



BUSINESS INCOME PROTECTION – WEEKLY PROPOSAL FORM - IMPORTANT NOTICES

This proposal form must be signed by the insured and returned to Specialist Underwriting Agencies Pty Ltd with the closing prior to expiry of the cover note.

Specialist Underwriting Agencies Pty Ltd (ABN 18 010 862 745) give notice that this insurance will be issued under an authority given to Specialist Underwriting Agencies Pty Ltd by Assetinsure Pty Limited (ABN 65 066 463 803). Furthermore Specialist Underwriting Agencies Pty Ltd will be acting as agent of Assetinsure Pty Limited and not as your agent.

Duty of Disclosure

When you ask for cover, you must tell us all that You know about the risk that your want covered that may affect our decision:

- (a) to offer you cover, and
- (b) the terms and the cost of such cover.

If you ask for the cover to be renewed, altered or reinstated you must tell us:

- (a) If there have been any changes in what is covered, and
- (b) Of all things that may increase the chances of a claim.

PRIVACY STATEMENT

Assetinsure Pty Limited and Specialist Underwriting Agencies Pty Ltd (we, us, our,) collect information about you (the Insured) to process, assess and verify your application and claims you may make; administer and manage the products or services we provide; and provide you with information about other products or services that may be of benefit to you. We handle all personal information we collect in accordance with the National Privacy Principles and/or the General Insurance Information Privacy Code. A copy of these principles or the Code may be obtained from us.

If you do not provide the information sought by us, it may affect our ability to provide you with and administer our products or services. As an Insured you have a duty under insurance law to disclose all relevant information. Please refer to your application form for further details of this duty, and the consequences of not complying with it.

If reasonable and practicable, we will only collect your personal information from you, but from time to time we may also collect it from other persons and entities.

We may disclose your personal information to:

- our agents and contractors who provide financial, legal and administrative services;
- mailing houses and document service providers;
- financial institutions and reinsurers;
- claims investigators and assessors;
- insurance industry reference bodies and industry complaint tribunals;
- our local and overseas related entities;
- government agencies including the Australian Taxation Office;
- where we suspect unlawful activity;
- the Privacy Compliance Committee;

Where we collect your information from someone else, or another entity then we may disclose any of your personal information to that person or entity.

If Things Change

After we have agreed to cover you and while you are covered you must tell us of all changes that may increase the chances of a claim. This includes changes in your type of business operation.

Non Disclosure

If you don't tell us something that you know that may affect our decision to offer you cover or the terms of that cover we may be allowed to:

- (a) Reduce the amount that we have to pay for a claim. This may mean that we would pay you nothing.
- (b) Cancel this policy. We may even be allowed to cancel this policy from the date that the cover started if you lie to us or deliberately keep information from us or mislead us.

A. What You Don't Have To Tell Us

You do not have to tell us of anything:

- (a) That reduces the chances of a claim;
- (b) That is common knowledge;
- (c) That we should know as part of our business;
- (d) If we waive your Duty of Disclosure

You can request access at any time to personal information we hold about you. You may ask us at any time to correct this information where you believe it is incorrect or out of date. You may be charged the reasonable expenses incurred in giving you any information you have requested (such as searching and photocopying costs).

You can request access to your personal information, a copy of our Privacy Policy or make a complaint about the privacy of your personal information by contacting:

Assetinsure Pty Limited at:

44, Pitt Street
SYDNEY NSW 2000
Telephone (02) 9251 8055
Facsimile (02) 9251 8083

OR

Specialist Underwriting Agencies Pty Ltd at:

PO Box 324
CLAYFIELD QLD 4011
Telephone (07) 3624 9400
Facsimile (07) 3624 9433
Email info@sua.com.au

If you have a complaint you can be assured that an officer with appropriate authority will deal with it. If you remain dissatisfied with the way in which your complaint is handled we can advise you of how to take your complaint for external resolution

By completing the proposal form, you consent to us collecting, using, disclosing and handling your personal information in accordance with this Privacy Statement, whether collected via the form or any other form completed now or in the future.

You also agree that where you have supplied information (such as a name) about any other person, you will tell that other person that you have provided the information to us and show the person this document.



BUSINESS INCOME PROTECTION - WEEKLY PROPOSAL FORM

GENERAL INFORMATION

1. Who is to be identified as the **Insured**:

2. What is the **Occupation** of the Named Insured

3. What is the Insured's **Australian Business Number (ABN)**? _____

4. How many **years** has the Insured **continuously** been **in Business**? _____ years

5. Please advise the Insured's **Insurance Broker** details:

Name of Brokerage: _____

Contact: _____

Town/Suburb: _____

Telephone: _____

6. Please provide details of your **Material Damage insurer**:

Insurer	Policy Number	Expiry Date

7. Please provide details of any Material Damage and/or Business Interruption **claims** in past 5 years:

Date of Loss	Loss Type (MD/BI)	Description of Loss	Total Claim Cost
			\$ _____
			\$ _____
			\$ _____
			\$ _____

9. In relation to insurance of this type, has any party seeking cover under this policy had:

(a) Insurance declined, cancelled or refused? Yes No

(a) Claims rejected or declined? Yes No

(a) Special conditions imposed? Yes No

If you have answered Yes to any of the above please provide full details:

10. Has any party seeking cover under this Policy been declared bankrupt or insolvent? Yes No

If Yes to please provide full details:



RISK ANALYSIS INFORMATION

Please complete the Situation Schedule for all situations that cover is required.

1. Does the business have Departments, Trading divisions or Multiple Trading Situations? Yes No

If YES, please:

- (a) Provide a separate Trading Profit & Loss statement for each, or
- (b) Complete a separate Situation Schedule for each.

2. Based on budget projections for the entire Business, please advise:

- (a) Estimated **Annual** Turnover/Income: \$ _____
- (b) Estimated **Maximum Monthly** Turnover/Income: \$ _____
- (c) Estimated Annual Purchases: \$ _____
- (d) Estimated Income derived from Rentals: \$ _____

3. In the event of a major or catastrophic Material Damage loss:

- (a) How long would it take to return to Full Trading Income? _____ weeks
- (b) What is the normal time frame to obtain replacement Stock or Specialised Equipment? _____ weeks
- (c) Can your company's products be outsourced whilst the business is re-established? Yes No
- (d) Can your business be PERMANENTLY relocated? Yes No
- (e) Can your business be TEMPORARILY relocated? Yes No

If YES, is cover for Relocation to the original premises required? Yes No

(f) Is it possible the premises will not be re-built to accommodate the Business? Yes No

If YES, is cover for Loss of Goodwill required? Yes No

DECLARATION

I, the undersigned, being a Director/Executive Officer of the Insured, hereby declare that:

- (a) I am authorised to complete this Proposal on behalf of the Insured and all subsidiary companies/controlled entities thereof;
- (b) All answers to the questions contained in this Proposal are, after enquiry, true and correct to the best of my knowledge and belief; and
- (c) I have read and understood the notices within this Proposal; and
- (d) I understand that submission of this Proposal does not bind either the Insurer or the Named Organisation or any subsidiary companies/controlled entities thereof, to enter into a binding contract of insurance.

Signed: _____

Dated _____

Capacity: _____

SEND TO: SUA – PO BOX 324 CLAYFIELD 4011 TEL 07 3624 9400 FAX 07 3624 9433 EMAIL info@sua.com.au



SITUATION SCHEDULE

SITUATION NO 1.

1. What is the address of this situation?

_____ State: _____ Postcode: _____

2. What is the Principal Occupation at this situation?

3. What is the Construction of the premises?

Walls:

Floor:

Roof:

4. Including all internal walls & partitions, what percentage of the premises is:

(a) Asbestos or Asbestos Cement sheeting _____% (b) Sandwich panelling, incl. Cold rooms _____%

N.B If any exists, please provide details below:

5. Please advise if these premises has any of the following:

Fire Protection:

- Monitored Smoke Detectors
- Thermal Alarms
- Partially Sprinklered
- Fully Sprinklered

Other – Please describe

Security:

- Local Alarm
- Back to Base Alarm
- Security Patrols
- Ram Raid protection/Bollards

Other – Please describe

6. What is the Occupation of any adjoining premises?

Left

Right

Rear

SITUATION NO 2.

1. What is the address of this situation?

_____ State: _____ Postcode: _____

2. What is the Principal Occupation at this situation?

3. What is the Construction of the premises?

Walls:

Floor:

Roof:

4. Including all internal walls & partitions, what percentage of the premises is:

(a) Asbestos or Asbestos Cement sheeting _____% (b) Sandwich panelling, incl. Cold rooms _____%

N.B If any exists, please provide details below:

5. Please advise if these premises has any of the following:

Fire Protection:

- Monitored Smoke Detectors
- Thermal Alarms
- Partially Sprinklered
- Fully Sprinklered

Other – Please describe

Security:

- Local Alarm
- Back to Base Alarm
- Security Patrols
- Ram Raid protection/Bollards

Other – Please describe

6. What is the Occupation of any adjoining premises?

Left

Right

Rear