

Business Pack Insurance Proposal

Gun Clubs

Tailoring to the specific needs of your Club

Underwritten by QBE Insurance (Australia) Limited
ABN 78 003 191 035 of 82 Pitt Street, Sydney



SSAA Insurance Brokers Pty Ltd

ABN 86 077 822 970 | Corporate Authorised Representative No 315403 for PSC Connect Pty Ltd. | ABN 23 141 574 914 | AFSL 344648

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THE APPLICANT													
Tax Status	Registered Business Yes <input type="checkbox"/> No <input type="checkbox"/>				ABN							Taxable %	
Contact Name													
	Phone					Fax				Mobile			
	Email												
	Website												
	Name												
	Address												
						State				Postcode			
	Type of Interest Mortgagee <input type="checkbox"/> Owner <input type="checkbox"/> Lessor <input type="checkbox"/> Other <input type="checkbox"/>												
Period of Insurance	From	/ /		to	/ /							at 4.00 pm	

GENERAL INFORMATION	
(If "Yes", to any questions below, please provide full details including name of insurer, dates, amount in \$'s, reason for cancellation)	Please ✓
a) Have you (in the past 5 years) 1. made any claim(s) on an insurer for loss or damage?	
2. had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer?	
3. suffered any loss or damage which would have been covered by the proposed insurance policy?	
b) Have you or any partner(s), shareholder(s) or director(s) of the business 1. ever been declared bankrupt?	
2. ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)?	
3. been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?	
4. been liable for any civil offence or pecuniary penalty (exceeding \$5,000)?	

PREVIOUS INSURANCE/INCIDENTS	
(If "Yes", to any questions below, please provide full details)	Please ✓
Has the club previously held insurance?	
Has the club had any past events/incidents which could have given or may give rise to a claim whether or not you were insured at the time?	

DETAILS OF YOUR BUSINESS AND PREMISES

	<input type="checkbox"/> <input checked="" type="checkbox"/> If same as postal address			
		State		Postcode
	Describe the General Activities of the Club:			
	Date Club was Established: / /			
	Are any club activities conducted away from the situation listed above?			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you store any spirits, oils or other highly flammable goods?			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Will the situation be left unoccupied for more than 30 consecutive days?			Yes <input type="checkbox"/> No <input type="checkbox"/>
	If "Yes", to any questions above, please provide full details:			
Occupancy Details of the Premises	Are you: an Owner Occupier <input type="checkbox"/> a Tenant <input type="checkbox"/>			
	Damage caused by Burglars: Tenant <input type="checkbox"/> Owner <input type="checkbox"/>			
	Breakage of Fixed Glass: Tenant <input type="checkbox"/> Owner <input type="checkbox"/>			
	Walls	Floors	Roof	No of Stories
	Are the premises protected by:			Please <input checked="" type="checkbox"/>
	Connection to Mains Water Supply?			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Fire Sprinkler System?			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Fire Extinguishers?	Number:		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Fire Hoses?	Number:		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Fire Alarms?	Number:		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Deadlocks on all External Doors?			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Bars or Grills on all External Doors?			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Keyed Locks on all External Windows?			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Bars or Grills on all External Windows?			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Burglar Alarm System			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Type: Local Siren only			Yes <input type="checkbox"/> No <input type="checkbox"/>
	24 hour Monitored (please provide details)			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other (please provide details)			Yes <input type="checkbox"/> No <input type="checkbox"/>

PROPERTY (FIRE & PERILS) SECTION	
Interest Insured	Sum Insured
Buildings	\$
Stock	\$
Other Contents	\$

BUSINESS INTERRUPTION SECTION			
Interest Insured	Sum Insured		
or			
Weekly Income	Indemnity Period		weeks
Additional Increased Cost of Working			
Claims Preparation Costs (in addition to the automatic \$25,000)			
Outstanding Accounts Receivable			

THEFT SECTION	
Interest Insured	Sum Insured
Stock	\$
Other Contents	\$

MONEY SECTION	
Interest Insured	Sum Insured
Money in Transit	\$
Money in Buildings during Business Hours	\$
Money in Buildings outside Business Hours	
Money in Buildings whilst contained in Locked Safe or Strongroom	
Money at Your or Your Employees Residence	

GLASS SECTION	
Interest Insured	Cover Required
Internal/External Glass	Yes <input type="checkbox"/> No <input type="checkbox"/>
Size of Largest Pane of Glass	m ²

GENERAL PROPERTY SECTION	
Interest Insured	Cover Required
Accidental Loss or Damage (Standard Cover)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please indicate if reduced cover Option (Fire, Theft, Collision and other Expressed Perils is required)	Yes <input type="checkbox"/> No <input type="checkbox"/>
List Items (including make, model and serial numbers)	Sum Insured

MACHINERY BREAKDOWN SECTION

Note: Fire & Perils risks are to be insured under the Property section and Theft risks are to be insured under the Theft section

Do you require cover for	Limit of Indemnity
Breakdown of Machinery, Plant, Boilers and Pressure Vessels? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Deterioration of Refrigerated Goods? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$

Note: i) If your Machinery answer is Yes, please list below the make and type of machines
ii) No plant must exceed 4Kw/5hp

DUTY OF DISCLOSURE

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. The Act requires that before a Policy is entered into, you must give us certain information we need to decide whether to insure you and anyone else to be insured under the Policy, and on what terms. Your Duty of Disclosure is different, depending on whether this is a new Policy or not.

New business

Where you are entering into this Policy for the first time (that is, it is a new business and is not being renewed, varied, extended or reinstated) you must tell us everything you know and that a reasonable person in the circumstances could be expected to tell us, in answer to the specific questions we ask.

When answering our questions you must be honest.

- **Who needs to tell us**
It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the Policy.
- **If you do not tell us**
If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the Policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the Policy as never having worked.

Renewals, variations, extensions and reinstatements

Once your Policy is entered into and is no longer new business then your duty to us changes. You are required before you renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- **You do not have to tell us about any matter**
 - that diminishes the risk
 - that is of common knowledge
 - that we know or should know in the ordinary course of our business as an insurer, or
 - which we indicate we do not want to know
- **If you do not tell us**
If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked

CO-INSURANCE (AVERAGE) CLAUSE

A co-insurance (average) clause applies to the Property, Business Interruption and Electronic Equipment Sections of this Policy.

This means that if the Sum Insured for;

Any items of Property insured under the Property Section; or the Gross Income insured under the Business Interruption Section;
Or any item of Electronic Equipment insured under the Electronic Equipment Section

Is less than 80% of its value at the time you take out this Policy and at each renewal of the Policy, then for any loss or damage You will be Your own insurer for the difference, that is You will bear a rateable proportion of each claim in accordance with the following formula.

Sum Insured x Amount of loss or damage ÷ 80% of value = Amount Payable to QBE Commercial (up to Sum Insured)

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

PRIVACY

QBE includes information about how they manage your personal information in their Product Disclosure Statements and policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact the Compliance Manager on 02 9375 4656 or email compliance.manager@qbe.com for further information.

DECLARATION AND AUTHORISATION

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Policy Terms and Conditions
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorize QBE Insurance (Australia) Limited ABN 78 003 191 035 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Applicant's Signature: _____ Date: _____

Applicant's Name: _____ Title: _____