

BUSINESS QUOTE FORM

Client Name: _____ **Phone:** _____
Trading As: _____ **Email:** _____
Postal Address: _____ **ABN:** _____

Please answer all of the questions below.

Full Business Description: _____
Situation of Business _____
Premises: _____
How many years have you operated your business from this situation: _____
At previous situation/s: _____
Number of Partners / Proprietors actively engaged in the business: _____
Total number of employees: _____
Gross Annual Turnover: \$ _____
Gross Wages / Salaries paid direct to employees and partners: \$ _____

Is this Business contained fully:

(a) Within a major shopping complex YES / NO
(b) Industrial Estate YES / NO
(c) Main Street YES / NO
(d) Office Block YES / NO
(e) Remote / Out of Town YES / NO
(f) Shopping Mall YES / NO
(g) Suburban Street YES / NO
(h) Shopping Strip YES / NO
Is the situation serviced by a town water supply? YES / NO
Is the situation in a town containing an operational fire brigade? YES / NO
Are you the owner of the property? YES / NO
Are you the occupier of the property? YES / NO
Do you live on the Premises? YES/NO
If yes, what % of the building is residence?
Is the property protected under any heritage or national trust listing or any other protection order? YES / NO

Construction: **Walls:** Brick Veneer / Full Brick /Besser Block/ Fibro / Wood / Asbestos / Metal /Other
EPS Sandwich Panel %:
Roof: Tiles / Metal / Fibro / Other
Floor: Timber / Concrete **No of Stories:** _____

Year Built: _____

Fire Protection: Smoke Detectors / Extinguishers / Thermal Alarms/Fire Hose/Hose Reels/Sprinklers/Other

Security: **External Doors:** **Sliding Doors:**

External Windows:

Alarms:

PROPERTY / FIRE SECTION

	<i>Is this section required:</i>	YES	Initial _____
Building:			\$ _____
Contents (Excluding Stock):			\$ _____
Stock:			\$ _____
Rent Payable for a period of up to 52 weeks:			\$ _____
Removal of Debris:			\$ _____
Rewriting of Documents:			\$ _____
Mortgage Protection:			\$ _____

BUSINESS INTERRUPTION

	<i>Is this section required:</i>	YES	Initial _____
Indemnity Period:			___12___ MONTHS
Gross Income: _____			\$ _____
Additional Increased Cost of Working:			\$ _____
Outstanding Accounts Receivable:			\$ _____
Additional Claims Preparation Cost:			\$ _____

THEFT

	<i>Is this section required:</i>	YES	Initial _____
Contents:			\$ _____
Stock (Excluding Tobacco, Cigars & Cigarettes):			\$ _____
Tobacco, Cigars & Cigarettes:			\$ _____
Other:			\$ _____

MONEY

	<i>Is this section required:</i>	NO	Initial _____
On Premises during Business hours:			\$ _____
On Premises outside Business hours:			\$ _____
In Transit			\$ _____
In Locked Safe / Strongroom:			\$ _____
In Private Residence:			\$ _____
Damage to Safe / Strongroom:			\$ _____

GLASS

Is this section required: YES Initial _____

Internal Glass: _____ No

External Glass: _____ REPLACEMENT VALUE

Yes

Additional Sign Writing: \$ _____

Glass Frontage: Single / Double / Multiple

Glass Exposure: Low / Medium / High

PUBLIC & PRODUCTS LIABILITY

Is this section required: NO Initial _____

*******INSURED SEPARATELY – REFER TO ATTACHED FORM*******

EMPLOYEE DISHONESTY

Is this section required: NO Initial _____

Limit any one employee: \$ _____

Limit any one period of insurance: \$ _____

Number of Executives / Employees primarily engaged in duties as cashiers,
treasurers, paymasters, accountants, stock and store supervisors: _____

Number of outdoor staff: _____

Number of all other employees: _____

MACHINERY BREAKDOWN

Is this section required: NO Initial _____

Limit of Indemnity: \$ _____

Deterioration of Refrigerator Goods: \$ _____

Air Conditioning Equipment:

Split System No of Units: _____

Wall Type No of Units: _____

Commercial Refrigeration Equipment:

Freezers / Soft Serve Machine No of Units: _____

Temprites No of Units: _____

Other Units No of Units: _____

Domestic Refrigeration Equipment:

Fridges No of Units: _____

Freezers No of Units: _____

Fridge/Freezer No of Units: _____

Commercial Kitchen Equipment:

Dish / Glass Washers No of Units: _____

Exhaust Fans (Including Canopy) No of Units: _____

Microwave Oven No of Units: _____

Slicing / Mincing / Mixing Equipment No of Units: _____

Laundry Equipment:

Washers / Extractors / Dryers

No of Units:

Misc. Equipment:

Air Compressors

No of Units:

Auto Car Wash

No of Units:

Car Hoist

No of Units:

Cash Register / Scanning Equipment

No of Units:

Coffee Machine

No of Units:

Electronic Scales

No of Units:

Engine Diagnostic Unit

No of Units:

Pump (non submersible)

No of Units:

Pump (submersible)

No of Units:

Refrigerant Reclaimer

No of Units:

Vacuum Cleaner

No of Units:

Wheel Aligner / Balancer

No of Units:

Workshop Plant (Not otherwise noted)

No of Units:

Other:

No of Units:

Is the property (or any part thereof) to be insured:

Regularly serviced by a qualified technician?

Yes / No

Owned by you?

Yes / No

An unregistered boiler or pressure vessel?

Yes / No

More than 20 years old or not in current production?

Yes / No

Modified to perform other than originally intended by the manufacturer?

Yes / No

If Yes to any of the above, please supply details on a separate page

COMPUTER & ELECTRONIC EQUIPMENT

Is this section required: **NO** Initial _____

Type of Cover/s Required: Fire & Perils / Accidental Damage / Breakdown / Transit & Temporary Removal

Computer Systems:

Computers (including monitor, keyboard, mouse, modem)

No of Units: _____

\$

Laptop (including accessories)

No of Units: _____

\$

Other (Please supply details)

No of Units: _____

\$

No of Units: _____

\$

Electronic Equipment:

Photocopier

No of Units: _____

\$

Printer

No of Units: _____

\$

Scanner

No of Units: _____

\$

Telephone System

No of Units: _____

\$

Digital Camera

No of Units: _____

\$

Video Camera	No of Units:_____	\$ _____
Projector	No of Units:_____	\$ _____
Entertainment Equipment (TV / Video / DVD / Stereo)	No of Units:_____	\$ _____
Other (Please supply details)	No of Units:_____	\$ _____
	No of Units:_____	\$ _____
Increased Cost of Working:		\$ _____
Reinstatement of Data:		\$ _____
Gross Income:		\$ _____

GENERAL PROPERTY

Is this section required: / NO

Initial _____

Type of Cover: Fire & Perils / Theft / Accidental Damage / Collision & Overturning of conveying vehicle

Item:		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____

GENERAL QUESTIONS

Has any insurer declined an application from you, or cancelled or refused to renew a policy of yours, required special terms to insure you or declined or refused a claim? YES / NO

Have you sustained any loss or damage to property, whether or not you made an insurance claim, or had any claim made against you in the past 5 years? YES / NO

Have you, or any person who will receive insurance protection under the proposed policy, been charged with, or convicted of, any criminal offences in the past 10 years? YES / NO

During the past 2 years have you or any other person to whom cover extends under this policy received any threats of life or property (private or business)? YES / NO

Is any portion of the property to be insured in a poor condition or state of disrepair? YES / NO

Are there any other relevant facts relating to the risk to be insured that you should disclose to us, to enable a true assessment of your insurance application? YES / NO

** If yes to any of the above, please supply details on a separate page **

Is there a Financier to be noted? YES / NO

If yes, please provide name & address:

Previous Insurer:

Due date:

DECLARATION BY CLIENT/BROKER REP/BROKER AGENT

I/We in effecting insurance in accordance with the information furnished in this Needs Analysis declare & warrant:

- (a) The statements in this Needs Analysis are true;
- (b) That I/We agree to accept the term, exclusions, conditions and limitations of the Policy(s) effected on my/our behalf by you in respect of the insurances obtained in respect of the above.

SIGNED ON BEHALF OF DATED