



Newsagents Insurance Package Proposal

PO Box 824, Brisbane Q 4004

Ph – (07) 3835 0302 Fax – (07) 3832 3349 FSR Licence # 246526

Insured

Period of Cover	___/___/___ to ___/___/___ at 4.00 pm
Mortgage or Interested Party
Postal AddressPOSTCODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Trading or Business Name
GST Details	ABN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tax Status% Input Tax Credits

POLICY ONE - PROPERTY – Please select the level of cover required

- 1
 2
 3
 4

Situations	Fire Protection	Security	Construction
Location 1	Sprinklers <input type="checkbox"/> Extinguishers <input type="checkbox"/> Detectors <input type="checkbox"/>	Please list	Walls Floor Roof
Location 2	Sprinklers <input type="checkbox"/> Extinguishers <input type="checkbox"/> Detectors <input type="checkbox"/>	Please list	Walls Floor Roof
Location 3	Sprinklers <input type="checkbox"/> Extinguishers <input type="checkbox"/> Detectors <input type="checkbox"/>	Please list	Walls Floor Roof
IF SPACE INSUFFICIENT, ATTACH LIST			

Stock Value at Each Situation

Location 1 \$..... Location 2 \$ Location 3 \$

POLICY TWO - BROADFORM LIABILITY – Please select cover required

- \$ 10,000,000
 Other \$

Turnover \$

No of Staff

POLICY THREE - MECHANICAL/ELECTRONIC EQUIPMENT – Please list all equipment for which you own or are responsible to maintain. Please complete the number of each of the following items and list any not shown.

COVER One - Depreciation

Two – No Depreciation to 6 years

No of	Item	No of	Item
<input type="checkbox"/>	Point of Sale Computer/Cash Registers	<input type="checkbox"/>	Video Monitoring System
<input type="checkbox"/>	Security/Alarm System	<input type="checkbox"/>	Paper Wrapping Machine
<input type="checkbox"/>	Fridges	<input type="checkbox"/>	Other
<input type="checkbox"/>	Freezers	<input type="checkbox"/>

CLAIMS HISTORY – Details of claims made in the past 3 years.

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IMPORTANT INFORMATION

<p>1. AVERAGE The Material Damage and Consequential Loss sections of this Policy each contain a condition of “average” which means that if there is underinsurance at the time of a loss, a part of the loss will not be covered. In addition the Policy will never pay more than the Sum(s) Insured. It is essential that all Sums Insured be carefully checked to ensure their adequacy at the time of completing the proposal and throughout the current of the cover.</p> <p>2. DUTY OF DISCLOSURE Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer’s decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. You do not need to disclose any matter:</p>	<ul style="list-style-type: none"> • that diminishes the risk to be undertaken by the insurer; • that is of common knowledge; • that your insurer knows, or in the ordinary course of his business, ought to know; • as to which compliance with your duty is waived by the insurer. <p>If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of claim or may cancel the contract. If you non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.</p> <p>3. GOODS & SERVICES TAX (GST) To ensure you do not incur any unnecessary GST liabilities on claim settlements, please ensure your Australia Business Number (ABN) and tax status are entered in the space provided on this Proposal.</p>
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DECLARATION & SIGNATURE

I/WE DECLARED THAT

1. The answers given herein are in every respect True & Correct
2. I/We have not withheld any information likely to affect the acceptance of this proposal
3. I/We have read and understood the proposal and the policy conditions

Signature: _____ Date ___/___/___

Signature: _____ Date ___/___/___