



INDUSTRIAL SPECIAL RISK (ISR MARK IV) PROPOSAL

YOUR DUTY OF DISCLOSURE

Before You enter into a contract of general insurance with an insurer, You have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter which you know or could reasonably be expected to know, is relevant to the insurer’s decision whether to accept the risk of the insurance and if so, on what terms. You have that same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that the insurer knows, or in the ordinary course of business as an insurer, ought to know;
- as to which compliance with your duty is waived by the insurer

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

RESERVING POLICY

Terms will be reserved to the first complete submission received by 26th North.

BROKER INFORMATION

NAME OF BROKING FIRM			
CONTACT DETAILS	NAME		
	PHONE		
	FAX		
	EMAIL		
	WEBSITE		



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CLIENT INFORMATION			
CONTACT PERSON(S)			
PHONE NUMBERS	HOME		
	MOBILE		
	BUSINESS		
	FAX		
EMAIL ADDRESS			
WEBSITE			
POSTAL ADDRESS			
NAME OF INSURED/S			
<i>(Please supply family tree if insufficient space in this document)</i>			
REGISTERED FOR GST	YES [] NO []	ITC (INPUT TAX CREDIT) PERCENTAGE	%
ABN			
BUSINESS DESCRIPTION <i>(Please provide description of all activities & processes undertaken including work away from premises)</i>			
LENGTH OF OPERATION			
RISK MANAGEMENT CURRENTLY EMPLOYED BY INSURED			
		<i>(eg. Risk manager onsite / regular fire drills / good maintenance etc)</i>	
INTERESTED PARTY <i>(If insufficient space, please attach separate list)</i>		1)	
		TYPE OF INTEREST	
		2)	
		TYPE OF INTEREST	
		3)	
		TYPE OF INTEREST	
IS THE PROPERTY CURRENTLY INSURED?		YES [] NO []	
IF YES, PLEASE ADVISE	CURRENT INSURER		
	CURRENT BROKER (if applicable)		
	EXPIRY DATE		
	APPROX PREMIUM (Excl. GST & SD)		
	CURRENT EXCESS		
	SPECIAL CONDITIONS IMPOSED		
IF NO, PLEASE ADVISE INCEPTION DATE	from 4pm EST / /	to 4pm EST / /	
ADDITIONAL EXCESS OPTION REQUIRED?	[] \$20,000	[] \$50,000	
	[] % OF SUM INSURED, SPECIFY %: _____		



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PROPERTY NUMBER _____ OF _____	PLEASE COMPLETE THIS SECTION FOR EACH PROPERTY (REPRINT PAGES 4 - 6 FOR EACH PROPERTY)
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INSURANCE INFORMATION MATERIAL LOSS / DAMAGE

LOCATION OF THE PROPERTY			
DESCRIBE BUSINESS CARRIED OUT BY OCCUPANTS OF PREMISES	YOUR OWN:		
	OCCUPANTS:		

DECLARED VALUES	
BUILDING SUM INSURED	\$ _____
CONTENTS (EXCL STOCK) SUM INSURED	\$ _____
STOCK SUM INSURED	\$ _____

CONSTRUCTION			
ARE YOU THE OWNER OF THE PREMISES?	YES <input type="checkbox"/> NO <input type="checkbox"/>	AGE OF THE BUILDING?	
WALLS	<input type="checkbox"/> BRICK	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> TIMBER
	<input type="checkbox"/> IRON	<input type="checkbox"/> OTHER, SPECIFY: _____	
ROOF	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> IRON	<input type="checkbox"/> TIMBER
	<input type="checkbox"/> OTHER, SPECIFY: _____		
FLOORS	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> TIMBER	<input type="checkbox"/> OTHER, SPECIFY: _____
ANY ASBESTOS?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES TO ABOVE, PLEASE SPECIFY % OF TOTAL BUILDING AREA	<input type="checkbox"/> 10%	<input type="checkbox"/> 11-25%	<input type="checkbox"/> 26-50%
	<input type="checkbox"/> > 51%		
ANY EPS/SANDWICH FOAM?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES TO ABOVE, PLEASE SPECIFY % OF TOTAL BUILDING AREA	<input type="checkbox"/> 10%	<input type="checkbox"/> 11-25%	<input type="checkbox"/> 26-50%
	<input type="checkbox"/> > 51%		
ARE THERE ANY PARTICULAR REMOVAL OF DEBRIS REQUIREMENTS FOR THIS PROPERTY?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, PLEASE SPECIFY: (LOCATION, CONSTRUCTION ETC)			

LONGITUDE/LATITUDE TO 3 DEC. PLACES ELEVATION (METRES ABOVE SEA LEVEL) <i>REFER TO GOOGLE EARTH FOR COORDINATES</i>			
LATITUDE:		GOOGLE EARTH SCREENSHOT ATTACHED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
LONGITUDE:		LOCAL GOVERNMENT COUNCIL?	
METRES A.S.L		DISTANCE TO SHORELINE (IN METRES)	

ITEMS ON PREMISES			
IS ANY COMMERCIAL COOKING DONE ON THE PREMISES?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, THERMOSTAT CONTROLLED?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARE INFLAMMABLE LIQUIDS OR EXPLOSIVES STORED ON THE PREMISES?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, PLEASE LIST TYPES AND HOW MUCH (LITRES/KILOGRAMS)?			
ARE THEY STORED IN	<input type="checkbox"/> TANKS	<input type="checkbox"/> DRUMS	<input type="checkbox"/> BOTTLES
ARE THEY KEPT IN APPROVED FLAMMABLE GOODS CABINET OR STORE?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
IS THE STORE	<input type="checkbox"/> INTERNAL	<input type="checkbox"/> EXTERNAL	IS IT BUNDED? YES <input type="checkbox"/> NO <input type="checkbox"/>



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INSURANCE INFORMATION MATERIAL LOSS / DAMAGE

SAFETY AND PROTECTION

DISTANCE (KM) AND NAME OF NEAREST MANNED FIRE STATION	

EXTINGUISHERS	YES [] NO []	IF YES, IS THERE A MAINTENANCE AGREEMENT IN PLACE?	YES [] NO []	DATE LAST SERVICED
	TYPE:			
	HOW MANY:			
HOSE REELS?	YES [] NO []	FIRE BLANKETS?	YES [] NO []	
SPRINKLER SYSTEM?	YES [] NO []	IF YES	[] TOTAL AREA OF PREMISES [] PARTIAL	

PLEASE DESCRIBE PARTIAL COVERAGE:	
AUTOMATIC FIRE ALARM AND/OR SMOKE ALARM?	YES [] NO []
CONNECTED TO FIRE STATION?	YES [] NO []
CONNECTED TO ALARM MONITORING COMPANY?	YES [] NO []
LOCAL FIRE ALARM ONLY?	YES [] NO []

DEADLOCKS AND/OR PADLOCKS TO ALL EXTERNAL DOORS?	YES [] NO []
ARE THE PREMISES CONNECTED TO TOWN RETICULATED WATER SUPPLY?	YES [] NO []

BURGLAR ALARMS	YES [] NO []			
PLEASE SELECT:	[] BACK TO BASE (DEDICATED LINE)	[] GSM	[] AUDIBLE LOCAL ALARM	
WHICH OF THE FOLLOWING ARE PRESENT AND ACTIVATE THE ALARM?		[] HEAT SENSORS	[] PANIC BUTTONS	
		[] MOTION DETECTORS (PIR)	[] IR BEAM	[] CCTV SENSOR CAMERAS
		[] OTHER:		

DOES YOUR BUILDING HAVE SECURE/GATED VEHICLE ENTRY?	YES [] NO []
DOES YOUR BUILDING HAVE SECURE/GATED PEDESTRIAN ENTRY?	YES [] NO []

VALUABLES SAFE?	YES [] NO []	HOW MANY?	
MANUFACTURER:		MANUFACTURER:	
YEAR OF MAKE:		YEAR OF MAKE:	
TORCH/DRILL RESISTANT?	YES [] NO []	TORCH/DRILL RESISTANT?	YES [] NO []
TIME DELAY LOCKS?	YES [] NO []	TIME DELAY LOCKS?	YES [] NO []
MANUFACTURER:		MANUFACTURER:	
YEAR OF MAKE:		YEAR OF MAKE:	
TORCH/DRILL RESISTANT?	YES [] NO []	TORCH/DRILL RESISTANT?	YES [] NO []
TIME DELAY LOCKS?	YES [] NO []	TIME DELAY LOCKS?	YES [] NO []



INDUSTRIAL SPECIAL RISK (ISR MARK IV) PROPOSAL				
BUSINESS INTERRUPTION SECTION				YES [] NO []
GROSS PROFIT / GROSS REVENUE / GROSS RENTALS <i>(DELETE AS APPROPRIATE)</i>				\$
	CLAIMS PREPARATION COSTS			\$
	PAYROLL			\$
	INCREASED COST OF WORKING			\$
	ADDITIONAL INCREASED COSTS OF WORKING			\$
	RENT OUTGOING			\$
OTHER (PLEASE SPECIFY)				\$
OTHER (PLEASE SPECIFY)				\$
OTHER (PLEASE SPECIFY)				\$
OTHER (PLEASE SPECIFY)				\$
OTHER (PLEASE SPECIFY)				\$
OTHER (PLEASE SPECIFY)				\$
OTHER (PLEASE SPECIFY)				\$
OTHER (PLEASE SPECIFY)				\$
OTHER (PLEASE SPECIFY)				\$
OTHER (PLEASE SPECIFY)				\$
OTHER (PLEASE SPECIFY)				\$
OTHER (PLEASE SPECIFY)				\$
OTHER (PLEASE SPECIFY)				\$
	TOTAL			\$
	INDEMNITY PERIOD			MONTHS
	INDEMNITY TOTAL			\$
DUAL WAGES (100% FOR)	WEEKS	PLUS	% FOR	WEEKS (BEING THE REMAINDER)
CONSOLIDATION PERIOD				WEEKS
UNINSURED WORKING EXPENSES (Please list the expenses to be excluded and indicate the % of excluded expenses if less than 100%)				
BUSINESS INTERRUPTION - EXTENSIONS				
SUPPLIERS' / CUSTOMERS' PREMISES				YES [] NO []
NAME OF SUPPLIER/CUSTOMER	SITUATION			LIMIT
				\$
				\$
				\$
				\$
				\$



INDUSTRIAL SPECIAL RISK (ISR MARK IV) PROPOSAL		
SUB LIMITS OF LIABILITY		
MATERIAL LOSS / DAMAGE SECTION		
	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 / COSTS OF DEMOLITION	\$
	EXPLORATION OF DRAINS AND PIPES	\$
	DEPRECIATION OF LAND VALUE	\$
	ARCHITECTS', SURVEYORS' & CONSULTING ENGINEERS' FEES	\$
	STATUTORY AUTHORITY FEES	\$
	FIRE EXTINGUISHMENT COSTS	\$
	COSTS OF TEMPORARY PROTECTION	\$
	COST OF REPLACING LOCKS & KEYS	\$
	CUSTOMS EXCISE & OTHER DUTIES	\$
	EXTRA COSTS OF REINSTATEMENT	\$
DIRECTORS AND EMPLOYEES CLOTHING & TOOLS OF TRADE	PER PERSON	\$
	IN TOTAL	\$
	PROPERTY AT UNDECLARED PREMISES	\$
	ACQUIRED COMPANIES	\$
OTHER (PLEASE SPECIFY)		\$
OTHER (PLEASE SPECIFY)		\$
OTHER (PLEASE SPECIFY)		\$
OTHER (PLEASE SPECIFY)		\$
OTHER (PLEASE SPECIFY)		\$
OTHER (PLEASE SPECIFY)		\$
OTHER (PLEASE SPECIFY)		\$
OTHER (PLEASE SPECIFY)		\$
OTHER (PLEASE SPECIFY)		\$
OTHER (PLEASE SPECIFY)		\$
OTHER (PLEASE SPECIFY)		\$
OTHER (PLEASE SPECIFY)		\$
OTHER (PLEASE SPECIFY)		\$
OTHER (PLEASE SPECIFY)		\$
STORM SURGE (NOTE: THIS COVER IS SUBJECT TO AVAILABILITY & ADDITIONAL INFORMATION MAY BE REQUIRED)		
		YES [] NO []
FLOOD (NOTE: THIS COVER IS SUBJECT TO AVAILABILITY & ADDITIONAL INFORMATION MAY BE REQUIRED)		
		YES [] NO []

