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***BUSINESS INCOME PROTECTION – WEEKLY  
INDICATIVE QUOTE REQUEST FORM***

Name of Insured: \_\_\_\_\_

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

Broker/Intermediary: \_\_\_\_\_

ABN: \_\_\_\_\_ Number of years in Business: \_\_\_\_\_

Details of and interested Parties (Name, address, contact telephone): \_\_\_\_\_

Business: \_\_\_\_\_

Industry Classification Number:				
Period of Insurance	From:	To:		Ending 4:00pm

**In respect of each of the situations to be insured provide the following information**

Situations to be insured: \_\_\_\_\_

Postcode: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Construction: \_\_\_\_\_ Walls: \_\_\_\_\_ Floors: \_\_\_\_\_ Roof: \_\_\_\_\_

Does any part of the building including internal walls or partitions at the situation contain any Asbestos or Asbestos Cement? Yes / No

If so, please provide details:

Do you have any sandwich panel in the premises?	Yes / No
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If yes provide details

Does your business use any hazardous goods, eg Lacquers, fuel, chemicals, acetone, plastics	Yes / No
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If yes, provide details of how they are used and stored

Describe Fire Protection at each of the situations to be insured:

Describe Security Protection at each of the situations to be insured:



Does your business have departments or trading divisions or multiple trading situations? Yes / No

If yes and you wish to insure on that basis, please supply either a trading/profit and loss statement for each or estimated income, purchases, wages and on costs for each

If no, please supply either a trading/profit and loss statement or budget or estimated turnover/income /sales, purchases, wages and on costs in total.

Name of Material Damage Insurer: \_\_\_\_\_

Estimated Annual Turnover/Income: \$ \_\_\_\_\_

Estimated Purchases: \$ \_\_\_\_\_

Estimated Wages/On costs: \$ \_\_\_\_\_

Estimated Annual Rental Income: \$ \_\_\_\_\_

Estimated Monthly Turnover/ Income:

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

If you have casual employees will they be laid off? Yes / No

What is the total wages bill for casuals? \$ \_\_\_\_\_

(A) Details of an Material Damage and Business Interruption claims in past 5 years: \_\_\_\_\_

(B) Any other details you should tell us? Yes / No \_\_\_\_\_

(C) Have you had any Insurance:

Declined, Cancelled or Refused?	Yes / No
Any Claims Rejected or Declined?	Yes / No
Any Special Conditions Imposed?	Yes / No

If you have answered Yes to (C) above please provide full details: \_\_\_\_\_

Send to: SUA – PO Box 324 Clayfield 4011 Tel 07 3624 9400 Fax 07 3624 9433 Email [info@sua.com.au](mailto:info@sua.com.au)