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| Application FOR BUSINESS Insurance |

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| **Insured Name:** |  | | | | |
| **Business / Trading Name:** |  | | **ABN:** | | |
| **Address:** |  | | | | |
| **Business Activities:** |  | | | | |
| **Business Occupation:** |  | | | | |
| **Telephone:** |  | | | | |
| **Email:** |  | | | | |
| **Preferred Insurance Policy Period:** | **From** | **To** | | | |
| **Interested Parties:** | **Name:** | **Interest Type:** | | | |
| **Are you a member in good standing with the Pilates Alliance Australasia (PAA)?** | | | | Yes | No |
| **PAA Member Name:** | | | |  | |
| **PAA Membership Number:** | | | |  | |

Disclosure Statements

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | In the past 10 years have you, or any director or officer involved in the proposed insured business been charged with any criminal conviction? | Yes | No |
| **2.** | In the past 10 years have you, or any director or officer involved in the proposed insured business been involved in a company that has gone into liquidation or administration? | Yes | No |
| **3.** | In the past 5 years, has the business suffered from any loss to property, whether insured or not? | Yes | No |
| If you answered “**yes**” to any of the above questions, please provide details of each incident/event/claim and cirmustances including all of the following:  Date, Insured Name, Situation, Amount incurred and any other material information. | | | |

***NOTE: Based on the answers to the above questions, your request for a quote may need to be reviewed by the insurer and additional information may be required to assess your eligibility for cover.***

Information required

|  |  |  |
| --- | --- | --- |
| **Insured Locations** |  | |
| **Full Adress incl. State & Postcode** |  | |
| **Building Age (Approx. Year Built)** |  | Year last rewired? |
| **Is the building Heritage Listed?** | Yes No  If yes, please provide detail: | |
| **Construction of Walls** | Concrete/Stone  Concrete Tilt Slab  Iron/Steel/Aluminium on Steel  Iron/Steel/Aluminium on Wood  Mixed < 75% Brick/Concrete/Iron  Mixed > 75% Brick/Concrete/Iron | Brick  Masonry  Expanded Polystyrene (EPS)  Wood  Metal  Polystyrene |
| **Construction of Roof** | Concrete  Masonry  Tiles / Slate  Asbestos  Fibro | Iron/Steel/Aluminium on Steel  Iron/Steel/Aluminium on Wood  Expanded Polystyrene (EPS)  Wood  Polystyrene |
| **Construction of Floors** | Concrete  Brick / Double Brick  Tile  Iron/Steel | Timber/weatherboard  Mixed (Non-combustible)  Mixed (Partial Combustible) |
| **Fire Protection** | None  Sprinklers  Heat Detectors  Fire Blankets  Fire Alarm | Fire Extinguishers  Smoke Detectors – Monitored  Smoke Detectors – Non-Monitor  Hose Reels |
| **Security** | None  Deadlocks on doors  Electronic key pad/swipe card  Locks on all external windows  Bollards infront of glazing/display  External Lighting | Local alarm  Monitored base alarm  Watchman patrols  Bars on windows  CCTV system installed  Roller Shutters |
| **Is there an ATM on premises?** |  | |
| **How much Expanded Polystyrene (EPS) does the premises contain**  **(e.g. Foam insulation)?** | | % of premises area |
| **Have you, or any directors or officers entered into and SIGNED any contractual or Hold Harmless agreements that may affect our rights of recovery against other parties?\* other than the following types of contracts;**  **1. A contract which releases any government, semi-government or municipal authority body from any liability,**  **2. contracts for storage of goods or merchandise;**  **3. lease agreements for the occupancy of any building or part of a building or lease or hire of property.**  Yes  No | | |
| **Estimated Annual Turnover** | $ | |
| **Number of Staff** | Full time: | Part time: |
| **Property Sums Insured** | Building: $ | Contents: $ |
|  | Stock: $ | Specified Contents: $ |
| **Business Interruption Sum Insured** | Gross Profit/Rentals: $ | Annual Revenue: $ |
| **Optional Business Interruption Covers** | Additional Increased Costs of Working  $ | Claims Preparation Costs $ |
| **Is Flood Cover Required?** | Yes | No |
| **Excess** | Standard $250/$500 | Other (please specify): $ |

Optional Covers

**Theft of Contents & Stock Section**

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| --- | --- | --- |
| **Is Cover Required?** | Yes | No |
| **Theft of Contents & Stock** | Sum Insured | $ |

**Money Section**

|  |  |  |
| --- | --- | --- |
| **Is Cover Required?** | Yes | No |
| **Money** | Sum Insured | $ |

**Glass Section**

|  |  |  |
| --- | --- | --- |
| **Is Cover Required?** | Yes | No |
| **External Glass** | Yes | No |
| **Internal Glass** | Yes | No |
| **Glass Exposure** | Minor (excludes showrooms)  Large or showroom greater than 50m2 | Medium or showroom less than 50m2 |
| **Floors Occupied** |  | |

**Machinery Breakdown Section**

*Cover will not apply for wear and tear of machinery*

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| --- | --- | --- |
| **Is Cover Required?** | Yes | No |
| **Limit any one loss (per item)** | $5,000  $10,000 | $25,000  $50,000  Other (please advise): $ |
| **Type of Machinery** |  | |
| **Specify Each Machine & Value** | 1. | 2. |
|  | 3. | 4. |
|  | 5. | 6. |
| **Deterioration of stock** | $5,000  $10,000 | $15,000  Other (please advise): $ |

**Electronic Equipment Breakdown Section**

*Cover will not apply for wear and tear of equipment*

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| --- | --- | --- |
| **Is Cover Required?** | Yes | No |
| **Limit any one loss (per item)** | $5,000  $10,000 | $25,000  $50,000  Other (please advise): $ |
| **Type of Electronic Equipment** |  | |
| **Specify Each Equipment & Value** | 1. | 2. |
|  | 3. | 4. |
|  | 5. | 6. |
| **Deterioration of stock** | $5,000  $10,000 | $15,000  Other (please advise): $ |

|  |  |  |  |  |  |  |  |  |
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| |  |  | | --- | --- | | Duty of Disclosure **Your Disclosure**  Before you enter into an insurance contract with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose information to the insurer. The Duty of Disclosure applies until the insurer agrees to insure you or renew your insurance. The Duty of Disclosure also applies before you extend, vary or reinstate your insurance. You must tell the insurer all information that is known to you, that a reasonable person could be expected to know or that is relevant to the insurer’s decision to insure you and on what terms. You do not need to tell the insurer anything:   * that reduces the risk it insures you for; * is common knowledge; * that the insurer knows or should know; or * which the insurer waived your duty to tell it about.   **Non-Disclosure**  If you fail to comply with your Duty of Disclosure, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to comply with the Duty of Disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed. Declaration I declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.  If you are unsure of your coverage requirements please contact BMS, a senior broker will be available to answer your questions during regular business hours. | | | Signed by: | Position: | | Date: |  | | Signing of this form does not bind the Applicant or company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued. | |   **BMS Risk Solutions Pty Ltd (BMS Group)**  Level 3, 360 Little Collins Street  Melbourne VIC 3000  Phone: 1800 940 764  Email: pilatesaa@bmsgroup.com |