

AUSTRALIAN INSURANCE SERVICES PTY LTD – FACT FINDER - BUSINESS PACK

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Advice Required: Specific  General

Insured's Name:		AIS is a green company - contact via email/hard copy?	
Trading Name/Subsidiaries:			
Contact Name:		ABN:	
Postal Address:		P/C:	
Email address:		Web Site:	
Ph: B/H		Fax No:	Mobile Phone:
Occupation/Profession:		No. of years business established:	
Interested Parties:		Experience (Business):	
Current Insurer:		Current Broker:	Expiry Date:
Has any insurer in respect of any insurance policy held by you, your partners and/or directors ever:			
(a) Refused to renew/cancelled or terminated a policy		YES/NO	
(b) Refused a claim or required an increased premium under the policy?		YES/NO	
(c) Imposed special conditions under the policy?		YES/NO	
(d) Have you been convicted on any criminal offence or been declared bankrupt?		YES/NO	
(e) Have you had any claims in the past 5 Years?		YES/NO	
If Yes to any of the above, please give details below:			
<b>Situation of property(s):</b>			
<b>Situation 1</b>	<b>Situation 2</b>	<b>Situation 3</b>	
<b>Construction:</b>			
Walls:			
Roof:			
Floors:			
Age:	Renovations:	Yes/No Details:	
No. of Stories:			
Present state of repair:			
Other occupancies:			
Details of any fire protection & Hazardous Goods:			
Details of security: Alarm Yes/No Local Yes/No Monitored Dialer Yes/No Securitel Yes/No			
Other security:		Sprinkler:	
General Comments:			
<b>Average Clause explained Yes/No</b>			
<b>FIRE AND SPECIFIED PERILS</b>	<b>Situation 1</b>	<b>Situation 2</b>	<b>Situation 3</b>
Building(s)	\$	\$	\$
Removal of Debris	\$	\$	\$
Stock including work in progress	\$	\$	\$
Customers Goods	\$	\$	\$
All other Contents	\$	\$	\$
Accidental Damage	\$	\$	\$
<b>BUSINESS INTERRUPTION (1)</b>	<b>Situation 1</b>	<b>Situation 2</b>	<b>Situation 3</b>
Gross Profit Difference Method	\$	\$	\$
Claims Preparation Costs	\$	\$	\$
Additional increased cost of working	\$	\$	\$
Gross Loss of Rent	\$	\$	\$
Other	\$	\$	\$
Indemnity Period:			

**BUSINESS INTERRUPTION (2)**

Situation 1

Situation 2

**Situation 3**

Gross Profit Weekly Benefits	\$	\$	\$
Claims Preparation Costs	\$	\$	\$
Uninsured working expenses	\$	\$	\$
Other	\$	\$	\$
Indemnity period required (weeks)			

**BURGLARY /THEFT OF PROPERTY**

Situation 1

Situation 2

Situation 3

Stock in trade	\$	\$	\$
Customers Goods	\$	\$	\$
Tobacco, cigars and/or cigarettes	\$	\$	\$
Liquor	\$	\$	\$
All contents	\$	\$	\$
Theft without forcible entry	\$	\$	\$
Damage to premises	\$	\$	\$

**MONEY**

Situation 1

Situation 2

Situation 3

Money in transit	\$	\$	\$
Money on premises – business hours	\$	\$	\$
Money on premises – O/S business hours	\$	\$	\$
Money on premises – in locked safe	\$	\$	\$
Money in private residence	\$	\$	\$
Damage to safes/strongrooms	\$	\$	\$

**GLASS BREAKAGE**

Situation 1

Situation 2

Situation 3

External Glass/Internal Glass (replacement value)	Yes/No	Yes/No	Yes/No
Advertising signs/Damage to stock	\$	\$	\$

**LIABILITY SECTION 1 – Public Liability**

Situation 1

Situation 2

Situation 3

Limit of indemnity	\$	\$	\$
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**SECTION 2 – Products liability**

Limit of indemnity	\$	\$	\$
Do you require tenants/lease liability?	Yes/No	Yes/No	Yes/No
Goods care custody & control	\$	\$	\$
Driving risk	\$	\$	\$
Do you - Import/Export Goods Yes/No	Do you - Manufacture/Wholesale/Retail: Yes/No		
Other extension			
Turnover \$	Wages \$	Number of employees:	
Size of premises	Welding YES/NO		
Sub contractors (work away) Yes/No	Estimated Wages: \$	Max contract value: \$	
If Sub-contractor, do they have their own insurance for public/product liability Yes/No	Do they supply certificates of currency Yes/No		

**MACHINERY BREAKDOWN (up to 4hp)**

**BLANKET**

Description & No of Items	Maximum any one loss \$	H/P
	\$	

**SPECIFIED ITEMS**

Description	H/P	Value
		\$

**SPOILAGE OF STOCK**

Description of Stock	Value
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**ELECTRONIC BREAKDOWN**

Description	Value
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**ELECTRONIC EQUIPMENT**

(a) Fire & Perils	Yes/No
(b) Theft (following forcible violent entry)	Yes/No
(c) Accidental Damage	Yes/No
(d) Breakdown	Yes/No

**SPECIFIED ITEMS**

Description	Value
	\$
	\$

**PORTABLE ITEMS (Outside Premises)**

Description	Value
	\$
	\$
	\$

	Situation 1	Situation 2	Situation 3
Cost of Restoring Data	\$	\$	\$
Increased cost of working	\$	\$	\$
<b>WORKER'S COMPENSATION</b>	\$	\$	\$
Wages	\$	\$	\$
Do you have any voluntary workers? Yes/No (If Yes, voluntary workers cover)			
Sub-Contractors Yes/No Do they supply labour only Yes/No Labour and plant Yes/No Labour/plant and materials Yes/No			
If Sub-contractor, do they have their own workers compensation Yes/No Do they supply certificates of currency Yes/No			
<b>FIDELITY GUARANTEE</b> Yes/No			
Amount per employee: \$			
Overall limit: \$			
No. of employees:			
How often is audit conducted (external):			
<b>PERSONAL ACCIDENT (including voluntary workers)</b>			
Type of Disablement cover required			
<input type="checkbox"/> <b>OPTION 1. PERSONAL ACCIDENT OR PERSONAL ACCIDENT &amp; SICKNESS</b>			
- Benefit payable for limited period. Policy can be cancelled by Insurance Company			
<input type="checkbox"/> <b>OPTION 2. INCOME PROTECTION INSURANCE (Full Advice can only be provided by Accredited Consultant)</b>			
- Benefits Payable for longer periods and non-cancelable by Insurance Company			
Definition of Income – Personal Exertion Earnings, before Tax but after deductions of Business Expenses			
Current Income: \$			
<b>PERSONAL ACCIDENT/ILLNESS</b> – Income 100% <input type="checkbox"/> 75% <input type="checkbox"/> Other <input type="checkbox"/>			
1. Name:	DOB:	Hgt:	Wgt: Gender M/F
Death \$	Weekly Accident \$	Weekly Illness \$	Smoker Y/N
2. Name:	DOB:	Hgt:	Wgt: Gender M/F
Death \$	Weekly Accident \$	Weekly Illness \$	Smoker Y/N
3. Name:	DOB:	Hgt:	Wgt: Gender M/F
Death \$	Weekly Accident \$	Weekly Illness \$	Smoker Y/N
Period of benefit:	52 <input type="checkbox"/>	104 Weeks <input type="checkbox"/>	Waiting period 7days <input type="checkbox"/> 14 days <input type="checkbox"/> 30 days <input type="checkbox"/>
Any Health or accident disclosure: Y/N Details:			
<input type="checkbox"/> <b>OPTION 2. INCOME PROTECTION – Yes/No (Quote only by Accredited Consultant)</b>			
Name:	DOB:	Hgt/Wgt: Gender: Monthly Payable Smoker Y/N	Benefit: to age:
Is there any additional information or detail of which you are aware and which may assist us to better assess the nature of the risks? Yes/No			
If Yes, please provide details:			
Do you have or intend to have any additional insurance with any other insurer in connection with this cover in respect of the same property or risk as now proposed? Yes/No			
If Yes, please provide details:			
Due dates for other policies:	Policy type:	Due date:	
	Policy type:	Due date:	
	Policy type:	Due date:	
<b>OTHER GENERAL INSURANCE</b>			
Travel, Contract Works, Life, Motor, Goods in Transit, Director & Officers, Super, Tax Audit, Fraud, Professional Indemnity, Management Liability, Key Man, Other			
<b>BROKER NOTES/WORK ORDER</b>			