

2 in 1 Offer Application

Section 1 - Client Details

Full Name(s) of the Insured (inc. company &/or trading names) A.B.N.

Tax Status - Is the client a registered business? Yes No Period of Insurance - From To 4pm on

Postage Address State Postcode

Phone Number Fax Number Email

Full Description of Trade/Occupation

Location of Business Premises State Postcode

Previous Insurer Policy Number

Section 2 - General Information

a) Have you (in the past five (5) years)

1. made any claim(s) on an insurer for loss or damage? Yes No

2. had any insurance declined or cancelled, application rejected, renewal 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

b) Have you or any partner(s), shareholder(s) or director(s) of the business

1. ever been declared bankrupt? Yes No

2. ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (eg.Liquidation or receivership)? Yes No

3. been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)? Yes No

4. been liable for any civil offence or pecuniary (exceeding \$5,000)? Yes No

Section 3 - General Property & Liability

Accidental Loss or Damage Cover - Tools of Trade Mobile Phones (Excess \$300) Computers, Laptops (Excess \$500) Total Sum Insured

Limit of Indemnity required (Please tick) \$5Mil \$10Mil \$20Mil No. of Employees Annual Turnover Labour Annual Turnover Labour & Materials = Gross Annual Turnover

Do you perform welding/hot work? Yes No

Do you sell, distribute or handle any product of a type not normally associated with your business? Yes No