

AUSTRALIAN INSURANCE SERVICES – Fact Finder / Needs Analysis - TRADES DATE:

Advice Required – Specific  General   
 Source – Yellow Pages  Referred  Counter  Other

Insured's Name:								
Trading Name:								
Contact Name:				ABN:				
Postal Address:						P/C:		
Location (If different):						P/C		
Ph: B/H		Fax No:		Mobile Phone:				
Occupation:			Qualifications:		Experience Years:			
Email:		Web page:		New Venture: YES <input type="checkbox"/> NO <input type="checkbox"/>				
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 <input type="checkbox"/> NO <input type="checkbox"/>				
(b) Refused a claim or required an increased premium under the policy?				YES <input type="checkbox"/> NO <input type="checkbox"/>				
(c) Imposed special conditions under the policy?				YES <input type="checkbox"/> NO <input type="checkbox"/>				
(d) Have you been convicted on any criminal offence or been declared bankrupt?				YES <input type="checkbox"/> NO <input type="checkbox"/>				
(f) Have you had any claims in the past 5 Years?				YES <input type="checkbox"/> NO <input type="checkbox"/>				
If YES to any of the above, please give details below,								
<b>SECTION 1 – PUBLIC AND PRODUCTS LIABILITY</b>								
Limit of indemnity		\$5,000,000 <input type="checkbox"/>		\$10,000,000 <input type="checkbox"/>		\$20,000,000 <input type="checkbox"/>		
Do you require tenants/lease liability?		YES <input type="checkbox"/> NO <input type="checkbox"/>						
Goods care custody & control		\$						
Turnover \$		Wages \$		Number of employees				
Sub contractors: YES <input type="checkbox"/> NO <input type="checkbox"/>				Welding/Hot work YES <input type="checkbox"/> NO <input type="checkbox"/>				
Estimated wages Sub Contractors:								
<b>PERSONAL ACCIDENT/ILLNESS</b> – Income 100% <input type="checkbox"/> 75% <input type="checkbox"/> Other <input type="checkbox"/> <b>INCOME PROTECTION</b> - YES <input type="checkbox"/> NO <input type="checkbox"/>								
Name		DOB	Hgt/Wgt	Gender	Death	Accident	Illness	Smoker
1.				M/F	\$	\$	\$	Y/N
2.				M/F	\$	\$	\$	Y/N
3.				M/F	\$	\$	\$	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:								
<b>PORTABLE ITEMS (Outside Premises) Tools of Trade</b> - YES <input type="checkbox"/> NO <input type="checkbox"/>								
Description Specified Items - \$500 or more:						<b>Value:</b>		
						\$		
						\$		
						\$		
Unspecified /Under \$500:						\$		
						<b>TOTAL: \$</b>		
(1) Cover Fire, Flood, Collision O/T Theft following forced Entry <input type="checkbox"/>				Off/On Parking at night:				
(2) Multi risks (Theft only if Securely Locked in Building/Vehicle) <input type="checkbox"/>								
<b>WORKER'S COMPENSATION</b> - YES <input type="checkbox"/> NO <input type="checkbox"/>				Existing Company:				
Wages				Claims:				
<b>OTHER INSURANCE REQUIREMENTS</b>								
Travel, Contract Works, Life, Motor, Goods in Transit, Director & Officers, Super, Tax Audit, Fraud, Professional Indemnity, Key Man, Premises cover – Fire, Business Interruption, Burglary, Money, Glass,								
General Comments:								

