

# Commercial Property Owners Insurance

PROPOSAL FORM



— PROTECTING THOSE WHO CARE FOR AND SERVE OUR COMMUNITIES

## Important notices

### Your duty of disclosure

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984. If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you. You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate an insurance contract. If you do not tell us everything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### Change to circumstances

You should advise Ansvr as soon as practicable of any material change to the organisation insured and any of its subsidiaries and controlled entities as disclosed in this proposal form.

### Waiver of rights

If you have agreed not to seek compensation from another person who is liable to compensate you for any loss, damage or liability which would have been covered by this policy, we will not cover you under this policy for that loss, damage or liability other than to the extent provided under any Section of this policy or agreed by us in writing.

### Privacy Statement

Ansvr places the highest priority on providing prompt, efficient and friendly service including the protection of your privacy.

We collect your personal information to provide you with insurance products. The information we collect is used to assist us to provide you with our general insurance products, to manage our relationship with you and to assess and process claims. We will not be able to supply you our policy if you do not provide us with your personal information. The information is generally collected from you when you are applying for or enquiring about our insurance products or when making a claim. You may access your personal information by contacting any of our offices.

At times we rely on third party suppliers (agents, lawyers, other insurance companies, assessors, investigators, loss adjusters, market research and mailing houses) to perform specialised activities for us. Your personal information may be provided to them so that they can carry out their agreed activities. They are bound by confidentiality and non-disclosure agreements and are prohibited from using the information for any other purpose. These service providers are aware of their obligations under the Privacy Act 1988 (Cth) and the General Insurance Code of Practice. We are unlikely to provide your personal information to overseas recipients.

Our Privacy Policy includes further information about how we handle your personal information including how you can access and correct your information or make a privacy related complaint. For more information please visit our website: [www.ansvar.com.au/privacy/](http://www.ansvar.com.au/privacy/) or you can contact one of our offices.

### Code of Practice

As a signatory to the General Insurance Code of Practice (the "Code"), we are committed to raising standards of service to our customers. This voluntary code sets out the minimum standards we will uphold in the services we provide to you. You can obtain more information on the Code and how it assists you by contacting us.

### Contact Us

The registered office of Ansvr is Level 5, 1 Southbank Boulevard, Southbank, Victoria.

Our contact details are:  
Ansvr Insurance Limited

**Phone:** 1300 650 540

**Post:** GPO Box 1655, Melbourne, Victoria 3001

**Email:** [insure@ansvar.com.au](mailto:insure@ansvar.com.au)

**Website:** [www.ansvar.com.au](http://www.ansvar.com.au).

ABN 21 007 216 506 AFSL 237826

### Complaints and Disputes

If you are not satisfied with our products, services or handling of your personal information, you can lodge your complaint with us using one of the following options:

**Phone:** 1300 650 540

**Email:** [info@ansvar.com.au](mailto:info@ansvar.com.au)

Ansvr Insurance will acknowledge receipt of your complaint within 1 business day of us receiving notice of your complaint. Your complaint will be reviewed and a response provided to you. Please ensure you provide a valid contact details for us to reach you.

If you are not satisfied with our response, you may ask us to refer your complaint to our Internal Dispute Resolution Committee. The committee is made up of representatives from across our organisation that have the appropriate knowledge and authority to deal with your complaint. The committee will review your complaint and provide their decision in writing to you within 30 days from the date of receiving notice of your complaint.

If you feel your complaint is not resolved, you may wish to take further action by lodging your complaint with the Australian Financial Complaints Authority (AFCA). AFCA is an independent service to deal with complaints from consumers and small business about financial services and products.

Contact the Australian Financial Complaints Authority

**Website:** [www.afca.org.au](http://www.afca.org.au)

**Phone:** 1800 931 678

**Email:** [info@afca.org.au](mailto:info@afca.org.au)

**Post:** GPO Box 3, Melbourne, Victoria 3001

### How to fill out this proposal form

All questions must be answered in relation to the organisation to be insured and all its subsidiaries and controlled entities (if any). Please tick the box next to the correct answer and/or write the information requested in the space provided.

If you require more space to answer any questions or to describe any matter you need to disclose to us, please provide this information on a separate signed sheet of paper or attach the relevant document(s) to this proposal.

**It is critical that you refer to the Product Disclosure Statement for full terms and conditions of the policy.**

**Please ensure this form is signed and dated by an authorised person.**

Please select the sections of cover you require

| PART A: PROPERTY AND INCOME PROTECTION                   |     |    |
|--|-----|----|
| Property Protection Section                              | Yes | No |
| Breakdown of Mechanical and Electronic Equipment Section |     |    |
| Cover A – Breakdown of Mechanical Equipment              | Yes | No |
| Cover B – Breakdown of Electronic Equipment              | Yes | No |
| Money Section  | Yes | No |
| Theft Section  | Yes | No |
| Income Protection Section                                | Yes | No |
| PART B: GENERAL LIABILITY                                |     |    |
| General Public and Products Liability Section            | Yes | No |

# Policyholder details

THIS SECTION MUST BE COMPLETED

|   |  |
|---|--|
| Name of organisation to be insured (include any subsidiaries) |  |
|   |  |
| Trading Name (s) past and present (if applicable)             |  |
|   |  |
| ABN / ACN / ARBN  | Date organisation first commenced operations |
|   |  |

# Period of Insurance

THIS SECTION MUST BE COMPLETED

|                              |                   |  |
|------------------------------|-------------------|--|
| Required period of insurance | Commencement date |  |
|                              | Expiry date       |  |

# Business Activities / Occupation

## THIS SECTION MUST BE COMPLETED

Please provide a full list of the business activities of all entities to be insured by this policy. Please categorise these business activities based on their respective types. Indicate the approximate percentage of income derived from each category.

| TYPE OF WORK | PERCENTAGE |
|--------------|------------|
|              | %          |
|              | %          |
|              | %          |
|              | %          |
|              | %          |
| Total        | 100 %      |

# People

THIS SECTION MUST BE COMPLETED

| NUMBER OF EMPLOYEES / OTHER PERSONS ENGAGED IN THE ORGANISATION | THIS YEAR | LAST YEAR |
|---|-----------|-----------|
| Directors / Partners / Supervisory / Management:                |           |           |
| Full-time employees:  |           |           |
| Part-time / Casual employees:                                   |           |           |
| Contract workers / temporary employees:                         |           |           |
| Total Volunteers  |           |           |

# Financials

THIS SECTION MUST BE COMPLETED

| PARTICULARS  | CURRENT YEAR | PREVIOUS YEAR |
|--|--------------|---------------|
| Current assets   |              |               |
| Current liabilities  |              |               |
| Total assets   |              |               |
| Total liabilities  |              |               |
| Total income/turnover (including grants, subsidies, fees): |              |               |
| Net profit (loss) after tax:                               |              |               |

|   |  |
|---|--|
| Estimated total income/turnover (including grants, subsidies, fees, donations) for the next 12 months |  |
|---|--|

| TURNOVER % SPLIT PER STATE |       |       |      |      |       |       |      |
|----------------------------|-------|-------|------|------|-------|-------|------|
| VIC %                      | NSW % | QLD % | SA % | WA % | TAS % | ACT % | NT % |
|                            |       |       |      |      |       |       |      |

|   |  |    |
|---|--|----|
| Do you have a current stamp duty exemption for general insurance? | Yes  | No |
|   | If yes, which State(s) or Territory does it apply for? |    |

A copy of your exemption certificate must be provided with this proposal form, otherwise Stamp Duty will be applied to your premium.

# History

## Previous Claims or Losses

### THIS SECTION MUST BE COMPLETED

The questions relate to all Sections of cover being requested under this proposal for insurance.

|   |     |    |
|---|-----|----|
| In the past five years, has your entity or any partner or director made any insurance claims (including any that were rejected) under a policy of insurance that this insurance is proposed to replace? | Yes | No |
| In the past five years, has your entity or any partner or director suffered any loss (including uninsured losses) as a result of any dishonest or fraudulent act of any employee, partner or director?  | Yes | No |
| In the past five years, has your entity or any partner or director suffered any other uninsured loss?   | Yes | No |
| If yes, provide details:  |     |    |

|  |     |    |
|--|-----|----|
| Are there any claims pending or are you aware of any circumstances that may give rise to a claim against you or any other director or officer of the entity applying for this insurance? | Yes | No |
| If yes, provide details:   |     |    |

| INSURER | DATE OF INCIDENT | DESCRIPTION OF LOSS CIRCUMSTANCES | AMOUNT PAID / OUTSTANDING |
|---------|------------------|-----------------------------------|---------------------------|
|         |                  |                                   |                           |
|         |                  |                                   |                           |
|         |                  |                                   |                           |
|         |                  |                                   |                           |



# Duty of Disclosure

## THIS SECTION MUST BE COMPLETED

The following questions relate to all Sections of cover being requested under this proposal for insurance.

| HAS YOUR ORGANISATION OR ANY OF ITS DIRECTORS / OFFICERS / EXECUTIVE MANAGERS / TRUSTEES:              |             |
|--|-------------|
| In the past five years, been convicted of a criminal offence?  | Yes      No |
| In the past five years, been insolvent, declared bankrupt or placed into liquidation or receivership?  | Yes      No |
| In the past five years, had an insurance policy declined or cancelled or any other conditions imposed? | Yes      No |
| If yes, please provide further details and dates:  |             |

# Information about your organisation

The following questions relate to all Sections of cover being requested under this proposal for insurance.

How is your organisation structured?

ASX Listed Company

Cooperative / Mutual

Government owned enterprises

Incorporated associations

Partnership

Private Company

Public Company

Sole trader

Trust

Unincorporated association

Other:

| Is your organisation a subsidiary of another entity?  | Yes | No |
|---|-----|----|
| If yes, please provide the name of the ultimate holding organisation, its country of incorporation and its website:   |     |    |
|   |     |    |
| Name of subsidiaries and controlled entities required to be insured (if any):   |     |    |
|   |     |    |
| Please provide details of any companies or businesses acquired or disposed of by the business entity or any mergers, consolidation or staff reduction during the last twelve months or any such proposed changes over the next twelve months: |     |    |
|   |     |    |

# Part A: Property

Only complete this section if Property and Income Protection is required.

| LOCATION INFORMATION  |       |          |
|---|-------|----------|
| Please advise the locations for which you require buildings and/or contents cover:<br><i>*Note if you have multiple standalone buildings at the same location, please complete the details for each building.</i> |       |          |
| Location One Address  | State | Postcode |
|   |       |          |
| Location Two Address  | State | Postcode |
|   |       |          |
| Location Three Address  | State | Postcode |
|   |       |          |

If you have more than three locations, please provide details on a separate page.

|   | LOCATION ONE | LOCATION TWO | LOCATION THREE |
|---|--------------|--------------|----------------|
| Is the building:<br>Owned by you<br>Occupied by you                 |              |              |                |
| Occupation or building use at this location                         |              |              |                |
| Year Built  |              |              |                |
| When was the building last rewired if it is more than 40 years old? |              |              |                |

| Construction – external walls |  |  |  |
|-------------------------------|--|--|--|
| Brick Veneer                  |  |  |  |
| Double Brick                  |  |  |  |
| Masonry Reinforced            |  |  |  |
| Masonry Unknown               |  |  |  |

|                               | LOCATION ONE | LOCATION TWO | LOCATION THREE |
|-------------------------------|--------------|--------------|----------------|
| Construction – external walls |              |              |                |
| Masonry Unreinforced (stone)  |              |              |                |
| Reinforced Concrete           |              |              |                |
| Steel                         |              |              |                |
| Timber                        |              |              |                |
| Other – Specify               |              |              |                |
| Construction – floor          |              |              |                |
| Concrete                      |              |              |                |
| Timber                        |              |              |                |
| Other – Specify               |              |              |                |
| Construction – roof           |              |              |                |
| Concrete                      |              |              |                |
| Metal                         |              |              |                |
| Reinforced concrete           |              |              |                |
| Slate                         |              |              |                |
| Tile                          |              |              |                |
| Unreinforced concrete         |              |              |                |

|   |                        |                        |                        |
|---|------------------------|------------------------|------------------------|
| Building use?   | Commercial<br>Domestic | Commercial<br>Domestic | Commercial<br>Domestic |
| Heritage listed?  | Yes No                 | Yes No                 | Yes No                 |
| Do you require flood cover?'  | Yes No                 | Yes No                 | Yes No                 |
| Vacant or unoccupied?   | Yes No                 | Yes No                 | Yes No                 |
| If yes, how long has it been unoccupied and when is it expected to be occupied? |                        |                        |                        |

|   | LOCATION ONE | LOCATION TWO | LOCATION THREE |
|---|--------------|--------------|----------------|
| Contains Asbestos?                                  | Yes No       | Yes No       | Yes No         |
| If so:<br>What % of construction contains asbestos? |              |              |                |
| Where is it e.g. floors, ceiling?                   |              |              |                |
| What type of asbestos and what condition is it in?  |              |              |                |

*\*If required, we may request an asbestos report*

|  |        |        |        |
|--|--------|--------|--------|
| Contains EPS   | Yes No | Yes No | Yes No |
| What % of construction contains EPS?   |        |        |        |
| What type of EPS?<br><i>Note: EPS = Expanded Polystyrene (EPS), Extruded Polystyrene (XPS) or Polyisocyanurate (ISO) construction material, including wall cladding, panels and roofing applications</i> |        |        |        |

| Fire Protection:                     |  |  |  |
|--------------------------------------|--|--|--|
| Fire extinguishers only              |  |  |  |
| Fire extinguishers & fire hose reels |  |  |  |
| Smoke detection (local)              |  |  |  |
| Smoke detection (monitored)          |  |  |  |
| Sprinklers<br>– single water supply  |  |  |  |
| Sprinklers<br>– dual water supply    |  |  |  |

|  | LOCATION ONE | LOCATION TWO | LOCATION THREE |
|--|--------------|--------------|----------------|
| Security   |              |              |                |
| No protection  |              |              |                |
| Deadlocks only   |              |              |                |
| Local alarm (siren only)                                     |              |              |                |
| Deadlocks and key window locks to all external exits         |              |              |                |
| Back to base monitored alarm (no dedicated line to watching) |              |              |                |
| Back to base monitored alarm (dedicated time to watching)    |              |              |                |

# Policy Coverage

## Property Protection Section

Only complete this section if Property Protection Section is required.

|   | LOCATION ONE      | LOCATION TWO      | LOCATION THREE    |
|---|-------------------|-------------------|-------------------|
| Sum Insured – Building, Contents & Stock  | Replacement Value | Replacement Value | Replacement Value |
| Buildings including fixtures and fittings |                   |                   |                   |
| Contents                                  |                   |                   |                   |
| Stock                                     |                   |                   |                   |

## Business Interruption

Only complete this section if Income Protection Section is required.

| TOTAL SUM INSURED – ANNUAL BUSINESS INTERRUPTION |        |
|--|--------|
| Auto split of sum insured across all locations?  | Yes No |

*Note: Select 'Yes' to evenly distribute the annual business interruption sum insured across all locations  
Select 'No' if you wish to manually allocate the annual business interruption sum insured per location*

|  | LOCATION ONE | LOCATION TWO | LOCATION THREE |
|--|--------------|--------------|----------------|
| Gross income including all money paid or payable to you: |              |              |                |

*Note: The total value needs to match the declared total income advised for the next 12 months.*

|                  |           |           |           |       |
|------------------|-----------|-----------|-----------|-------|
| Indemnity period | 12 months | 18 months | 24 months | Other |
|------------------|-----------|-----------|-----------|-------|

## Money Section

Only complete this section if Money Section is required.

If different limits are required at each location, please specify below. Otherwise the standard limits will apply to each location.

|  |           | STANDARD LIMIT | LOCATION ONE   | LOCATION TWO   | LOCATION THREE |
|--|-----------|----------------|----------------|----------------|----------------|
|  |           |                | Required limit | Required limit | Required limit |
| Limit required for Money               | Yes<br>No | \$5,000        |                |                |                |
| Money outside business hours           |           | \$5,000        |                |                |                |
| Increased limit for fundraising events |           | \$5,000        |                |                |                |

## Breakdown of Mechanical and Electronic Equipment Section

### Cover A – Breakdown of Mechanical Equipment

If different limits are required at each location, please specify below. Otherwise the standard limits will apply to each location.

| EXTENSION            |           | STANDARD LIMIT          | LOCATION ONE            | LOCATION TWO            | LOCATION THREE          |
|----------------------|-----------|-------------------------|-------------------------|-------------------------|-------------------------|
|                      |           |                         | Required limit per item | Required limit per item | Required limit per item |
| Mechanical equipment | Yes<br>No | \$5,000 any one machine |                         |                         |                         |

If you have any mechanical equipment with a replacement value exceeding \$10,000, please list below:

| ITEM | LOCATION ONE | LOCATION TWO | LOCATION THREE |
|------|--------------|--------------|----------------|
|      |              |              |                |
|      |              |              |                |
|      |              |              |                |



| OPTIONAL EXTENSION  | STANDARD LIMIT                  | LOCATION ONE | LOCATION TWO | LOCATION THREE |
|---|---------------------------------|--------------|--------------|----------------|
| Do you require cover for deterioration of refrigerated goods? | Limit of cover is \$10,000 only | Yes<br>No    | Yes<br>No    | Yes<br>No      |

## Cover B – Breakdown of Electronic Equipment

Only complete this section if Breakdown of Electronic Equipment Section is required.

If different limits are required at each location, please specify below. Otherwise the standard limits will apply to each location.

| EXTENSION            |           | STANDARD LIMIT       | LOCATION ONE            | LOCATION TWO            | LOCATION THREE          |
|----------------------|-----------|----------------------|-------------------------|-------------------------|-------------------------|
|                      |           |                      | Required limit per item | Required limit per item | Required limit per item |
| Electronic equipment | Yes<br>No | \$5,000 any one item |                         |                         |                         |

If you have any mechanical equipment with a replacement value exceeding \$10,000, please list below:

| ITEM | LOCATION ONE | LOCATION TWO | LOCATION THREE |
|------|--------------|--------------|----------------|
|      |              |              |                |
|      |              |              |                |
|      |              |              |                |

| OPTIONAL EXTENSIONS                                       |           | STANDARD LIMIT                 | LOCATION ONE | LOCATION TWO | LOCATION THREE |
|---|-----------|--------------------------------|--------------|--------------|----------------|
| Do you require cover for data media material and records? | Yes<br>No | Limit of cover is \$5,000 only |              |              |                |
| Do you require cover for increase in cost of working?     | Yes<br>No | \$5,000                        |              |              |                |

# Theft Section

Only complete this section if Theft Section is required.

If different limits are required at each location, please specify below. Otherwise the standard limits will apply to each location.

|  |           | STANDARD LIMIT       | LOCATION ONE   | LOCATION TWO   | LOCATION THREE |
|--|-----------|----------------------|----------------|----------------|----------------|
|  |           |                      | Required limit | Required limit | Required limit |
| Limit Required for Theft                                       | Yes<br>No | \$5,000              |                |                |                |
| Musical instruments, audio, video & sport equip cover required | Yes       | \$1,000 any one item |                |                |                |
|  | No        | \$5,000 any one year |                |                |                |

# Part B: General Liability

Only complete this section if Part B: General Liability is required.

## Labour Hire/Subcontractors

|   |     |    |
|---|-----|----|
| Do you engage the services of Labour Hire and/or Subcontractors to perform activities on your behalf? | Yes | No |
| If yes, what is the estimated payment to labour hire staff/subcontractors for the upcoming 12 months? | \$  |    |

*Note: This only includes subcontractors that perform your business activities on behalf of you, i.e. where you outsource the activity to a third party. It does not include subcontractors performing maintenances services to your premises.*

|   |     |    |
|---|-----|----|
| Description of the nature of work conducted by labour hire/subcontractors:  |     |    |
| Do you ensure all subcontractors / contractors / labour hire personnel have their own Public Liability insurance? | Yes | No |

## Events

|  |     |    |
|--|-----|----|
| Do you intend to organise any exhibitions or festivals held at premises NOT permanently occupied by you where the expected number of attendees would exceed 500? Eg: Carols by Candlelight in public venues, Religious Festivals, Music Festivals, Street Parties? | Yes | No |
| If yes, please provide details:  |     |    |

If yes, please complete our festival and event questionnaire.

| MANUFACTURING                                      |     |    |
|--|-----|----|
| Do you manufacture, import or export any Products? | Yes | No |
| If yes, please provide details:                    |     |    |

# Policy Coverage

## General Public and Products Liability Section

Only complete this section if General Public and Products Liability Section is required.

Limit Required:

\$5,000,000

\$10,000,000

\$20,000,000

Other

|  |     |    |
|--|-----|----|
| Do your premises have a Skate Board Ramp on site?  | Yes | No |
| If yes, was it erected by you or any members of your organisation?   | Yes | No |
| Does it meet engineering requirements and Australian Standards?  | Yes | No |
| Is the ramp available to members of the public for unsupervised use?   | Yes | No |
| Does your premises have a swimming pool that is available for unsupervised use?  | Yes | No |
| Are there any other activities of a hazardous nature not mentioned above that you organise which you wish to disclose for underwriting consideration?  | Yes | No |
| If yes, please provide details:  |     |    |
| <p>Excluded activities include: motor races, motor rallies, motor speed tests, motocross, trail bikes, dune buggies, quad bikes, go karts, mountain biking, horse/pony riding, canyoning, caving, rifle/ firearms, paintball, skirmish and other forms of shooting, hang gliding, parachuting, para gliding, hot air ballooning, aerial activities, white water canoeing/kayaking/rafting (above class 2 rapids), water sports with power boards or water skiing, scuba diving, vertical and horizontal bungee jumping, gladiator games, abseiling, rock climbing, high ropes courses, trapeze, zip-lines, rock walls, martial arts, boxing, amusement arcades, parks or rides, commercial fairgrounds, bouncy/jumping castles and/or use of any other inflatable device, trampolining, fireworks or fire walking.</p> |     |    |
| Do you participate in or run any high risk activities, including any of the above excluded activities?   | Yes | No |
| If yes, please provide details:  |     |    |

# Declaration

I/We declare:

- a. The answers given and statements made are to the best of my/our knowledge true and correct, and that I/we have not withheld any information likely to affect the acceptance of this application or the terms on which it is accepted.
- b. I/We have read and understood the Important Notices set out in the proposal and I/we are authorised to make this proposal.
- c. It is agreed that the information contained in this proposal and any attachments will be the basis of the Commercial Property Owners Insurance contract between the named organisation and Ansvar Insurance Limited and is subject to the terms, conditions and provisions contained in the Commercial Property Owners Insurance Policy underwritten by Ansvar Insurance Limited.
- d. That the information supplied in this proposal to Ansvar Insurance Limited for both the principal purpose of assessing this application for insurance cover and the secondary purpose of disseminating to the business entity information, notices and details regarding this insurance policy and services distributed or offered by Ansvar Insurance Limited.
- e. That I/we have made all due enquiries necessary in order to comply with the Duty of Disclosure.
- f. That I/we have read Ansvar's Privacy Policy and consent to the use, disclosure and obtaining personal information about the Insured for the purposes shown on the Privacy Statement.

Please tick the box if you do not wish to receive any marketing material from us.

Signed

Date

Name

Position

# Attachments

Please attach to this proposal:

- i. details of any other information which you think may affect your insurance or which we should be advised of (see "*Your duty of disclosure*");

and

- ii. any additional information which may assist us to gain a complete appreciation of the nature of your business.