



Applicant details

Trading name of applicant: _____

Company name: _____

Main contact: _____

Directors of company: _____

Risk address: _____ P/code _____

Postal address: _____ P/code _____

ABN No: _____ Tel (home) _____

Tel (Bus) _____ Facsimile _____

Mobile: _____ Email address: _____

Period of Insurance

Your policy will commence: _____ and expire 4pm on: _____

Your covernote was issued: _____ and is valid for 14 days from this date.

General Questions

Has the insured, or if a corporation, any of its directors proposed to be insured under this policy either alone or jointly in the last 5 years:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Had any insurance declined, cancelled, refused renewal, had any special condition/warranty imposed, or been required to pay an increased premium or excess? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Suffered any loss, destruction or damage and/or made a claim/s on any insurer for an event whether insured or otherwise in relation to business insurance group assets or legal liabilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Been charged with, or convicted of, entered into a good behaviour bond or do you have any charge pending for any criminal offence/s? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Been declared bankrupt or entered into a scheme or arrangement with your creditors? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered "yes" to any above the questions, please explain further:

Business & Shopping centre Information

Please describe your full business activities: _____ Business experience? _____

What is your estimated Turnover? _____ How many staff do you employ? _____

Does any of the following activities apply to your business, if yes, what percentage of your business?

Retailer	Importer	Wholesaler	Manufacturer	Do you export to the USA or Canada?
_____	_____	_____	_____	_____

Please provide the following details of your store and the shopping centre.

Walls	_____	Roof	_____	Floors	_____	Age of centre	_____	Yes	No
Does centre have security patrols after hours?								<input type="checkbox"/>	<input type="checkbox"/>
Does the centre have a monitored alarm system?								<input type="checkbox"/>	<input type="checkbox"/>
Does your premise have an alarm system?								<input type="checkbox"/>	<input type="checkbox"/>
Do you have a fixed safe at your premise?								<input type="checkbox"/>	<input type="checkbox"/>
Do you have video surveillance?								<input type="checkbox"/>	<input type="checkbox"/>
Is your store sprinklered?								<input type="checkbox"/>	<input type="checkbox"/>

Cooking Questionnaire (complete only if your business involves the sale of food and/or drink)

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are you licensed to serve alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you aware of all relevant health & hygiene statutes, by laws, regulations & ordinance that govern food preparation and handling undertaken by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your business fully comply with these regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you lodged a food safety programme with your respective council (VIC only)?
if 'yes', has the food safety programme been approved? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have all persons handling food completed food handling courses and training? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the past 5 years, has your business ever been found in breach of any regulation or laws pertaining to the safe & hygiene provision, serving, cooking handling and/or transport of food?
if 'yes', please explain | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. In the past 5 years, have you been fined or convicted for breach of such laws or regulations laws? If 'yes', | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you transport any food in your own vehicles?
if 'yes', are you vehicles compliant with relevant transport of food laws? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you use any wok pans for cooking in your premise?
If 'yes', how many? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you do any deep frying on the premise?
If 'yes', what is the total capacity in litres of all deep fryers?
(for example, 1 bench top fryer 10 litres + 1 stand alone fryer 15 litres = 25 litres) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are these fryers thermostatically controlled? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. How often is the kitchen exhaust flue system cleaned & by whom?
(eg, monthly, quarterly etc. by commercial cleaner) | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. How often are grease filters in the exhaust system to be cleaned or replaced? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. How often are the cooking hoods, hood lids, grease cups and drip pans cleaned? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Please list other cooking appliance you utilise at the premises. | <input type="checkbox"/> | <input type="checkbox"/> |

16. Does your premise have any of the following fire protection equipment installed?

Fire Blanket Extinguishers Sprinkler system Fire alarm

Fire & Perils

Do you wish to insure for Fire & Perils?

Yes No

Stock and/or customer goods

Stock in trade usual to your business or stock you hold in trust

Contents, Plant & Machinery

Including tenants fixtures & fittings, tools of trade

Removal of debris

Policy automatically provides \$10,000 cover, additional cover

Rewriting of records

Policy automatically provides up to \$2,500 cover, additional cover

Accidental damage

Policy automatically provides up to 10% of sum insured (max \$100k)

Total

Seasonal

Stock Increase

Stock is increased automatically by 30% during November, December and 30 days leading up to and including Easter Tuesday, Gazetted bank or public holidays. Alternatively, you can nominate your own 90 day period below:

Business Interruption

Yes No

Do you wish to insure Business Interruption?

Gross Profit

Total revenue - cost of goods sold

Increased Cost of Working

Policy automatically includes \$10,000, additional cover

Professional Fees

Policy automatically includes \$10,000, additional cover

Other - specify

Supplier/Customer premises

Covering business interruption at supplier/customer premises

Supplier/Customer name/address

Indemnity Period (months)

You can nominate 6,12,18 or 24 months

Payroll

Not included in Gross profit, but insured separately

Indemnity Period (months)

for payroll only, nominate 3 or 6 months

Burglary

Yes No

Do you wish to insure Burglary?

Stock and/or customer goods

Stock in trade usual to your business or stock you hold in trust

Contents, Plant & Machinery

Including tenants fixtures & fittings, tools of trade

Cigarettes, Tobacco & cigars

Alcohol & Liquor

Damage to premises

Policy automatically provides \$5,000 cover, additional cover

Seasonal Stock Increase

As per period nominated under fire & perils section

Money

Yes No

Do you wish to insure Money?

Combined money Cover

Maximum limit after hours is \$1,000, In private residence \$3,000 and damage to safe \$1,500. cover also includes:-

Money in transit

Risk address to bank/vice versa, to private residence or premise you do business

Money in Business hours

Whilst at the risk address during normal hours

Money in safe

Whilst in a safe or strongroom at the risk address

Seasonal Stock Increase

As per period nominated under fire & perils section

Glass

Yes No

Do you wish to insure Glass?

Fixed Internal Glass

Covering replacement cost, e.g. bench tops, mirrors

External Fixed Glass

Covering replacement cost, e.g. fixed external windows

External Frontage

Is any part of your fixed external glass on the outside of the shopping centre?

Additional Benefits

Covered automatically up to \$2,000, additional cover benefits include temporary shuttering & security, sign writing, shop front damage, penalty charges and destruction of stock.

Signs

Policy automatically covers \$2,000 for illuminated/neon signs

Broadform Liability

Yes No

Do you wish to insure Liability?

Public Liability

Limit any one occurrence during any one period of insurance

Products Liability

Limit any one occurrence/aggregate for any one period of insurance

Goods in Care, Custody, control

Covered automatically up to \$20,000, do you wish to increase limit?

If 'yes', up to what amount?

Optional Extensions

Importer

Covering imported products

Treatment Risk \$250,000

Covering treatment risk such as Hair tinting, earpiercing, waxing etc.

Temporary Stall

Additional stall/shop in shopping centre for maximum 60 days.

Mobile location/Australia wide

Covering 1 location at a time in any shopping centre.

Trade Exhibitions

Cover extended to include exhibitions/shows up to maximum 3 days.

Inland Transit

yes No

Do you wish to insure Inland Transit?

How many vehicles are used to convey property?

Please provide details of vehicles registration

State all type of goods to be covered

Sum insured per vehicle

Will goods in transit include tobacco products or liquor?

Electronic Equipment

Yes No

Do you wish to insure Electronic Equipment?

Please list item you wish to insure & value

YES NO

1. Restoration of Data

2. Increased Cost of Working

3. Transit/Temporary removal

Items to insure

Machinery Breakdown

Yes No

Do you wish to insure Machinery Breakdown?

Maximum sum insured any one claim \$5,000 and any one year \$10,000.

List of all items to be insured

Refrigerators - All types

Mincer

Freezers

Sausage Machine

Cool Rooms

Dough Mixer

Ice cream machines

Coffee Machines

Air conditioners

Others

List all other motors

Yes No

Do you wish to insure Deterioration of Stock?

If yes, amount to be insured.

General Property (fire & theft from locked vehicle/premise & accidental damage/loss)

Yes No

Do you wish to insure General Property?

Items to be insured

Note books, computers, PDA's etc.

Other specified items - eg tools of trade

Unspecified items limit per item \$1,000

Excess

The policy has an excess of \$250 on all sections. You may increase this excess in return for a lower premium

You can choose \$500 or \$1,000. If you wish to increase this limit, please specify the amount:

Payment Details

The following payment options are available to you:

1. Bank cheque, personal cheque or money order.
2. Pay cash at our office
3. Direct deposit into our bank account:

BSB NO: **063 155** Account No **10105378** Account Name **Capital Mutual Ins. Bks**

4. Credit Card details

Expiry date

Name on card

Signature

Debit the following:

Bankcard

Master card

Visa

Policy Type

Two types of contract are available. A short term contract for a period of 3 months and an annual insurance contract. Please tick, the contract you require.

3 month contract

This contract is designed for casual leasing clients who may wish to lease a premise for a specified period. For example, 2 months leading up to christmas only. This contract is a one off contract which is non renewable upon expiry. A renewal notice will not be issued. The premium and charges under this contract are non refundable if the policy is cancelled prior to the length of the contract.

Annual contract

This is a standard insurance contract, renewable annually.

Insurance Company details

Australian Unity General Insurance Limited, ABN 47 004 125 268 is the registered insurer under this contract of insurance.

Australian Unity supports the General Insurance Code of Practice. This means Australian Unity General Insurance Limited:

1. Set out standards of service;
2. Set out terms of your policy in plain language and assist you in understanding your rights and obligations;
3. Works with you in a helpful and informed relationship; and
4. Explains to you how to make a claim in the case of a dispute, and provides free a fair dispute resolution process.

Australian Unity has an Australian Financial Services License. The number of this license is 234438.

Australian Unity Address details are: **114 Albert Rd, South Melbourne Vic 3205 Tel 13 29 39 Australia wide**
Facsimile (03) 9697 0931, Internet: www.australianunity.com.au

Insurance Broker details

Shopping Centre Business Services is part of Capital Mutual Insurance Brokers (Aust) Pty Ltd (CMIB). Capital Mutual Insurance Brokers hold a Financial Services Licence (No 245378) issued by the Australian Securities and Investments Commission.

Capital Mutual Insurance details are:

Level 1, 1140 Burke Road, North Balwyn Victoria 3104

National Tel: 1300 123 300 Local (03) 9819 7344 Fax (03) 9819 7159

Email: scbs@capitalmutual.com.au / www.shoppingcentreservices.com

Insured Declaration

I/We have read and received the following documents supplied to me with this application and confirm the

answers and statements made in this application are correct and that no information has been withheld which may affect

Australian Unity General Insurance Limited decision to accept this application or the terms and conditions of acceptance.

Duty of disclosure statement Tax Invoice Financial Services Guide Product Disclosure Statement (PDS).

I/We acknowledge that the personal information Australian Unity collects from me/us is collected for the purpose of processing this application, fulfilling Australian Unity's obligation in providing services to me/us, for the development of products and services, and to allow the Australian Unity Group to market products and services.

I/We acknowledge that if we do not provide relevant information, Australian Unity may not be able to process my/our application and Capital Mutual Insurance Brokers Pty Ltd may not be in a position to provide me/us the most comprehensive advice suitable to my/our needs.

I/We acknowledge that information about this contract may be disclosed to:

1. Intermediaries through which deal with Australian Unity (for instance an agent or broker)
2. Claims assessment participants (for instance an assessor or investigator)
3. Other reputable service providers (for instance mail houses)
4. Insurers.

I/We understand that Australian Unity may give to or obtain from other insurers and or/Insurance Reference Services information from this application and claims information obtained through the course of this contract.

By signing this application form , I/We consent to the Australian Unity Group collecting and using this information for these purposes. This is subject to my/our right to opt out of receiving various direct marketing material at any time.

I/We acknowledge that I/We have rights to access our personal information held by Australian Unity in accordance with the National Privacy Principles. I/We understand that this insurance does not operate until acceptance of this application writing by Australian Unity (except for any cover provided under an interim contract of Insurance).

I/We authorise Capital Mutual Insurance Bks to provide Shopping Centre Management & Interested parties documentation they may seek to confirm the currency of our insurance policy during the period of insurance and on expiry.

I/We confirm Capital Mutual Insurance Bks have explained our duty of disclosure & the underinsurance clause.

Signature of Application or responsible officer

Date

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Shopping centre details - certificate of currency request

Upon acceptance of your application and payment, the insurer will issue a certificate of currency to the Shopping centre management specified below. This is a free service. However, additional certificates of currency during any one insurance period will incur an administration fee of \$22.00.

Shopping centre name :

Shopping centre address:

Contact name:

Contact Telephone no:

Contact facsimile no:

Interested Party:

Other interested parties: