



# Business Pack Proposal Form

Phone: 1800 BURMAC  
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Address: 44 Victoria Street DUBBO NSW 2830  
Post: PO Box 1376 DUBBO NSW 2830

*BurMac Financial Services Pty Ltd is a Corporate Authorised Representative of Insurance Advisernet Australia Pty Ltd. AFSL No: 240549. Corporate Authorised Representative No: 410980.*

## Client Information

Contact Name/s: \_\_\_\_\_

Related Entities: \_\_\_\_\_  
\_\_\_\_\_

Business Ph No: \_\_\_\_\_ Home Ph No: \_\_\_\_\_  
Mobile Ph No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email Address: \_\_\_\_\_  
Website: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_

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

Business Description & Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Turnover: \_\_\_\_\_  
Employees: \_\_\_\_\_

Current Insurer: \_\_\_\_\_

## Duty of Disclosure

1 . In the past 10 years have you or any Insured person/business/corporation/director had any insurer decline any proposal from inception or decline any claim, cancelled or refused to renew a policy or imposed any special conditions?      Yes      No      If Yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2 . In the past 10 years have you or any insured person/business/corporation/director ever been declared bankrupt or involved in any form of insolvency administration and not been discharged for at least one year?                      Yes              No              If Yes, please provide details:

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3 . In the past 10 years have you or any insured person/business/corporation/director been convicted or have charges pending, for any criminal offence, including arson, or involving dishonesty of any kind?                      Yes              No              If Yes, please provide details:

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4. Have you ever had any non motor loss, whether insured or not, in excess of \$20,000?                      Yes              No              If Yes, please provide details:

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5. Please provide details of any non motor loss in excess of \$20,000:

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6. Do you authorise us to give to, or obtain from, other insurer or any reference service, any information relating to insurance held by you or any claim in relation thereto?                      Yes              No

7. Are you aware of any matter, not covered above, that may be relevant to the insurers decision whether to insure you, & if so, on what terms?                      Yes              No              If Yes, please provide details:

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8. Please provide details of any matters not covered above that may be relevant to the Insurer decision whether to insure you.

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Please provide details of all claims made in the last 5 years:

Insurer	Date Of Loss	Amount	Description



## Business Interruption

	Sum Insured	
	Location 1	Location 2
Gross Income		
Indemnity Period (months)		
Weekly Income		
Indemnity Period (weeks)		
Additional Increase Costs		
Claims Preparation Costs		
Loss of Rent		
Account Receivable		
Payroll		
Other:		

## Theft

	Sum Insured	
	Location 1	Location 2
Contents		
Stock		
Tobacco/Cigarettes		
Liquor		
Theft Without Forcible Entry		
Other:		

Are there Deadlocks of all External Doors?	Yes	No	Yes	No
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Is there an Alarm?	Yes	No	Yes	No
If Yes, Type				

Is there any other Security in place?	Yes	No	Yes	No
If Yes, please advise.				

## Money

	Sum Insured	
	Location 1	Location 2
Money In Transit		
Money on Premises During Business Hours		
Money on Premises Outside Business Hours		
Money in Personal Custody/Employees Residence		
Money Locked In Safe		
Damage to Safe		
Money in ATM within Building		

## Glass

	Sum Insured	
	Location 1	Location 2
Internal & External		
Internal Only		
External Only		
Signs		
Other:		
% of external glass above ground level		

## Liability

Limit of Indemnity Required:	
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	Location 1	Location 2
Number of Employees, incl partners/directors?		
Gross Annual Wages		
Annual Turnover		

Where you require indemnity as property owner only:		
Total Area of Premises in Square Metres		
Replacement Value of Building		
General Description of Occupancy		

Additional Covers:		
Property in Physical & Legal Control		
Motor Trade/Driving Risk		
Other:		

Do you use, store or handle hazardous substances?	Yes	No	Yes	No
If Yes, please provide details.				

Do you import or export goods?	Yes	No	Yes	No
If Yes, please provide details.				

## Machinery Breakdown

	Sum Insured	
	Location 1	Location 2
Machinery Breakdown Limit		
Deterioration of Stock Limit		
Specified Machinery:		
-		
-		
-		
-		

-		
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Number of Air Conditioning Units		
Number of Kitchen Equipment		
Number of Electric Motors/Equipment		
Number of Pumping Equipment		
Number of Workshop Equipment		
Other:		

## Electronic Equipment

	Sum Insured	
	Location 1	Location 2
Blanket Cover		

Specified Items incl Make, Model & Serial Numbers		
-		
-		
-		
-		
-		

Restoration of Data		
Increase Costs of Working		

## General Property

Type of Cover	Accidental Damage	Tick to Include Fire Cover
	Restricted Cover	Tick to Include Fire Cover

	Sum Insured
Unspecified Items	
Limit per Item	
Stock	
Specified Items	
-	
-	
-	
-	
-	

## Transit

Type of Cover	Single	Annual
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	Full Cover	Limited Cover
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Goods Carried	Sum Insured	\$GFE



