

**PLEASE NOTE THAT WE ARE UNABLE TO PROVIDE YOU WITH A QUOTATION UNLESS ALL QUESTIONS ARE ANSWERED.**

**NEWSAGENTS QUOTATION/APPLICATION FORM**

DATE:	
NEWSAGENCY:	
CONTACT:	

**Are you aware that when you sign your contract to purchase a newsagency**  
*You may have an immediate insurable interest in relation to the business you are purchasing?*

**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.

**Other Important Notices**

Please refer to the important notices section of our website [www.wbh.com.au](http://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.

**INSURER: LUMLEY GENERAL INSURANCE**

**YOUR FULL BUSINESS NAME:** Please include the names of all partners, your trading name, Pty Ltd names, subsidiary companies or **if a trust please advise the name of trustee.**

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**CONTACT DETAILS**

Work \_\_\_\_\_ HOME \_\_\_\_\_

FAX \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

**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 \_\_\_\_\_

**TAX STATUS:** Are you registered for GST? If so, please advise:

ABN Number: \_\_\_\_\_

What Percentage of GST will be claimed as an Input Tax Credit \_\_\_\_\_ %

**SITUATION OF RISK**

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**INTERESTED PARTY or PARTIES**

NAME/S \_\_\_\_\_

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Their Interest:  Mortgagee  Building Owner  Lessor  Business Finance

Other, please give details \_\_\_\_\_

**CONSTRUCTION OF PREMISES**

Floor \_\_\_\_\_ Walls \_\_\_\_\_ Roof \_\_\_\_\_

Age/Year Built \_\_\_\_\_ Number of Storey/s \_\_\_\_\_

Are the premises situated within a:  Shopping Centre  Arcade  Commercial Centre

Name of Centre/Arcade/Complex: \_\_\_\_\_

Do your premises have street access?  YES  NO

**FIRE PROTECTION** – Do your premises have any of the following in place:

- Sprinklers                       Hose Reels                       Fire Alarm                       Smoke Detectors  
 Extinguisher/s                       Fire Blanket                      Other \_\_\_\_\_

**IT IS A REQUIREMENT OF THE INSURER THAT YOUR PREMISES ARE PROTECTED BY A BACK TO BASE MONITORED ALARM**

**SECURITY DEVICES**

- Double keyed deadlocks to external doors                       Single keyed deadlocks to external doors  
 Local Alarm – (i.e. no monitoring company at present )                       Security Grills/Bars to windows  
 Monitored Alarm - which company are you monitored by \_\_\_\_\_  
 Exterior Lighting                       Bollards to prevent ram attacks  
 Security Cameras/Video Surveillance  Other – please provide full details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HISTORY FOR THE PAST THREE (3) YEARS**

Have you either alone or in partnership or jointly with any other party, or if a corporation, any of its directors:

- |    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 1. | suffered any loss, or damage under any insurance policy                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | had any Insurer decline any claim submitted                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | had any insurer decline any Proposal submitted                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | had any insurer cancel or refuse to renew a policy                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. | had any insurer require an increased premium or imposed special conditions | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. | ever been declared bankrupt  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. | been convicted of or charged with any criminal offence                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**If you answered “YES” to any of the above, please give full details** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BUSINESS ACTIVITIES FOR THAT LAST THREE YEARS**
**Business Activities**

It is very important that you advise the Insurer of **ALL** of your business activities. In certain circumstances it is possible for an Insurer to **DECLINE A CLAIM** on the basis they were not informed of an activity, products sold or supplied or a change in circumstances involving your business.

Newsagency	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Dry-Cleaning	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Lotteries Agent	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Post Office	<input type="checkbox"/> YES	<input type="checkbox"/> NO
News paper delivery	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ATM'S	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

If you answered "YES" to "Other", please give full details \_\_\_\_\_

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**PRODUCTS**
**Standard to newsagency**

Stationery	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Magazines	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Cigarettes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Lottery products	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Food + Beverage	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cards (phone, recharge, smartrider, etc.)				<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered "YES" to "Other", please give full details \_\_\_\_\_

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**ATM'S (Automatic Teller Machines)**

If your newsagency has an ATM you will need to thoroughly peruse the contract you have in place to see whether or not you are required to take out insurance cover for the machine. It should be noted that there is a limit of 10% with respect to money outside business hours, which is not contained within a safe (please note that your Insurer does not class an ATM as a safe). Please carefully check the contract to ascertain who is responsible for insuring the money in relation to the ATM.

**Community Bank and Post Office Facilities**

If you have these types of facilities in your newsagency you will need to thoroughly peruse the contracts you have in place to see whether or not you are required to take out additional insurance covers. The main area, which you will need to assess, is who is responsible for coverage of the money, but time should be taken to fully review the contract, as other areas of cover may be required under the contract.

**Average or Co-Insurance**

Applicable to Property and Business Interruption Sections. You may be required to bear a rateable proportion of the loss in the event that the sum insured, is less than the value of the insured property at the commencement of the insurance. Insure for full replacement value of Buildings, Contents, Stock and Annual Gross Profit.

**INDUSTRIAL SPECIAL RISKS SECTION**
**Section 1 – Asset Value**

**This is the total replacement value of property at your business premises**

Building Full replacement value sum insured \$ \_\_\_\_\_

Contents/ Kiosk Structure, fixtures, fittings,  
built in furniture/appliances Full replacement value sum insured \$ \_\_\_\_\_

Stock Full replacement value sum insured \_\_\_\_\_

***Insure for full replacement value, as you may be required to bear a ratable proportion of the loss in the event that the sum insured is not adequate.***

**Section 2 – Business Interruption / Gross Profit**

Asset Value

Provides cover for loss of income due to damage to fixed assets following a claim lodged under section 1.

**To calculate the sum insured please advise:**

<b>Estimated Turnover for the next 12 months</b>	\$ _____
<b>Less stock purchases</b>	\$ _____
<b>Less Lottery Income</b>	\$ _____
<b>Plus Lottery Commissions</b>	\$ _____
<b>= GROSS PROFIT</b>	\$ _____
<b>Plus</b> percentage increase to allow for the expected trend of the business during 12 month indemnity period + _____ %	\$ _____

Note this is not the same as the policy period. The loss may commence at any time during the renewal period at which stage the indemnity period commences, if the loss occurs on the last day of the policy the insurable gross profit sum insured must equal the results of the business two years from the policy start date.

Plus Claim Corporation Costs **\$5,000**

**INSURABLE GROSS PROFIT** \$ \_\_\_\_\_

You must insure for the full replacement value, as you may be required to bear a rateable proportion of the loss in the event that the sum insured is not adequate.

**BURGLARY/THEFT**

**Please give careful consideration to your Burglary/Theft sums insured.**

Please select one of the following limits available under the package to cover

**ALL** of your CONTENTS, STOCK and TOBACCO PRODUCTS.

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| \$10,000 <input type="checkbox"/> | \$35,000 <input type="checkbox"/> |
| \$15,000 <input type="checkbox"/> | \$50,000 <input type="checkbox"/> |
| \$25,000 <input type="checkbox"/> |                                   |

<b>MONEY</b>
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**Please give careful consideration to your Money sums insured.**

The policy limit selected should represent the maximum value of one of the following;

- Money in Building, during Business Hours
- Money in Safe
- Money at Your / Employees Home
- Money in Transit

Include Phone cards, Multi-riders, Instant Lotteries, Scratchies, Pre-paid Postage, Parking Tickets and any other tickets, pre-paid items including Stamps and Wages, also ensure that the sums insured are sufficient for when there are Lotto Rollovers / Jackpots / Bonus Draws.

The following limits are available under the package (please select one)

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| \$10,000 <input type="checkbox"/> | \$35,000 <input type="checkbox"/> |
| \$15,000 <input type="checkbox"/> | \$50,000 <input type="checkbox"/> |
| \$25,000 <input type="checkbox"/> |                                   |

<b>LIABILITY</b>
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Please select one of the following sums insured for Public and Products Liability Coverage:

- |                                       |  |
|---------------------------------------|--|
| \$10,000,000 <input type="checkbox"/> |  |
| \$20,000,000 <input type="checkbox"/> |  |

**Important:** Please check your Lease Agreement to ensure the sum insured selected is adequate and complies with your obligations.

<b>MACHINERY BREAKDOWN</b>
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Is Cover for this section required?  YES  NO

**Machinery Breakdown**

**Interest Insured** All machinery items (for example: air conditioners, fridges, freezers)

Number of motors to be covered (please select one of the following)

- |                                       |  |
|---------------------------------------|--|
| 1 – 3 motors <input type="checkbox"/> |  |
| 4 – 5 motors <input type="checkbox"/> |  |

Deterioration of Refrigerated Goods (**only available if you insure the Machinery Breakdown Section**)

An automatic sum insured of \$500 is provided under this section, if a higher amount is required, please state the higher limit required : \$ \_\_\_\_\_

**ELECTRONIC EQUIPMENT**
**Fire, Burglary and Breakdown**
**Is cover for this section required?**  YES  NO

The Electronic Equipment Policy **only covers** electronic items situated at the situation of risk (business premises). It covers items such as Computers, Alarms, Cash Register, Eftpos, Point of Sale, B/Pay, Bill Express, Fax Machine, Printer, Photocopier, ATM Machine, Microwave.

The Electronic Equipment Policy **does not cover** portable electronic items (for example and not limited to: Laptops / Mobile Phones). Separate policies are required for these items.

**IMPORTANT NOTE:** VALUES FOR ITEMS MUST BE STATED, IF NOT, THE QUOTE WILL EXCLUDE ANY ITEMS WITHOUT A VALUE AGAINST THEM.

**List Items – HARDWARE AND SOFTWARE**
**Sum Insured**  
**(Value/s must be stated)**

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

**Optional Extensions (only available if you insure the Electronic Equipment Section)**

**Data Restoration** Is cover for this extension required?  YES  NO

Cost of restoring data, for which you can prove you have legitimate right to use, following loss covered under section 1 (Fire, Burglary and Breakdown)

If 'yes', please select level of cover required: \$10,000   
\$15,000

**Increased Cost of Working**

Is cover for this extension required?  YES  NO

Increased Cost of Working reasonably and necessarily incurred for:

- (a) the use of alternative electronic processing system facilities, and/or
- (b) the use of manual methods of performing the function

If 'yes', please select level of cover required: \$10,000   
\$15,000

**Full details of the cover and extensions are set out in the policy wording**

<b>WORKERS COMPENSATION</b>
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Is Cover for this section required?

YES       NO

If required, please advise estimated wages

\$ \_\_\_\_\_

Number of Employees

\_\_\_\_\_

**It is a statutory requirement to have a Workers Compensation policy if you have Employees.**

**Penalties apply for not having Workers Compensation Insurance.**

Even if you do not currently employ any staff, if you have a casual in to work for even just one day, if they injure themselves you may be liable to pay them workers compensation!

We strongly recommend that you take out a workers compensation policy, to cover your potential exposure.

Please note that Journey to and from work is not covered by Workers Compensation. This can be covered by a separate "Journey Injury Policy" if you require.

### **Working Directors**

A Working Director is not necessarily an employee of the company and therefore, is not necessarily entitled to the benefits of the Workers Compensation Act of WA.

For a Working Director to be covered by Workers Compensation Insurance a Working Director must:

- 1.) Establish they have a contract of employment with their company
- 2.) Receive wages from the company, pay tax and superannuation
- 3.) Be separately declared on the Workers Compensation Wages Declaration

Please note that by simply declaring your details in Schedule B of the proposal form, it does not mean that you will be automatically covered under the Workers Compensation Policy.

Westminster can arrange cover for Working Directors under the Workers Compensation Policy, however you will need to check with your Accountant/Lawyer to find out whether you have a suitable contract of employment. Westminster, as Insurance Brokers, are not permitted to provide this type of (legal) advice.

In the event that you are ineligible to be insured under the Workers Compensation System, we recommend you consider arranging a Personal Accident or Income Protection policy. Westminster insurance Brokers may be able to assist with a Personal Accident policy.

### **Income Protection**

Westminster Wealth Solutions may be able to assist you to arrange an Income Protection policy and can also advise you with respect to a range of other important policies including Life and Trauma covers. They can also assist with a range of financial planning options.

Would like us to have Westminster Wealth Solutions contact you?

YES       NO

