

BUSINESS INSURANCE APPLICATION FORM

IMPORTANT NOTICES RELATING TO THIS PROPOSAL FORM

Please read the Important notices on the back of this proposal form before proceeding to complete the form.

THE APPLICANT(S)

Insured name/s

Contact number

Email

Postal address

Suburb

State

Post code

Situation

Period of cover from to

Occupation

Property Owner

Yes No

Current Insurer

Previous Policy Number

Expiry Date

THE APPLICANT(S)

Have you (in the past 5 years)

- | | | |
|---|-----|----|
| 1. Made any claim(s) on an insurer for loss or damage? | Yes | No |
| 2. Had any insurance declined, cancelled, application refused, claim rejected Special conditions or excess imposed by an insurer? | Yes | No |
| 3. Suffered any loss or damage which would have been covered by the proposed insurance policy? | Yes | No |

Have you or any partner(s)

- | | | |
|--|-----|----|
| 4. Ever been declared bankrupt? | Yes | No |
| 5. Ever been involved in a company or business which became insolvent or subject to any form of insolvency administration? | Yes | No |
| 6. Been convicted of any criminal offence within the past 5 years (other than minor traffic offences)? | Yes | No |
| 7. Been liable for any civil offence or pecuniary penalty (exceeding \$5,000)? | Yes | No |

If you have answered Yes to any of the above questions (1-7) please provide full details

Question #	Month/Year	Details	Amount Paid (for claims)	Insurer

OCCUPANCY

Number of years | In this business? | At this location?

Are you (tick one) | Property Owner of the premises | Owner/Occupier | The Tenant

DETAILS OF THE BUSINESS AND PREMISES

Construction of premises

Age | Walls | Roof | Floors

What percentage of the building is foam / EPS construction?

If the business is a retail risk – are the premises located within a shopping centre? Yes No

Burglar Alarm Yes No | Fire Alarm Yes No | Fire Sprinkler Yes No

Fire Hoses Yes No | Smoke Detectors Yes No

Local BurglarAlarm/Back to Base Yes No | Local FireAlarm/Back to Base Yes No

Windows Bars/Locks Yes No | Deadlocks to external Doors Yes No

Estimated Annual Turnover | Number of Employees

FIRE – BUILDING AND CONTENTS (SUMS INSURED)

COVER REQUIRED YES NO

Buildings | Contents (including stock) | Stock

BUSINESS INTERRUPTION (SUMS INSURED)

COVER REQUIRED YES NO

Gross Annual Income | Additional Increased Cost of Working

Uninsured Working Expenses | Total Indemnity months

MONEY (SUMS INSURED)

COVER REQUIRED YES NO

Blanket Cover | In Building – Business Hours

In Transit | In Building – Out of Business Hours

Personal Custody | In Safe or Strongroom

GLASS (SUMS INSURED)

COVER REQUIRED YES NO

External Fixed Glass Yes No Type | Replacement Value

Internal Fixed Glass Yes No | Replacement Value

LIABILITY (SUMS INSURED)

COVER REQUIRED YES NO

Blanket Cover | In Building – Business Hours

Number of Staff (including directors/partners) employed in the business

Provide details of any products you import or export

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer, please attach a separate piece of paper to this application giving full details of all additional information.

CO-INSURANCE (AVERAGE) CLAUSE

An insured who has a sum insured which does not represent the full value of the insured property may be their own co-insurer and, therefore, sharing in the risk with the insurer. This can result in a reduced claim.

IMPORTANT NOTICES

YOUR DUTY OF DISCLOSURE

You must make sure you explain the duty of disclosure to any other insured person when we arrange any insurance cover. Alternatively, you may ask other insured persons to contact us and we will explain their duty of disclosure to them directly.

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

If you do not tell the insurer everything that you are required to, the insurer may cancel your contract or be entitled to reduce the amount they will pay you if you make a claim or both.

If your failure to tell the insurer is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

You do not need to tell the insurer anything that:

- reduces the risk that the insurer insures;
- is common knowledge;
- the insurer knows or should know as an insurer
- for which the insurer waives your duty of disclosure.

DECLARATION

You acknowledge and agree that:

- You are authorised to act for and on behalf of all persons or entities who may be entitled to indemnity under any policy which may be issued pursuant to this proposal form and you authorise this proposal form on their/its behalf.
- You have made all necessary inquiries into the accuracy of the information and representations given in this proposal and that they are true and correct. (Please advise Honan immediately if any changes need to be made.)
- The information and representations provided in this proposal form are material to the insurer's decision to underwrite and offer insurance terms.
- The insurer may require further information not requested in this proposal form to assess the risk.
- You understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance.
- You have read and understood the Important Notice on this Proposal Form.
- You have read Honan Insurance Group's Privacy Policy and consent to the use, disclosure and obtaining of personal information for the purposes of obtaining insurance quotes and arranging insurance on your behalf.

Completed by

Date