



## QUOTATION REQUEST FORM - EXCESS BURGLARY INSURANCE

To obtain a quotation, complete pages 1, 2, 3 and 4. If coverage is to be bound, this form will be considered a proposal form and the Insured must sign and date this form. The signed and dated form must be returned to us prior to binding cover either by Fax or by email to [lienl@sua.com.au](mailto:lienl@sua.com.au).

Insured:			
Business:			
Industry Classification Number : (On your most recent Workers Compensation certificate)			
Underlying Insurer:			
Underlying Insurance Policy Number:			

**NOTE: POST CODE MUST BE SPECIFIED FOR EACH LOCATION TO BE INSURED**

	Location 1	Location 2	Location 3
Address including Post Code			
Occupied as			
Items to be insured			
Value of Stock	\$	\$	\$
Value of <b>ALL</b> Other Contents	\$	\$	\$
Underlying Sum Insured	\$	\$	\$
Excess Cover Required	\$	\$	\$
Maximum Value Any One Item	\$	\$	\$
Describe Item			

Does the Insured have any curios, works of art, items of clothing, jewellery, fashion accessories, precious object or implement, hand-held electronic organiser/calculator/phone which individually exceed \$15,000 or 30% of the underlying sum insured: Yes/No  
 If Yes, provide a Schedule by location listing each item showing the value of each item.



**Please provide the following information in respect of EACH LOCATION to be insured**

Cover is available for goods held in trust or on commission, theft without forcible and violent entry and theft of goods in the open air PROVIDED THAT coverage to the full limit of the underlying sum insured is provided by the Underlying Insurance.

Does the Underlying Insurance cover theft without forcible entry: Yes/No

Is this extension required: Yes/No

Does the Underlying Insurance cover theft of property in the open air: Yes/No

Is this extension required: Yes/No

If yes, what is the total value of property in the open air: \$

Describe the property in the open air:

Does the Underlying Insurance cover goods held in trust or on commission: Yes/No

Is this extension required: Yes/No

If yes, what is the total value of goods held in trust or on commission: \$

Describe items that are Goods held in trust or on commission:

Does the Insured have Public Liability insurance or marine cargo insurance covering goods held in trust or on commission: Yes/No

Does the insured require the owner of the goods that are held in trust or on commission to insure such goods: Yes/No

**Premises Details**

	Location 1	Location 2	Location 3
Construction			
Occupation of Premises on left			
Occupation of Premises on right			
Occupation of Premises behind			



**Alarm Systems and Security Details**

	Location 1	Location 2	Location 3
Describe Alarm System			
When was Alarm System Installed			
Is Alarm System subject to a current Maintenance Contract by an Alarm Company			
Security on Doors & Windows etc			

**Safe Details**

	Location 1	Location 2	Location 3
Do you have a safe at this location?			
Make			
Model			
Age			
Is safe single or dual key operated			
Where are the keys held			

In respect to each safe at each location circle the following information that applies

Location 1	Fire Resistant; Torch Resistant; Drill Resistant; Fixed to the Floor; Free Standing; Key Operated; Combination; Drop Safe.
Location 2	Fire Resistant; Torch Resistant; Drill Resistant; Fixed to the Floor; Free Standing; Key Operated; Combination; Drop Safe.
Location 3	Fire Resistant; Torch Resistant; Drill Resistant; Fixed to the Floor; Free Standing; Key Operated; Combination; Drop Safe.

**Claims History** : Details of any burglary claims and/or losses in the last three years




Has the Insured ever had any: (please circle)			
• Insurance declined/cancelled	Yes/no	• Criminal convictions	Yes/no
• Special conditions imposed	Yes/no	• Renewal refused	Yes/no
• Excess imposed	Yes/no		
If yes is answered to any of the above, please explain:			



## NOTICES RELATING TO THE OPERATION OF THIS POLICY

- A.** Attention is drawn to Section 21 of the Insurance Contracts Act 1984 (Commonwealth) which provides in relation to the duty of disclosure, as follows:
- 1) Subject to this Act, an Insured has a duty to disclose to the Insurer, before the relevant contract of insurance is entered into, every matter that is known to the Insured being a matter that:
    - (a) the Insured knows to be a matter relevant to the decision of the Insurer whether to accept the risk, and if so, on what terms, or
    - (b) a reasonable person in the circumstances could be expected to know to be a matter so relevant.
  - 2) The duty of disclosure does not require the disclosure of a matter:
    - (a) that diminishes the risk
    - (b) that is of common knowledge
    - (c) that the Insurer knows or in the ordinary course of business as an Insurer ought to know, or
    - (d) as to which the Insurer waives compliance with the duty of disclosure.
  - 3) Where a person:
    - (a) fails to give an answer, or
    - (b) gives an obviously incomplete or irrelevant answer to a question included in a proposal form about a matter, the Insurer shall be deemed to have waived compliance with the duty of disclosure to the matter.
- B.** Specialist Underwriting Agencies Pty Ltd (ABN 18 010 862 745) give notice that this Policy 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 an agent for the Insured.

## DECLARATION

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

1. I am authorised to complete this Proposal on behalf of the Insured and all subsidiary companies/controlled entities thereof;
2. All answers to the questions contained in this Proposal are, after enquiry, true and correct to the best of my knowledge and belief; and
3. I have read and understood the notices within this Proposal; and
4. 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](mailto:info@sua.com.au)**



### *Privacy Statement*

Assetinsure Pty Limited and Specialist Underwriting Agencies Pty Ltd (**we, us, our**) collect information about you 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 General Insurance Information Privacy Code. A copy of the Code may be obtained from the Insurance Council of Australia.

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;
- government agencies 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.

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 the Privacy Officer at:

**Assetinsure Pty Limited at**  
 44, Pitt Street, Sydney NSW 2000  
 Telephone (02) 9251 8055  
 Facsimile (03) 9251 8083

**or Specialist Underwriting Agencies' at**  
 255 Sandgate Road, ALBION QLD 4010  
 PO Box 324, CLAYFIELD QLD 4011  
 Telephone (07) 3624 9400  
 Facsimile (07) 3624 9433

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 to the Privacy Compliance Committee. If you are not satisfied with a determination of the Committee you may refer your complaint to the Privacy Commissioner.

By completing the application 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.