

NEW BUSINESS REVIEW

Thank you for your interest in our website and for seeking insurance terms and costs from the Westminster Group of Companies.

Please provide the following information and return by facsimile or email and we will be delighted to provide you with a premium quotation in a speedy fashion.

Our contact details are:

Facsimile: (08) 6210 8899

Email: insurance@wbh.com.au

If you would like to seek assistance with the provision of the following information, please ask for Matthew Reading on (08) 6210 8888

We look forward to assisting you with your insurance requirements.

INSURED NAME: _____

OCCUPATION: _____

CONTACTS: _____

DATE BUSINESS COMMENCED: _____ **REFERRED BY:** _____

PHONE: _____ **FAX:** _____ **MOBILE:** _____

EMAIL ADDRESS: _____ **WEB SITE:** _____

LOCATIONS: 1: _____

2: _____

Would you like us to e-mail you our regular news articles about insurance? **YES** **NO**

If Yes, please provide the e-mail address to send them to _____

DISCLOSURE

Have you, your spouse, your partner or Company Directors, either alone or conjointly through partnerships or Directorships in other companies ever been :

a) Declined, refused, cancelled or had increased terms by any previous Insurer? **Last 5 years** **YES** **NO**

b) Convicted of a criminal offence? **Last 10 years** **YES** **NO**

c) Declared bankrupt? **Last 10 years** **YES** **NO**

If yes, details: _____

Are you a GST registered business? Yes/No What is your ABN? _____

What percentage of GST in your premium do you claim as an Input Tax Credit (ITC)? _____%

Westminster Insurance Brokers · ABN 42 810 204 274 · Westminster Broking House Pty Ltd ·
ACN 008 908 852 · Licensed General Insurance Brokers AFSL: 237 466
Level 23, St Martin's Tower, 44 St Georges Terrace, Perth, WA 6000 ·
Postal Address: PO Box 3218 Perth Adelaide Terrace, WA 6832
Phone +61 8 6210 888 · Fax +61 6210 8899 · Email: insurance@wbh.com.au · Web: www.wbh.com.au

BUILDINGS

Construction

| Location | Floor | Roof | Walls | Age | No of storeys |
|------------------------|------------|------------|------------|----------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| Fire Protection | | | | | |
| Location | Sprinklers | Hose Reels | Fire Alarm | Smoke Detector | Extinguishers |
| | | | | | |
| | | | | | |
| | | | | | |

Is any part of the premises constructed using Sandwich Foam Panelling YES NO

If yes, please advise the percentage of sandwich foam panel of the total building area _____%

Or please advise the dimensions of the sandwich foam panel area:

Length_____ Width_____ Height_____

Is any part of the premises used for Spray Painting YES NO

If yes, do you have a dedicated spray booth? YES NO

Please advise the dimensions of the spray booth:

Length_____ Width_____ Height_____

Other Occupants Within Building: _____

Adjoining Building Occupants: _____

Are you leasing the premises? YES NO If so provide a copy of lease agreement.

CO-INSURANCE (AVERAGE)

It is common practice for insurance contracts to be subject to Co-Insurance or Average, which means that if the "full value" of the property insured exceeds the sum insured, the Insured would be required to contribute proportionally to each and every loss. The calculations of "full value" may vary from one policy to another, depending on the basis of valuation contained in the policy.

Policies containing average clauses include ISR, Fire, Business Interruption.

| | | |
|----------------|-------------------|-----------|
| An example is: | Value of Property | \$800,000 |
| | Sum Insured | \$600,000 |
| | Partial Loss | \$200,000 |
| | Insurance Pays | \$150,000 |
| | Insured Bears | \$50,000 |

MATERIAL DAMAGE

SUM INSURED

- | | |
|---|--|
| 1. Buildings (Replacement Value) | \$ _____ |
| 2. Contents/ /Plant of every description/Work in Progress/Goods in Trust/ All Goods Assoc with Trade (Replacement Value) | \$ _____ |
| 3. Stock (Purchase Price) | \$ _____ |
| 4. Customers Goods | \$ _____ |
| 5. Employees Goods | \$ _____ |
| 6. Removal of Debris (extra) | \$ _____ |
| 7. Rewriting of Records | \$ _____ |
| 8. Professional Fees | \$ _____ |
| 9. Gates/Fences/Awnings and Signs | \$ _____ |
| 10. Fusion | \$ _____ |
| 11. Accidental Damage | \$ _____ |
| 12. Do you have Property in the Open Air | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 13. Is Flood cover required | <input type="checkbox"/> YES <input type="checkbox"/> NO |

INSURABLE GROSS PROFIT

This term is used in the Business Interruption and comprises Net Profit plus the total of all expenses, which will not diminish proportionally with a reduction in turnover e.g. Rent and Rates.

INDEMNITY PERIOD

Is the period commencing from the date of damage that causes a reduction in turnover or Additional Increased Costs of Working and ending not later than the maximum indemnity period thereafter during which the business is affected by the damage.

LOSS OF PROFITS

Indemnity Period Required: _____ months

- | | |
|---|----------|
| Item 1. Annual Gross Profit (Total Gross income less stock purchases) | \$ _____ |
| Item 2. Wages 100% for 52 weeks | \$ _____ |
| Item 3. Increased cost of working | \$ _____ |
| Item 4. Loss of rent | \$ _____ |
| Item 5. Claims Preparation Costs | \$ _____ |
| Item 6. Uninsured Working Expenses | \$ _____ |
| TOTAL | \$ _____ |

BURGLARY

- | | |
|---|----------|
| 1. Contents including Plant, Equipment, Fixtures & Fittings | \$ _____ |
| 2. Customers Goods | \$ _____ |
| 3. Damage to Building by Burglars | \$ _____ |
| 4. Employees Goods | \$ _____ |
| 5. Stock | \$ _____ |
| 6. Theft from open air within locked fenced compound | \$ _____ |
| 7. Tobacco, Cigarettes, Liquor | \$ _____ |
| 8. Other | \$ _____ |
- Please provide details _____
-

Security Protection

- Deadlocks on all Doors YES NO
- Keylocks all Windows YES NO
- Bars/ Grills on Windows YES NO
- Local Alarm YES NO
- Back to Base Alarm - Type _____
- Other _____

PLATE GLASS

1. Fixed External Glass: Replacement Value
- Type: Single Double Multi size _____ M²
- Standard / Laminated / Reinforced / Other _____
2. Internal Glass YES NO Replacement Value
3. Glass / Illuminated signs \$ _____
4. Damage to Frames \$ _____
5. Damage to Stock \$ _____
6. Signwriting/ Ornamentation \$ _____
7. Temporary Shuttering/ Security \$ _____
8. Neon signs \$ _____

MONEY

- 1. On premises during business hours \$ _____
- 2. In safe \$ _____
- 3. Outside business hours \$ _____
- 4. In transit \$ _____
- 5. Night safe \$ _____
- 6. Damage to safe \$ _____
- 7. At residence \$ _____

MACHINERY BREAKDOWN

| List of Motors | Size of Motor | SUM INSURED |
|----------------|---------------|-------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| TOTAL | | \$ _____ |

DETERIORATION OF STOCK

Includes: Expediting expenses and hire of temporary equipment costs.
Loss of refrigerant and purging. Replacement of oils.

\$ _____

COMPUTER / ELECTRONIC EQUIPMENT

- Cover 1: Accidental Damage YES NO
- Cover 2: Breakdown YES NO

| Description of Items to be Insured | Replacement value of Equipment |
|------------------------------------|--------------------------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

- Replacement cost of Software \$ _____ Transit Risk YES NO
- Restoration of Data \$ _____ Accidental Erasure YES NO
- Rewriting of Records \$ _____ Indemnity period required _____ Months
- Increased cost of Working \$ _____ Indemnity period required _____ Months
- Business Interruption \$ _____ Indemnity period required _____ Months

BROADFORM LIABILITY

Limit of Liability (Any one Occurrence) \$ _____

Products Liability (Any one Occurrence and in the annual aggregate) \$ _____

1. Number of employees (Including Proprietors/ Directors) _____

2. Estimated Wages \$ _____

Split of Wages included above:

Work at your premises \$ _____

Work Away from premises \$ _____

Sub contractors \$ _____

3. Estimated Annual Turnover \$ _____

4. Property in Custody or Control Limit \$ _____

Description of Property _____

5. Description of your Products _____

6 Do you work away from the insured business premises YES NO

If so, please advise the activities performed and the percentage of turnover derived _____%

7 Do you engage in welding or Oxy-acetylene work? YES NO

If so, please advise the percentage of turnover derived _____%

8 Do you engage the services of any sub contractors in your business? YES NO

a) If so estimate payments to subcontractors \$ _____

b) Details of work undertaken _____

c) Do you ensure sub contractors have own insurance? YES NO

9 Do you engage the services of any labour hire firms in your business? YES NO

If so estimate amounts paid to labour hire firms \$ _____

Please describe the services you hire these people for _____

- 10 Do you?: Manufacture Retail Assemble Package Label
 Repair Design Recondition Process

Please describe _____

- 11 Do you Import directly from other countries YES NO

If so, please advise the percentage of turnover derived _____%

From which countries? _____

- 12 Do you Export: YES NO

If so, please advise the percentage of turnover derived _____%

To which countries? _____

Do you Export to the USA or Canada? YES NO

If so, please advise the percentage of turnover derived _____%

- 13 Do you hire in/out plant & equipment? YES NO

If so what Type and value _____

- 14 Do you work on mine sites? YES NO

If so underground or open pit? Percentage on mines _____ %

- 15 Do you do work on watercraft? YES NO

If so, please advise the percentage of turnover derived _____%

- 16 Do you work offshore? YES NO

If so, please advise the percentage of turnover derived _____%

- 17 Do you carry on any professional, technical, design, consultancy, advisory or like services for a fee or as an ancillary service to your business? YES NO

Please describe those services _____

- 18 Do you carry out **manual work outside of Australia** YES NO

If so, please advise the percentage of turnover derived _____%

Which Countries _____

Type of Work _____

- 19 Do you have any foreign operations/ companies? YES NO

Please provide details of the countries _____

Please Note: These operations may need to be separately insured subject to the laws of those countries

- 20 Do you have documented quality control procedures? If Yes, please provide a copy YES NO

EXTENSIONS:

Do you require the following extensions?:

Tenants/Lease Liability YES NO

Hoists, Cranes and Unregistered Vehicles YES NO

Driving Risk - Motor Composite YES NO

If Yes, limit required \$ _____

Driving Risk – TPPD YES NO

If Yes, limit required \$ _____

Car Park Operators YES NO

Principals Indemnity YES NO

Worker to Worker Recourse YES NO

Treatment Risk YES NO

- Goods on Hook YES NO
- If Yes, limit required \$ _____
- Tool of Trade use YES NO
- Contractors/ Subcontractors YES NO
- Resultant Damage from Faulty Workmanship YES NO
- Dangerous &/or Hazardous Goods Handling YES NO
- Vibration & Removal of Support YES NO

GENERAL PROPERTY

- Cover 1: Accidental Damage YES NO
- Cover 2: Fire, Flood, Collision/Overturning/Theft from Vehicle YES NO
- Limit of cover: Anywhere in Australia Worldwide
- Limit any one item \$ _____ Limit any one occurrence \$ _____

| Specified Items (Description) | Sum Insured |
|--------------------------------------|--------------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL | \$ _____ |

WORKERS COMPENSATION

ESTIMATED GROSS WAGES: -

Names: Directors &/or Family Members

- a) Directors \$ _____
- b) General \$ _____
- c) Contract Employees \$ _____
- d) Subcontractors \$ _____
- Number of Employees: _____

Previous/Current Insurer _____

Expiry Date _____ ANZSIC Code _____

- EXTENSIONS:** Principals Indemnity and Waiver of Subrogation YES NO
- Unlimited Common Law YES NO
- Industrial Disease Common Law YES NO
- Extra Territorial YES NO

Reminder It is a requirement under the Act to have a **Workers Compensation “Injury Management System”** in place. ie. An “Injury Management Policy” and “Procedures”. Please advise if you require any assistance from us in this regard to comply with this mandatory requirement.

INDUSTRIAL DISEASES

- Above Ground YES NO Estimated Wages \$ _____
- Below Ground YES NO Estimated Wages \$ _____

JOURNEY INJURY

Do you require cover for injury to your employees whilst travelling to and from work? YES NO

Please note that this is a separate policy and is not a legislative requirement.

MOTOR VEHICLE

| Year | Make | Model | Reg. No. | Sun Insured | Use | NCB % |
|------|------|-------|----------|-------------|-----|-------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4 | | | | | | |
| 5. | | | | | | |

| | Name of Driver | DOB | Convictions/ Accidents |
|----|----------------|-----|------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Any there drivers under 25 years of age? YES NO

Provide details and values of any telephones, two way radios and accessories: _____

Note: If you vehicles have been extensively modified from the makers original specifications, please also download an complete a Motor Vehicle Accessory Declaration from our website

EXTENSIONS: Do you require any of the following extensions?

Protected NCB YES NO Gap Cover YES NO Tools of Trade Use YES NO

Refrigerated Units YES NO Dangerous Goods YES NO

UNINSURED RISKS REVIEW

Whilst you have requested us to provide a quotation based on the information provided above, we would also ask you to review our Uninsured Risks Review Form, which can be found on our website.

This form provides an extensive list of the types of insurance policies available in the market place. Please advise if there are any other types of policies that you would like information on.

CLAIMS EXPERIENCE

CURRENT YEAR

LAST YEAR

2 YEARS AGO

3 YEARS AGO

OTHER - MATERIAL FACTS

Special notes and/or instructions, material facts.

CREDIT TERMS: Our credit terms are settlement in full within 14 days of the date of our invoice, alternatively we can assist you to arrange premium funding

Please advise what your preferred payment method is:

Premium Funding YES NO

Full Immediate Payment YES NO

DECLARATION

I/ we declare that:

- To the best of my knowledge and belief the information provided herein is true and correct in every respect and I/ we have not withheld any relevant information.
- I/ We have received and read the Important Notices below and understand them.

SIGNATURE OF INSURED: _____

_____ DATE:

Important Notices

We advise the following important matters in relation to the Insurance Contracts Act, 1984:

Your 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 every matter that you know, or could reasonably be expected to know, is relevant 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.

Your duty, however, does not require disclosure of matter:

- 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.

Non-Disclosure

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 a claim or may cancel the contract.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

Utmost Good Faith

Every contract of insurance is based on the utmost good faith requiring each party (i.e. you and the insurer) to act towards the other party in respect of any matter arising under the contract, with the utmost good faith. If you fail to do so you may prejudice any claim.

Rights Of Subrogation - Hold Harmless

Some policies contain a provision that has the effect of limiting or excluding the insurer's liability in respect of a loss. If you have entered into an agreement that limits or excludes your right to recover damages from a third party your Insurer may not cover you. Therefore, you should not sign any agreement which contains a "hold harmless" or waiver clause without first consulting us.

Interest Of Third Parties In Property Insurance

Your policy may not provide cover for any party other than the named Insured's or anyone specifically referred to in the policy. Please read your policy carefully.

Other Important Notices

Please refer to the important notices section of our website www.wbh.com.au

Our **Financial Services Guide** can also be found on our website.

IMPORTANT PRIVACY NOTICE AND CONSENT

This statement tells you how we collect, use and disclose personal information.

"Personal Information" is information about and which identifies individuals, including, for example, an individual who is an insured and an individual who may simply be referred to in the application for cover or claim form (such as a director, claimant, witness etc).

It is important you read, understand and agree to the following, which applies from 21 December 2001.

What we do

We collect personal information from you to be able to provide you with our various services.

These may include, insurance broking, claims management, and, other forms of insurance services that may include, employee benefits, superannuation and investment advisory services.

Other purposes include helping to develop and identify products and services that may interest clients, developing, establishing and administering alliances and other arrangements with other organisations in relation to the promotion, administration and use of our products and services. For more information on our services please contact us.

If we are not provided with the personal information we need, we or third parties we disclose the information to may not be able to provide appropriate services.

We disclose personal information to third parties who we believe are necessary to assist us in providing our services. For example, in arranging and managing your insurance needs we will usually provide information to insurers, other insurance intermediaries, our advisers such as loss adjusters, lawyers and accountants, and others involved in the claims handling process. We also provide it to purchasers of our business and related companies.

We limit the use and disclosure of any personal information provided by us to third parties for the specific purpose for which we supplied it (except with the individual's consent).

We take reasonable steps to ensure that whenever we collect, use or disclose personal information, it is accurate, complete, and up-to-date.

What we expect of you

When you provide us with personal information about other individuals, we rely on you to have made them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties we disclose it to and how they can access it (as described in this document). If it is sensitive information we rely on you to have obtained their consent to the above. **If you have not done either of these things, you must tell us before you provide the relevant information.**

If we give you personal information, you and your representatives must only use it for the purposes we agreed to.

Contacting us and opting out

If we send you any information about services or products, or you do not want us to disclose your personal information to any other organisation (including related bodies corporate) you can opt out by contacting us.

If you would like a copy of our Privacy Policy or would like to seek access to your personal information, contact our office.