Property & Casualty
Insurance application form

AUS

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form.

Company name:

Primary address (Address, State, Postcode, Country):

Website Address:

Are you GST registered? ☐ Yes ☐ No *If 'yes', please state your ABN:*

Please provide the details for the primary contact for this insurance policy:

Contact name: Position:

Email address: Telephone number:

1.2 Date the business was established (DD/MM/YYYY):

1.3 Current number of domestic employees: Current number of employees elsewhere:

1.4 Date of company financial year end (DD/MM/YYYY):

1.5 Please state your gross revenue in respect of the following years:

	Last complete FY	Estimate for current FY	Estimate for next FY
Domestic revenue:	$	$	$
USA revenue:	$	$	$
Other territory revenue:	$	$	$
Total gross revenue:	$	$	$
Profit (Loss):	$	$	$

1.6 For Stamp Duty purposes, please provide a percentage breakdown of your estimated revenue by state or territory:

NSW (%):	VIC (%):	QLD (%):	SA (%):
WA (%):	TAS (%):	NT (%):	ACT (%):
O'Seas (%):	Total (%):		

1.7 Please provide your current financial year wageroll and a percentage breakdown of this for the following employee categories (ensuring that the total percentage of all fields is 100%):

Wageroll: $

At your premises:

Clerical (%): Manual work (%): Hazardous work (%): Other (%):

Away from your premises:

Clerical (%): Manual work (%): Hazardous work (%): Other (%):

If you have inserted a percentage in the 'other' fields above, please specify the nature of work undertaken:

Section 2: Activities

2.1 Please describe below the products and services supplied by your business:

If you have a brochure, or company literature, please attach to this form.

2.2 Please provide an approximate breakdown of how your revenue is generated from your products and services (*the total of all activities listed here should equal 100%):*

%
%
%
%
%
%
%
%
%
%

2.3 Do you own any premises in the US other than a sales office? ☐ Yes ☐ No

If 'yes', please provide details:

Section 3: Contract Information

3.1 Please provide details of your three largest contracts:

Contract	Nature of work	Contract value	Territory

3.2 Please state the following:

a) the maximum height you will be working at: m

b) the maximum depth you will be working at: m

c) whether you perform heat work away from your premises: ☐ Yes ☐ No

3.3 Do you employ bona-fide sub contractors (BFSC)? ☐ Yes ☐ No

If 'yes', please state:

a) what approximate percentage of your income, in your current financial year, will be paid to BFSC: %

b) whether you sign reciprocal hold harmless agreements? ☐ Yes ☐ No

c) whether you ensure that BFSC have their own commercial general liability insurance? ☐ Yes ☐ No

If "yes", what is the minimum limit of liability that BFSC must purchase? $

Section 4: Product Information

Please only complete this section if you have any products sales

4.1 Please state your annual income for your three largest products in the following territories:

Product description	Domestic	USA	Canada/ Europe Australia	Rest of the world

4.2 Do you import products from territories outside of USA, Australia or Europe? ☐ Yes ☐ No

If 'yes', please state:

a) the territories from where you import these products and the percentage of sales income:

Territory	% sales income
	%
	%
	%

b) whether you maintain full rights of recourse against suppliers: ☐ Yes ☐ No

c) whether you ensure that your suppliers have their own products liability insurance? ☐ Yes ☐ No

If "yes", what is the minimum limit of liability that your supplier must purchase? $

4.3 Are any of your products incorporated into marine craft, aircraft, aerospace craft, nuclear devices, nuclear systems or automobiles? ☐ Yes ☐ No

If 'yes', please provide details:

4.4 Please state whether your products:

a) meet all applicable product safety standards in the territories where they are sold:
Please attach a sample copy of your product safety standard certificates. ☐ Yes ☐ No

b) are labelled with all applicable product safety warnings ☐ Yes ☐ No

c) are supplied with clear instructions for their use: ☐ Yes ☐ No

4.5 Please state whether you have a written emergency product recall in place: ☐ Yes ☐ No

If 'yes', please provide a copy.

Section 5: Premises Details

5.1 Please provide below details of your premises:

Premises 1

Address (Address, County, Postcode, Country):

Please state:

a) the purpose of the premises (e.g. office, warehouse, etc.):

b) when approximately the premises was

i) built (DD/MM/YY):

ii) last renovated (DD/MM/YY):

c) how the premises is constructed:

☐ Brick veneer ☐ EIFS ☐ Fire resistive ☐ Frame

☐ Heavy timber ☐ Joisted masonry ☐ Masonry non-combustible ☐ Non-combustible

☐ Semi-fire resistive ☐ Stucco

d) when approximately the roof of the premises was last renovated (DD/MM/YY):

e) how the roof of the premises is constructed:

☐ Concrete/Clay tiles ☐ Membrane ☐ Metal sheathing ☐ Shingles

☐ Wind resistive shingles ☐ Wood shakes ☐ Other (please explain)

Premises 2

Address (Address, County, Postcode, Country):

Please state:

a) the purpose of the premises (e.g. office, warehouse, etc.):

b) when approximately the premises was

i) built (DD/MM/YY):

ii) last renovated (DD/MM/YY):

c) how the premises is constructed:

☐ Brick veneer ☐ EIFS ☐ Fire resistive ☐ Frame

☐ Heavy timber ☐ Joisted masonry ☐ Masonry non-combustible ☐ Non-combustible

☐ Semi-fire resistive ☐ Stucco

d) when approximately the roof of the premises was last renovated (DD/MM/YY):

e) how the roof of the premises is constructed:

☐ Concrete/Clay tiles ☐ Membrane ☐ Metal sheathing ☐ Shingles

☐ Wind resistive shingles ☐ Wood shakes ☐ Other (please explain)

Please continue on a separate sheet if more than 2 premises are to be insured.

5.2 Please state whether the premises:

a) is detached: ☐ Yes ☐ No

If "no", please state what measures are in place to protect the premises from damage if there is a fire in a neighbouring property:

b) is self contained with a lockable entrance door: ☐ Yes ☐ No

If "yes", please state the type of locking system:

☐ Key operated multi-point locking system with at least 3 locking bolts ☐ Rim automatic deadlock ☐ Mortice deadlock

c) contain other external doors: ☐ Yes ☐ No

If "yes", please state the type of locking system:

☐ A key operated security bolt ☐ A panic bar locking system

d) has lockable opening windows on all levels: ☐ Yes ☐ No

If "yes", please state the type of locking system:

☐ Secured by a key operated locking device ☐ N/A (i.e. permanently sealed shut):

e) is protected by fire and central station intruder alarm systems which are connected to all windows and doors and is subject to an annual maintenance contract: ☐ Yes ☐ No

f) is protected by interior and exterior cameras: ☐ Yes ☐ No

g) is overseen by 24 hour security guards: ☐ Yes ☐ No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not in full and effective operation whenever the premises are closed for business or otherwise left unattended.

h) is free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes: ☐ Yes ☐ No

i) is in an area free from flooding and not near the vicinity of any rivers, streams or tidal waters: ☐ Yes ☐ No

j) is heated by one of the following methods: conventional electric, gas, oil or solid fuel heating system: ☐ Yes ☐ No

k) is fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied: ☐ Yes ☐ No

l) has lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements: ☐ Yes ☐ No

m) is fitted with sprinklers throughout: ☐ Yes ☐ No

n) has a back up system for the electrical supply: ☐ Yes ☐ No

NOTE: Assuming you have answered 'yes' to questions k) and l) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered 'no' to any of the above questions then please give further details:

5.3 Are any of the premises listed? ☐ Yes ☐ No

If 'yes', please state the grade:

☐ Grade I ☐ Grade II

5.4 Do any of the listed premises contain composite or sandwich panels? ☐ Yes ☐ No

If 'yes', please provide details:

5.5 Do any of the listed premises contain aluminium wiring? ☐ Yes ☐ No

If 'yes, please provide details:

5.6 If applicable, how is your stock stored at your premises?

5.7 Are flammable/hazardous kept in a specialist, flame proof cabinet in line with health and safety regulations? ☐ Yes ☐ No

If 'yes', please provide details:

5.8 Do you maintain written and electronic records of all stock? ☐ Yes ☐ No

If 'no', please explain why:

5.9 If requesting a limit for Business Interruption, do you have a business continuity plan in place? ☐ Yes ☐ No

If 'yes', please provide details:

Section 6: Insurance Requirements

6.1 Please detail the amounts to be insured below for each premises:

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

Item	Premises 1	Premises 2
Building coverage: $		
Loss of income: $		
Indemnity period:	months	months
Loss of rent: $		
Indemnity period:	months	months
Inventory/stock: $		
Cultivation equipment: $		
Business personal property: $		
Tenants improvement: $		

6.2 Please provide details of your current commercial general liability insurance, if applicable, and what you require for the next year of insurance:

	Effective date	Limit	Deductible	Premium	Insurer
Current:					
Required:				N/A	N/A

Section 7: Claims Experience

7.1 Please state whether you are aware of any incident:

a) which may result in a claim under any of the insurance for which you are applying to purchase in this application form: ☐ Yes ☐ No

b) which resulted in legal action being made against any of the companies to be insured within the last 5 years: ☐ Yes ☐ No

c) which resulted in you incurring a loss as a result of damage occurring to any of the premises to be insured: ☐ Yes ☐ No

If you have answered "yes" to any of the above then please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved.

Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymised elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit **www.cfcunderwriting.com/privacy**

Contact name: Position:

Signature: Date (DD/MM/YYYY):

Additional Information