

# UNDERWRITING QUESTIONNAIRE/ PROPOSAL FORM



## Contact details for Genesis Underwriting Agency are:

Genesis Underwriting Pty Ltd  
P.O. Box 873  
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](http://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.



# 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? Yes  No

If **Yes** – Please provide further details

Insurer:	Date:	Details:	Amount:
----------	-------	----------	---------

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

# Risk Management & 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

Separation 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		

Year the building was last re-wired:

Year the building was last re-plumbed:

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?

Any ACP (Aluminium Composite Panelling)? Yes No

If **Yes**, where is the ACP located?

What % of the total building construction is ACP?

Any Asbestos? Yes No

If **Yes**, where is the Asbestos located?

What % of the total building construction is Asbestos?

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?			
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?		Yes	No
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
If 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 pallet 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:		<b>Sum Insured</b>		<b>Sum Insured</b>
a) Building(s):	\$		b) Contents of Buildings:	\$
c) Stock in Trade:	\$		d) Removal of Debris:	\$
e) Accidental Damage:	\$			
f) Other:				\$
Combined Limit of Liability:	\$			

### 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):	\$

### Machinery Breakdown:

Limit any one loss/event: \$

If **Yes** please provide details of computer equipment and/or type of machinery (age , make and replacement values).

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

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

**Deterioration of Stock Total Insured Value:** \$

### Computer & Electronic Equipment Breakdown

	Sum Insured \$	Yes	No
Restoration of Data:	Sum Insured \$		
Increase Cost in Working:	Sum Insured \$		

**Glass:** Internal Glass: Yes No  
 External Glass: Yes No  
 Signs \$

### 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 is 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 \$

**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 \$

**Section 2.0 – Business Interruption**

Gross Profit / income:	\$	
Gross Revenue:	\$	
Additional Increased Cost of Working:	\$	
Claims Preparation Costs:	\$	
Gross Rentals/Loss of Rent Receivable:	\$	
Wages (100%):	\$	
Wages (Dual Basis) - Initial Period 100% for	weeks	\$
Remainder Percentage:	%	weeks
Consolidated Period:	%	weeks
Other: (Please specify)	\$	
Total Sum Insured	\$	
Indemnity Period		months

**Section 3.0 – Public & 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).*

Business Activity	State	Actual Last 12 Months	Estimate for 12 Months
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Where you are a property owner?	
Please provide details of gross rentals:	\$

	<b>Actual Last 12 Months</b>	<b>Estimate for 12 Months</b>
Estimated Wages:	\$	\$
Number of Employees:		
Do you engage personnel from labour hire companies? (other than contractors mentioned in Question below)		Yes      No
Payment to Labour Hire Companies or other parties	<b>Actual Last 12 Months</b>	<b>Estimate for 12 Months</b>
	\$	\$
	\$	\$
	\$	\$
a)     Number of Labour Hire people?		
b)     Type of work undertaken?		
Do you engage contractors or sub-contractors? (If <b>Yes</b> , please estimate annual contract value split between)		Yes      No
	<b>Actual Last 12 Months</b>	<b>Estimate for 12 Months</b>
a)     Labour only:	\$	\$
b)     Labour and Services:	\$	\$
c)     Labour and Materials:	\$	\$
d)     Type of work undertaken:	\$	\$
<b>Product &amp; Destination</b>		<b>Estimate for 12 Months</b>
If you import products, please provide details of products and revenue generated.		\$
If you import products, please provide details of products and revenue generated.		\$
<i>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</i>		
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 <b>Yes</b> , provide full details:		
Are your products subject to any Australian or international standard?		Yes      No
If <b>Yes</b> , provide full details:		
Do you have recall procedures in place?		Yes      No
If <b>Yes</b> , provide full details:		
Have any products been the subject of a recall notice in the past 5 years?		Yes      No
If <b>Yes</b> , provide full details:		
Have you discontinued manufacturing, processing or handling any products?		Yes      No
If <b>Yes</b> , provide full details:		
Does the insured have any overseas locations?		Yes      No
If <b>Yes</b> 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:	Eastern Europe	China	India
	Western Europe	Middle East	USA
	Southeast Asia		
If retail only, where are your suppliers based?	Eastern Europe	China	India
	Western Europe	Middle East	USA
	Southeast Asia	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 <b>Yes</b> :	<b>Actual Last 12 Months</b>	<b>Estimate for 12 Months</b>
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:

# Additional Notes

---

# Additional Documents

---

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