

# SURA 360 PROPOSAL FORM

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## IMPORTANT NOTICES

The information you provide in this document and through any other documentation, either directly or through your insurance broker, will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including these Important Notices, please contact us or your insurance broker before signing the Declaration at the end of this document. Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

## AGENT OF INSURERS

SURA Commercial acts as an agent of the Insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document please read it carefully.

## DUTY OF DISCLOSURE

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance. The duty applies until the policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between when the answers are provided to us or disclosures are made and the Relevant Time, you need to tell us.

Your duty however does not require disclosure of matters that:

- reduce the risk;
- are common knowledge;
- We know or, in the ordinary course of our business, ought to know; or
- We have indicated we do not want to know.

If You do not comply with Your duty of disclosure, We may be entitled to:

- reduce our liability for any claim;
- cancel the contract;
- refuse to pay the claim; or
- avoid the contract from its beginning, if your non-disclosure was fraudulent.

## PRIVACY

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at [www.sura.com.au](http://www.sura.com.au). Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask us.

If you wish to access your file please ask us.

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Date

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The insured

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The insured's business

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The policy period

From

To

---

The insured's annual income

\$

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## ASSET PROTECTION

### Location 1

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Address

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Sum Insured

Building

\$

Contents including stock

\$

---

Construction of

Roof

Walls

---

Floor

Age

---

Sandwich panel

Under 25%

25% to 50%

Over 50%

---

Fire Protection

Sprinklers

Hose Reels

Extinguishers

---

Theft Protection

Alarm

Monitored

Local

---

Deadlocks

CCTV

---

Interested Party

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### Location 2

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Address

---

Sum Insured

Building

\$

Contents including stock

\$

---

Construction of

Roof

Walls

---

Floor

Age

---

Sandwich panel

Under 25%

25% to 50%

Over 50%

---

Fire Protection

Sprinklers

Hose Reels

Extinguishers

---

Theft Protection

Alarm

Monitored

Local

---

Deadlocks

CCTV

---

Interested Party

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### Location 3

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Address

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Sum Insured	Building	\$	Contents including stock	\$
Construction of	Roof		Walls	
	Floor		Age	
Sandwich panel	<input type="checkbox"/> Under 25%	<input type="checkbox"/> 25% to 50%	<input type="checkbox"/> Over 50%	
Fire Protection	<input type="checkbox"/> Sprinklers	<input type="checkbox"/> Hose Reels	<input type="checkbox"/> Extinguishers	
Theft Protection	<input type="checkbox"/> Alarm	<input type="checkbox"/> Monitored	<input type="checkbox"/> Local	
	<input type="checkbox"/> Deadlocks	<input type="checkbox"/> CCTV		

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Interested Party

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### Cover is included within the location limits for

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Equipment Breakdown	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required
Glass and signwriting	Replacement Costs	
Theft \$100,000		
Unnamed location limit \$25,000	Alternative Limit \$	
Transit \$25,000	Alternative Limit \$	
Flood <b>NOT</b> insured — select limit if required	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000

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### Cover is included in addition to the location limits at each insured location for

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Capital Additions	\$500,000
Acquired Property — notification period 90 days	\$250,000
Property Protection	\$100,000
Land Value	\$100,000
Post Loss expenses limit*	\$

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\*Select a post loss expenses limit that provides for removal of debris, fire brigade and emergency services, discharge of financial encumbrance, approval of statutory authorities and claims preparations costs

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## Excesses

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Select the excess options for

All claims other than;  \$250  \$500  \$1,000  \$2,000

Breakdown of equipment  \$250  \$500  \$1,000  \$2,000

Theft  \$250  \$500  \$1,000  \$2,000

Storm  \$250  \$500  \$1,000  \$2,000

Earthquake \$20,000 of 1% of the declared values at the location where the damage occurs whichever is less

An excess may also apply for;  
Named Cyclones for insured locations above the Tropic of Capricorn; and Properties containing asbestos

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## Business Income Protection

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Period of Recovery  6 months  12 months  18 months  24 months  36 months

Annual Income \$

Rate of gross profit to income % refer profit and loss statement

Accounts receivable \$

Expenses Limit\* \$

\*Select an expenses limit that provides for business recovery expenses and claims preparation expenses

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Dependent Business Premises – Anywhere in Australia – 20% of gross profit

If more than 20% of the insured's gross profit is dependent on any one business advise the following;

Alternative % of Gross Profit %

Name of Dependent Business

Address of Dependent Business

Occupation of Dependent Business

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The following waiting periods apply under Business Income Protection;

Essential services 48 hours

Dependent Business Premises 48 hours

Access protect (50km radius of insured location) 48 hours

Breakdown 48 hours

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Please provide a copy of the Insured's Business Activity Statement or Profit and Loss Statement

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## CRIME PROTECTION

Employee theft and Money & Securities Limit	\$				
Excess Option	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	
Total Number of Employees					
Employees with Financial Responsibilities					

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## LIABILITY PROTECTION

Limit of Liability	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000		
Number of Employees					
Annual Income	\$				
Annual Salaries/Wages	\$				

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## Products

What Products do you manufacture?					
What products are imported?					
What countries do you import from?					
% of products	Manufactured	%	Imported	%	
Do all products comply with Australian Standards?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you HACCP certified?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you export any products to the USA or Canada?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Value of exported products	\$				
Are Contractors used in your business?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual payments to Contractors	\$				
Work performed by Contractors					
Do you obtain proof of insurance?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are Labour Hire personnel used in your business?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual Payment to Labour Hire Personnel	\$				
Work performed by Labour Hire Personnel					
Do you obtain proof of insurance?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

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## HISTORY AND GENERAL INFORMATION

1. Have you in the last 5 years

a) Made any claims on an insurer for loss or damage?

Yes  No

If yes, please provide details

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b) Had any insurance declined or cancelled, renewal refused, claim rejected, proposal rejected, special conditions or excess imposed by an insurer?

Yes  No

If yes, please provide details

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c) Suffered any uninsured loss or damage?

Yes  No

If yes, please provide details

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2. Have you or any Partner or Director of the business

a) Ever been declared bankrupt?

Yes  No

If yes, please provide details

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b) Been involved in a company or business which became insolvent or subject to any form of solvency administration?

Yes  No

If yes, please provide details

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c) Been charged or convicted of a criminal offence within the past 5 years other than minor traffic convictions or offences?

Yes  No

If yes, please provide details

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## SIGNATURE AND DECLARATION

This Declaration must be signed by the intending insured as the Proposer(s). If the intending insured is a Company, Partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be authorised to sign on behalf of all persons / entities identified as the intending insured(s).

Before completing this document, I/We have read and understood the information herein, including the Important Notices.

I/We agree that this Proposal Form together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected. I/We undertake to inform the insurer of any material alteration to this information occurring before the proposed insurance commences.

I/We declare that the statements and particulars contained within this Proposal Form are true and that I/We have not mis-stated or suppressed any material facts.

I/We understand that the insurer is relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld.

I/We acknowledge that by submitting this completed Proposal Form (with any other information) I/We consent that the insurer may use and disclose my/our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. This consent remains valid until I/We alter or revoke it by written notice. I/We also undertake to advise any changes to my/our personal information.

**NAME OF FIRM:**

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**SIGNATURE:**

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(This Proposal is to be signed by a Principal, Partner or Director of the Proposed Insured)

**TITLE OF SIGNATORY:**

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**FULL NAME:**

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**DATE:**

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