complete.

a. Has a Development Application been **submitted** for this works? Yes No

b. Has a Development Application been **approved** for this works? Yes No

c. What is the value of the works to be completed? \$

d. What is the market value of the entire property? \$

e. Please confirm that we will maintain our rights of subrogation? Yes No

f. What period of time will the works take and when will these commence?

g. What contractors are to be involved? What will they be doing? Will they have their own Public Liability insurance?

h. Will there be any heat or hot works (welding etc.) on site? Please provide details and what safety procedures will be in place?

i. Please provide as much detail as possible regarding the works that are to be carried out including costings and whether appropriate planning permissions have been agreed?

Were the buildings

- a. Used as a place of worship or a school? Yes No
- b. Within the last five years, operated as an entertainment venue and/or a licensed premises? Yes No

If yes to either, please provide more details as to why?

(If insufficient space provide details in Additional Information section on page 9)

Please provide details of the previous tenant.

- a. What was their occupation?

- b. Any equipment or contents still remaining at the premises?

What is the intended future use of the Premises?

- Are all gas supplies to the buildings to be kept turned off? N/A Yes No

Please note: it is a policy condition that the gas is turned off at the mains prior to inception. Gas does not need to be disconnected.

If no, please provide more details as to why? (If insufficient space provide details in Additional Information section on page 9)

- Are all water pipes and tanks in the buildings to be drained and kept turned off at the mains water supply (except those supplies required to maintain sprinkler installations)? Yes No

Please note: it is a policy condition that the water is turned off at the mains prior to inception. Water does not need to be disconnected.

If no, please provide more details? (If insufficient space provide details in Additional Information section on page 9)

- In the buildings is a sprinkler system installed which is operational and maintained by a professional company? Yes No

Are all electricity mains supplies in the buildings to be turned off at the main meter box other than to keep security alarms and security lighting operational? (Please confirm as part of Additional Security)

- Yes No

Please note: it is a policy condition that the electricity is turned off at the mains prior to inception. Electricity does not need to be disconnected.

Please provide more details as to why the electricity needs to remain on?

(If insufficient space provide details in Additional Information section on page 9)

- Will all waste and refuse be cleared from the buildings and removed from the premises at least once a week? Yes No

Please note: Whilst the building is unoccupied, refuse can accumulate from the general public and waste can accumulate from the environment surrounding. It is a policy condition waste is cleared at least once per week

Will all loose or moveable combustible items or materials other than fixtures and fittings at all times be cleared from the buildings and removed from the Premises?

- Yes No

If no, please provide more details? (If insufficient space provide details in Additional Information section on page 9)

Where applicable to the building entry / door way - have letter boxes, openings or drop shutes been sealed / closed?
If the property does not have a letterbox opening in the front door or drop shute then please tick N/A N/A Yes No

Have all tanks containing fuel or other flammable liquids been drained and purged?
If there are no tanks then please tick N/A N/A Yes No

If no, please provide more details? (If insufficient space provide details in Additional Information section below)

Are the buildings inspected at least once every 7 days, both internally and externally and a record kept of such inspections? Original records must be kept and available if requested by 360 Complex Risks Yes No

Please note: it is a policy condition that the building is inspected at least once every 7 days.

Is there contents that needs to be covered? Yes No

If yes, please confirm details of items that need to be covered? (If insufficient space provide details in Additional Information section below)

Additional Information

Please use this area if you need more space to provide information to the questions where you have ticked a box with an asterisk, need more space to answer a certain question or disclose a material fact or circumstance or there are material facts and/or circumstances to disclose.

Sums to be Insured

Section 1 - Buildings

Please select the cover required

- Standard Cover** Perils Defined as fire, lightning, explosion, aircraft only
- Extension 1** Extended Cover & Options (subject to underwriters acceptance)
Perils defined as fire, lightning, explosion, aircraft or other aerial devices or articles dropped therefrom, riot, civil commotion, strikers, locked out workers, persons taking part in labour disturbances, malicious damage, earthquake, storm, impact by any road vehicle or animal, falling tree branches and falling aerials

Extension 1 Optional Covers

Accidental Damage cover required?

Yes No

Declared Values for Section 1

Buildings (including outbuildings & Fitted Furniture), contents and glass representing full cost of reconstruction in their present form and debris removal and professional fees:

\$ _____

Contents (Must detail the items to be insured in Contents field below)

\$ _____

Glass: Please state limit required (must be an actual dollar amount, not "replacement value")

\$ _____

Additional claims preparation fees

\$ _____

Limit of Liability

\$ _____

Section 2 - Property Owners Liability

Is \$10 Million Property Owners Liability Cover required?

Yes No

Contents

Please list all significant items above \$5,000.

Building / Contracting Works Condition Precedent

This policy does not provide cover for any contracting works that were not previously agreed with 360 Complex Risk Pty Ltd and formally endorsed on the schedule. Building works can only be considered for minor finishing works such as painting, amending the flooring, amending the fences and other non-structural activities that does not include any hot works. Should 360 Complex Risk Pty Ltd endorse your policy to include any works, we require a copy of the contractor's Public Liability certificate and written agreement that any subrogation will be maintained by 360 Complex Risk Pty Ltd. Should you commence any contracting works, without prior approval from 360 Complex Risk Pty Ltd, you are in breach of the policy conditions and you acknowledge that all cover provided by this policy is void. By signing this proposal form you declare that you understand and accept this as a condition precedent to the policy.

Tenancy Condition Precedent

This policy covers property that is unoccupied, as per the wording definition of this policy. During the term of your policy, should you property become occupied in any form, per your duty of disclosure, you must inform 360 Complex Risk Pty Ltd within 7 days of knowing this information. You agree and you acknowledge that all cover provided by this policy will then cease. The policy will then follow the cancellation terms, found within the wording of this policy. By signing this proposal form you declare that you understand and accept this as a condition precedent to the policy.

Claims Declaration

Notes

1. Please include claims experience for at least 5 years.
2. Insurance conditional upon receiving full claims experience

Date of Loss	Description of Loss	Amount
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$

NSW Stamp Duty Exemption - Small Business Declaration

From 1 January 2018 certain types of insurance for small businesses are not liable to duty.

Please ensure you have read and understood the NSW guidelines for applying for the NSW Stamp Duty exemption. A copy of the guidelines to signing the NSW Stamp Duty exemption can be provided by your broker or the NSW government website. It is your responsibility to ensure you comply with the terms and conditions set out by Revenue NSW. False declarations may result in penalties up to of \$11,000 by Revenue NSW plus the insurance duty not paid and penal interest on that balance.

I hereby declare that I am a Capital Gains Tax small business entity (within the meaning of section 152-10 (1AA) of the Income Tax Assessment Act 1997 of the Commonwealth). I am a small business sole trader/partnership/company and/ or trust, which is carrying on a business, and the business has an aggregated turnover of less than \$2 million*

Insured name (for partnership/company/trust)	Signatory name
<input type="text"/>	<input type="text"/>
Insured ABN	Signature
<input type="text"/>	<input type="text"/>
Email	Date Signed
<input type="text"/>	<input type="text"/>
Mobile	
<input type="text"/>	

* Aggregated turnover is your Australia wide annual turnover plus the annual turnovers of any business entities that are your affiliates or are connected with you. A fraudulent declaration may invalidate your insurance contract.

Appendix 1 – Additional Locations

Construction

	Location 1	Location 2	Location 3	Location 4
Address				
Suburb/ State/Postcode				
Walls				
Frame				
Roof				
Floors				
Built				
No. of Storeys				
Town Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Protection

	Location 1	Location 2	Location 3	Location 4
Fire Sprinklers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Area Coverage	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Fire Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Area Coverage	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Smoke Detection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Area Coverage	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Burglar Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CCTV/PIR	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration and Signature

This declaration must be signed by the intending insured(s). If the intending insured(s) 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 proposal form, I/we have read and understood the information contained in this proposal form, 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 form. 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.

Please describe in full any other information that may be relevant to our decision to insure you or the terms on which we would agree to insure you.

Signature

Name (print)

Title (for partnership/company/trust)

Date

/ /





360

Complex Risks

Suite 1, Level 18
201 Kent St
Sydney, NSW 2000

