



ASR Underwriting Agencies

Coverholder at **LLOYD'S**

Proposal Form



PROPERTY INSURANCE

OFFICE INSURANCE

Arranged through ASR Underwriting Agencies Pty Ltd Underwritten by Certain Underwriters at Lloyd's

IMPORTANT NOTES

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE ATTACH IT TO THIS PROPOSAL FORM. This proposal must be typed, or completed in ink and signed and dated by such person (Proposer/You/Your) who must be of legal capacity and authorised by the Proposer to seek a quotation for Liability Insurance and any additional coverage that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.

Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number. It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.

For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgement and acceptance of Your Proposal. Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer.

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something: If you do not tell us anything you are required to, 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.

PRIVACY

We are committed to protecting your privacy. We use the information you provide to us to assist with your insurance needs. We provide your information to insurance underwriters, brokers and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to certain Underwriters at Lloyd's when we are seeking insurance terms from them, or to reinsurers who are located overseas. We also supply your information to the providers of our policy administration and underwriting systems that help us to maintain our products and services. You will be advised where those companies are located at the time any advice is given to you. We do not trade, rent or sell your information. If you do not provide us with full information, we cannot properly seek insurance terms for you, or assist with claims and you could breach your duty of disclosure. For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by telephone to our Privacy Officer on 07 3442 3301 or visit our website www.asruw.com.au

EXCESS

The policy provides that You will be required to bear a specified amount of all claims and this is for each and every claim made against You including defence costs. We will let You know when the excess is payable.

YOUR LEGAL LIABILITY

If you take out a Liability cover section, the financial risk of court awards through litigation is ever increasing and we recommend that You select a Limit of Liability that takes into account the future cost of claims including legal fees and costs of defence. Even higher limits are available than your current limit if required. Defence costs are included within the limit of liability, when you take out a Liability cover section.

WAIVER OF RIGHTS

If You have entered into an agreement with another party, which prevents your Insurer from taking recovery action for compensation from that party it may affect Your rights to cover under this Policy. Should You now be a party to such an agreement or be requested to enter such an agreement in the future, please advise your Broker in writing so we may notify the Insurer.

BROKER DETAILS

Broker Name	GC Insurance Services	Contact Name	Phil Doran
Phone Number	1300 935 958	Email	info@gcinsurance.com.au
Website	www.gcinsurance.com.au		

INSURED DETAILS

Full name of insured(s)								
Trading name(s)								
ABN			Office occupation					
Interested parties (finance)								
Situation of business				State			Postcode	
				State			Postcode	
Postal address				State			Postcode	
				State			Postcode	
Contact name					Phone			
Email address				Web address				
Cover required from	/	/	to	/	/			

PROPERTY LOSS &/OR DAMAGE

Contents of every description	Option	Sum insured
	<input type="checkbox"/> A	\$100,000
	<input type="checkbox"/> B	\$200,000
	<input type="checkbox"/> C (over \$200,001)	\$
Automatic sub limits attaching to section 1		
Burglary		\$25,000
Accidental damage		\$25,000
Rewriting of records		20% sum insured
Removal of debris		\$20,000
Money		\$2,000
Glass		Replacement value

OPTIONAL COVERS

BUSINESS INTERRUPTION (12 month indemnity period)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Increased costs of working only	A <input type="checkbox"/> \$50,000	B <input type="checkbox"/> \$100,000		
Full business interruption cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gross revenue (ex GST)	\$	
MACHINERY &/OR ELECTRONIC EQUIPMENT BREAKDOWN				<input type="checkbox"/> Yes <input type="checkbox"/> No
Limit required	<input type="checkbox"/> A \$5,000	<input type="checkbox"/> B \$10,000	<input type="checkbox"/> C \$20,000	
Sub limits automatically attaching to machinery &/or electronic equipment breakdown				
Expediting expenses \$5,000		Loss of information \$20,000		
Temporary hire costs \$2,000		Substitute electronic processing systems \$20,000		

GENERAL PROPERTY - BLANKET COVER

Limit any one item - \$5,000 (anywhere in Australia)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Option required	<input type="checkbox"/> A \$5,000	<input type="checkbox"/> B \$10,000	<input type="checkbox"/> C \$20,000	
Specified items in excess of \$5,000 any one item				
Item	Description of property			Sum insured
				\$
				\$
				\$
				\$

PUBLIC LIABILITY				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Option required	<input type="checkbox"/> A \$10,000,000	<input type="checkbox"/> A \$20,000,000	Gross revenue excluding GST	\$	
Sub limit	Property in physical legal control		\$50,000		
Interested party			Type of interest		
CYBER INSURANCE				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Option	<input type="checkbox"/> A \$50,000	<input type="checkbox"/> B \$100,000	<input type="checkbox"/> C \$250,000		
CONSTRUCTION/SECURITY DETAILS					
Construction of your property	Walls	<input type="checkbox"/> Brick/concrete	<input type="checkbox"/> Wooden	<input type="checkbox"/> Other	
	Roof	<input type="checkbox"/> Iron	<input type="checkbox"/> Tile	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Other
	Floor	<input type="checkbox"/> Brick/concrete	<input type="checkbox"/> Wooden	<input type="checkbox"/> Other	
	Age	<input type="checkbox"/> 0-10 years	<input type="checkbox"/> 11-30 years	<input type="checkbox"/> 31-60 years	<input type="checkbox"/> over 60 years
Security	Do you have:	Monitored alarm system			<input type="checkbox"/> Yes <input type="checkbox"/> No
		Local alarm system			<input type="checkbox"/> Yes <input type="checkbox"/> No
		Deadlocks on doors			<input type="checkbox"/> Yes <input type="checkbox"/> No
Water	<input type="checkbox"/> Town water	<input type="checkbox"/> Tank water	<input type="checkbox"/> Other (specify)		
CLAIMS INFORMATION/CIRCUMSTANCES					
Have you been declared bankrupt or been convicted of any criminal offences? If yes, please provide details below.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you made any claims within the last 5 years? If yes, please provide a brief description of any claim.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

DECLARATION BY THE APPLICANT			
SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE			
<ul style="list-style-type: none"> The person signing this declares that the statement and particulars in this proposal form are true and that no material facts have been misstated or suppressed after enquiry. The person signing this agrees that should any of the information given by us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, the person signing this will give immediate notice thereof. The person signing this agrees that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. The person signing this agrees that this proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon. The person signing this acknowledges that the following important notices relating to this proposal have been read and understood. 			
Should you have any questions or queries about these notices please contact your insurance broker.			
TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR			
Authorised signatory		Dated	/ /
Name of signatory		Position	
IT IS IMPORTANT THE PERSON SIGNING THIS DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT PLEASE CONTACT YOUR INSURANCE BROKER SINCE NON-DISCLOSURE MAY AFFECT YOUR RIGHT OF RECOVERY UNDER THE POLICY. ASR Underwriting Agencies recommends that you keep a record of all information supplied for the purpose of entering into insurance contact (including copies of this Proposal Form and correspondence).			

[PRINT FORM](#)

[RESET FORM](#)

CANCELLATION CHARGES

If we are requested to cancel the policy, we will charge the following short period rate premiums. We will hold you and or your insurance intermediary liable to pay these amounts

Within 1 month of inception:	25% of the quoted premium	Thereafter at terms to be agreed with underwriters
Within 2 months of inception:	20% of the quoted premium	
Within 3 months of inception:	15% of the quoted premium	