

Underwriting Questionnaire / Proposal



CONTACT AND INFORMATION DETAILS

Brokerage _____

Contact details for Genesis Underwriting Agency are:

Genesis Underwriting Pty Ltd

Po Box 1369, Manly NSW 1655

Phone - 02 8412 3500

Genesis Underwriting respects your privacy and complies with the Privacy Act and the Australian Privacy Principles. A copy of Genesis Underwriting's privacy information is available from our website at www.genesisuw.com.au

Your Duty of Disclosure

Section 21 of the Insurance Contracts Act 1984 provides that before You enter into a contract of general insurance with an Insurer, You have a duty 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, upon 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.

However, Your duty of disclosure does not require You to disclose matters that:

- diminish the risk to be undertaken by the Insurer;
- that are of common knowledge;
- that Your Insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with Your duty is waived by the Insurer.

This duty of disclosure continues after this application form has been completed up until the Period of Insurance commences.

Consequences of Non-Disclosure

If You fail to comply with Your duty of disclosure, the Insurer may be entitled to reduce its 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.

Material Change in Risk:

You should advise Genesis of any material change to the risk, for example moving to a different location.

BUSINESS

Named Insured First Name _____

Last Name _____

Company Name _____

ABN _____ Current Insurer _____

Period of Insurance From _____ To _____ Expires 4pm est

SITUATIONAL DETAILS

Situation Address

Number, Street Address _____
City / Suburb _____ State _____ Postcode _____

Full description of your business activities

Years in operation

This Business _____ Years Any Other Business _____ Years

Interested Party/ies including their address & nature of their interests

- 1) _____
- 2) _____
- 3) _____

**Have you or any director/
partner/manager of the
business ever**

- a) had insurance declined or cancelled? Yes No
- b) had an insurer refuse or not invite renewal? Yes No
- c) had any special conditions imposed on a policy of insurance? Yes No
- d) had a special excess imposed on a policy of insurance? Yes No
- e) had a claim rejected under a policy of insurance? Yes No
- f) been declared bankrupt or put into receivership or liquidation? Yes No
- g) been charged with or convicted of a criminal offence? Yes No
- h) had any other matters you should disclose? (see 'Your Duty of Disclosure') Yes No
- i) had any known disputes between the property owner and any of the tenants? Yes No
- j) had any tenant defaulted on their rental payments? Yes No

CLAIMS HISTORY

In the last 5 years have you sustained loss or damage (insured or not) of a type against which insurance is now being sought, for all sections of the policy noted in this form? If 'Yes' – Please provide further details Yes No

Insurer	Date	Details	Amount
_____	_____	_____	_____
_____	_____	_____	_____

(If insufficient space , please provide full details at the end of this document)

RISK MANAGEMENT AND SECURITY

HOUSEKEEPING AND MANAGEMENT

- Risk Awareness / Management attitude Excellent Good Fair
- Cleanliness / Tidiness Excellent Good Fair
- Fire Load Low Moderate High
- Building Condition / Maintenance Program Fair Good As New
- Smoking Controls None Partial Ban Total Ban enforced

SURROUNDING EXPOSURES

- Seperation distance to Neighbours premises Adjoining < 3 metres 3 to 10 metres
 More than 10 metres
- Degree of hazard in neighbours premises Low Moderate High

SECURITY

- Physical protection of windows and doors Minimal Good Excellent
- Alarm protection None Local monitored
- Perimeter fencing Partial fenced Fully fenced and gated
- External night lighting None Part Only All Areas
- Security guards / controls None Patrols on site 24 hrs

ADDITIONAL EXPOSURES

- Location of the risk Poor or isolated area (country location not in town)
 Good area little traffic
 Good area frequent traffic
- Combustible fuel outside of building No combustibles fuel
 < 10 metres from building fuel
 > 10 metres from building

BUSINESS DETAILS

CONSTRUCTION OF THE BUILDING

Walls Brick/Concrete Iron Timber Other _____

Roof Concrete Iron Timber Other _____

Floors Concrete Iron Other _____

How old is the building? _____ Years

What is the Gross Floor Area in m2 (calculated by adding together the area in m2 of all building levels)? _____

Has a valuation of the building and contents been carried out in the last 3 years? Yes No

If "No" we will require a valuation to be carried out prior to renewal

Any EPS Insulated Panel Walls Yes No If "Yes" what is the % of the Total Floor Area? _____

What type of guttering does the Property have? Conventional Guttering Box Guttering

Are any of the buildings or structures subject to heritage listing? Yes No

FIRE PROTECTION / COOKING

Is any commercial cooking done on the premises? Yes No Thermostat Controlled? Yes No

How often are the range hood filters cleaned? _____

How often are the range hood ducts and flues cleaned? _____

Are inflammable liquids or explosives stored on the premises? Yes No

If Yes, Please List Type _____

If Yes, how much (litres/kilograms)? _____

Are they stored in? Tanks Drums Bottles Are they kept in an approved flammable goods cabinet or store? Yes No

Is the Store? Internal External Is it Bunded? Yes No

If "No", how are they stored? _____

Are the premises protected by

1. **Extinguishers?** Yes No What type? _____ How many? _____

Is there a maintenance agreement in place? Yes No Date Last Serviced? (DD/MM/YY) _____

2. **Hose Reels?** Yes No 3. **Sprinkler System?** Yes No

Total Area of Premises Partial (describe) _____

4. **Automatic fire alarm and/or Smoke Alarm?** Yes No Connected to a Fire Station? Yes No
- Connected to Alarm Monitoring Company? Yes No Local Only? Yes No
5. **Fire Blankets?** Yes No 6. **Deadlocks and/or padlocks to all external doors?** Yes No

7. **Burglar Alarms**

- Back to Base (dedicated line) GSM Dialer/Radio Audible Local Alarm

8. **Which of the following are present and activate the Alarm?**

- Reed Switches PIR (Motion Detectors) IR Beams
- Pressure Pads Heat Sensors Panic Buttons Tremblers

9. **Safe** Yes No How Many? _____

Torch and Drill Resistant? Yes No Steel Plate Yes No Anti Arc Yes No

MANUFACTURING RISKS / FURTHER UNDERWRITING QUESTIONS

Are there skylights on the roof? Yes No

Type of guttering (boxed or conventional)? _____

How often is the guttering cleaned? _____

How often are thermographic tests conducted of the switchboard? _____

Is the electrical wiring inspected on a yearly basis? Yes No

Does the client have any one piece of machinery greater than \$250K in value? Yes No

Is so, what would be the highest value of any one piece of machinery and how many machines over \$250K?

In the event of a loss would any of the machinery have to be sourced from overseas? Yes No

If so, what is the expected replacement time including commissioning?

Is there a predictive/scheduled maintenance agreement in force for all machinery? Yes No

If so, how often? _____

Are machinery left on after hours unsupervised? Yes No

Storage of Stock and Machinery - Is the stock and machinery stored on racks, shelves or pallets at least 15 centimetres above the floor level? Yes No

Are thermostat controls installed/online/fully operational re the machinery? Yes No

SUM INSURED

SECTION 1.0

Material Damage	Sum Insured	Material Damage	Sum Insured
a) Building(s)	\$ _____	c) Stock in Trade	\$ _____
b) Contents of Buildings	\$ _____	d) Removal of Debris	\$ _____
e) Other \$ _____		f) Accidental Damage	\$ _____

Combined Limit of Liability \$ _____

1.1 Burglary / Theft

a) Contents of Buildings \$ _____ b) Stock in Trade \$ _____

c) Contents & Stock \$ _____ d) Alcohol \$ _____

e) Theft without forcible entry \$ _____

(f) Other Stock in Trade (Tobacco and Cigarettes, Bullion) \$ _____ \$ _____

1.2 (a) Machinery Breakdown

Yes No \$ _____ Limit any one loss/event

If 'Yes' please provide details of computer equipment and/or type of machinery (age, make and replacement values). If further space required please refer page 8.

Age	Make / Model	Sum Insured
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Is there a maintenance agreement in force for the machinery Yes No

1.2 (b) Deterioration of Stock Total Insured Value \$ _____

1.2 (c) Computer & Electronic Equipment Breakdown

Yes No Sum Insured \$ _____

Restoration of Data Sum Insured \$ _____

Increase Cost in Working Sum Insured \$ _____

1.3 Glass

Internal Glass Yes No

External Glass Yes No

Signs \$ _____

1.4 Money

In Transit Sum Insured \$ _____

On Premises during B.H not in a securely locked safe or strongroom Sum Insured \$ _____

On Premises outside BH not in a securely locked safe or strongroom Sum Insured \$ _____

On Premises in a securely locked safe or strongroom Sum Insured \$ _____

	In Personal Custody of Proprietors and authorized employees	Sum Insured \$ _____
	While contained in Private Residences	Sum Insured \$ _____
	Damage to Safe	Sum Insured \$ _____
1.4 General Property	Laptops	Sum Insured \$ _____
	Surveyor Equipment	Sum Insured \$ _____
	Professional Equipment	Sum Insured \$ _____
	GPS, Mobile Phones, Tablets	Sum Insured \$ _____
	Specified Items	Sum Insured \$ _____
	Unspecified Items	Sum Insured \$ _____

SUM INSURED

SECTION 2.0 – BUSINESS INTERRUPTION

2.1	Gross Profit / income	\$ _____
2.2	Gross Revenue	\$ _____
2.3	Additional Increased Cost of Working	\$ _____
2.4	Claims Preparation Costs	\$ _____
2.5	Gross Rentals/Loss of Rent Receivable	\$ _____
2.6	Wages (100%)	\$ _____
2.7	Wages (Dual Basis) - Initial Period 100% for _____ weeks	\$ _____
	Remainder Percentage _____ % _____ weeks	
	Consolidated Period _____ % _____ weeks	
2.8	Other (Please specify) _____	\$ _____
Total Sum Insured		\$ _____

Indemnity Period _____ months

SUM INSURED

SECTION 3.0 – PUBLIC AND PRODUCTS LIABILITY

Limit of Indemnity required: Public Liability \$ _____ Products Liability \$ _____
Deductible \$ _____ (any one occurrence) (in the aggregate per period of insurance)

ESTIMATE ANNUAL TURNOVER \$ _____

Turnover split by major business activity.

(Where the business is conducted in more than one State, we will require a split of turnover by State).

	State	Actual Last 12 Months	Estimate for 12 Months
Business Activity _____	_____	\$ _____	\$ _____
Business Activity _____	_____	\$ _____	\$ _____
Business Activity _____	_____	\$ _____	\$ _____
Business Activity _____	_____	\$ _____	\$ _____
Where you are a property owner, please provide details of gross rentals.	_____	\$ _____	\$ _____
Estimated Wages		\$ _____	\$ _____
Number of Employees		_____	_____

Do you engage personnel from labour hire companies (other than contractors mentioned in Question below)? Yes No

	Actual Last 12 Months	Estimate for 12 Months
Payment to Labour Hire Companies or other parties	\$ _____	\$ _____
	\$ _____	\$ _____

(a) Number of Labour Hire people? _____

(b) Type of work undertaken? _____

Do you engage contractors or sub-contractors? (If 'Yes', please estimate annual contract value split between) Yes No

	Actual Last 12 Months	Estimate for 12 Months
(a) Labour only	\$ _____	\$ _____
(b) Labour and Services	\$ _____	\$ _____
(c) Labour and Materials	\$ _____	\$ _____
(d) Type of work undertaken	\$ _____	\$ _____

	Product & Destination	Estimate for 12 Months
If you import products, please provide details of products and revenue generated.	_____	\$ _____
If you have exports, please provide details by products and revenue generated.	_____	\$ _____

Coverage for PRODUCTS EXPORTED TO USA or CANADA is excluded from this insurance. Coverage will be provided only if specifically agreed by Genesis Underwriting and then subject to additional terms and conditions and payment of an extra premium. If the insured does Export to the USA or Canada please confirm; Turnover for Exports and Products Exported

Can you with certainty, identify the source of every item used in the manufacture of the products? Yes No

Do you have quality control procedures in place? Yes No If 'Yes', provide full details:

Are your products subject to any Australian or international standard? Yes No If 'Yes', provide full details:

Do you have recall procedures in place?

Yes No If 'Yes', provide full details:

Have any products been the subject of a recall notice in the past 5 years?

Yes No If 'Yes', provide full details:

Have you discontinued manufacturing, processing or handling any products?

Yes No If 'Yes', provide full details:

SUM INSURED

SECTION 3.0 – PUBLIC AND PRODUCTS LIABILITY (Cont'd)

Does the insured have any overseas locations? Yes No If 'Yes' where and what is the nature of your representation in such Country? (e.g. wholesaling, domiciled employee, power of attorney, branch subsidiary, agency etc.)

Type of Business

manufacturer importer wholesaler retailer property owner

If importer, where are products imported from

Southeast Asia China Eastern Europe Western Europe
 USA India Middle East

If retail only, where are your suppliers based?

Southeast Asia China Eastern Europe Western Europe
 USA India Middle East Australia
 New Zealand

CONTRACTUAL LIABILITY

Coverage for liability assumed under agreement or contract will be limited to lease liability or liability assumed under a warranty of fitness or quality as regards your products, or specifically agreed contracts.

Do you accept liability or hold others harmless / give away your legal rights (other than lease liability)?

Yes No

If 'Yes', please provide details and attach copies of all agreements (other than lease liability). Coverage will be provide only if specifically agreed by Genesis.

DETAILS OF THE BUSINESS / PREMISES

Do you or does someone on your behalf perform work away from the premises?

Yes No

If 'Yes',

Actual Last 12 Months **Estimate for 12 Months**

Percentage of turnover?

% _____ % _____

Type of work? _____

Is welding performed by you? Yes No

If 'Yes', do you operate to AS 1674 - Part 1 Yes No

Do you hold any goods in your care, custody or control in the course of your normal business practice?

Yes No

If 'Yes', please provide brief details including the total value of the property

IMPORTANT INFORMATION

SUBROGATION CLAUSE

This Policy contains provisions which have the effect of excluding or limiting the Insurer's liability in respect of a Loss where You have prejudiced the Insurer's rights of subrogation, where You are a party to an agreement which excludes, or limits the Insurer's rights to recover the Loss from another party.

DECLARATION

Please Note: Signing the Declaration does not bind You or the Insurer to complete this insurance. I declare that I have made all necessary inquiries into the accuracy of the responses given in this application and confirm that the statements and particulars given in this application are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that should any of the information given by me alter between the date of this application and the inception date of the insurance to which this application relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the Important Notice contained in this application form and that I have read and understood the content of that Notice. I confirm that I am authorised by the Company and its Directors to complete, sign and submit this application on behalf of the Company and its Directors.

Name _____ Title _____

Signature _____ Date (DD/MM/YY) _____

ADDITIONAL NOTES

ADDITIONAL DOCUMENTS

If you have any additional documentation please attach copies to this form.