

PRINT & GRAPHIC QUOTE FORM

| | |
|------------|--|
| INSURED: | |
| SITUATION: | |
| BUSINESS: | |

| | | |
|--|---|---------------|
| Construction/Building details | | |
| Building | (Brick, Concrete, Cement Sheeting, Fibro, Wood) | |
| Floor | (Concrete, Wood) | |
| Roof | (Iron, Metal, Concrete, Fibro, Cement Sheeting) | |
| Any EPS | YES/NO | If YES what % |
| Any Asbestos | YES/NO | If YES What % |
| Age of Building | | |
| Last Rewired | | |
| When was Wiring last checked | | |
| Fire Protection | | |
| Are you connected to Town Water | | |
| How many Fire Extinguishers | | |
| Are Fire Extinguishers services every 6 months | | YES/NO |
| Are there any Hose Reels | | YES/NO |
| Do you have any Smoke Detectors | | YES/NO |
| Type of Fire Department | (Metro, Country) | |
| Approx distance in km from Fire Station | | km |
| Are there any Sprinklers | | YES/NO |
| Is there an Automatic Fire Alarm connected to security company etc | | YES/NO |
| Are there any Fire Hydrants | | YES/NO |
| Flammables & Printing Inks | | |
| Do you use Oil Based Inks for Printing | | YES/NO |
| - If so how many litres | | |
| Do you use Water Based Inks for Printing | | YES/NO |
| Do you use thinners, cleaning solvents etc | | YES/NO |
| - If so how many litres | | |
| How are the Flammables Stored? | | |
| - Approved Cabinet | | YES/NO |
| - Other | | YES/NO |
| If Other please give details below | | |
| | | |
| Do you dispose of oily rags in a self-closing metal bins? | | YES/NO |
| How do you dispose of Paper Waste? | | |
| | | |
| Security Details | | |
| Is there a Back to Base (Monitored) Alarm | | YES/NO |
| Is there a Local Alarm Only | | YES/NO |
| Are there window locks on the Windows | | YES/NO |
| Are there Bars on all opening Windows | | YES/NO |
| Are there Padlocks on Doors | | YES/NO |
| Are there Deadlocks on Doors | | YES/NO |
| Any other Security? If yes please list below | | YES/NO |
| | | |

| Material Damage/Property | | Yes/No |
|--|----|---------------|
| Buildings | | \$ |
| Extra cost of Reinstatement | | \$ |
| Contents | | \$ |
| Customers Goods (Artwork etc.) | | \$ |
| Stock in Trade & Work in Progress | | \$ |
| Stock in Trade & Work in Progress at other Trade Locations | | \$ |
| Removal of Debris | | \$ |
| | | |
| Business Interruption | | Yes/No |
| Gross Profit | | \$ |
| Additional Increased Cost of Working | | \$ |
| Wages & Salaries | | \$ |
| Claim Preparation Costs | | \$ |
| | | |
| Burglary/Theft | | Yes/No |
| Contents | | \$ |
| Stock & Work in Progress | | \$ |
| Customers Goods | | \$ |
| Specified Items | | \$ |
| 1. | | |
| 2. | | |
| | | |
| Money | | Yes/No |
| Transit | | \$ |
| Business Hours | | \$ |
| Outside Business Hours | | \$ |
| In Safe | | \$ |
| Damage to Safe | | \$ |
| Personal Custody/Private Residence | | \$ |
| | | |
| Liability | | Yes/No |
| Limit of Indemnity | | \$ |
| Annual Turnover | \$ | |
| Annual Payroll | \$ | |
| Number of Staff including working Directors | | |
| Is Errors & Omissions cover required | | |
| Do you perform work over 10 meters in height | | |
| | | |
| | | |

| Machinery Breakdown | Yes/No |
|---|---------------|
| Has any of the Machinery failed in the past 3 years | YES/NO |
| Is maintenance performed on the machinery | YES/NO |
| If Yes , which ones and how often: | |
| | |
| | |
| Are major spare parts available for the machinery within Australia | YES/NO |
| If No , please specify the machine (s) and country of Source: | |
| | |
| Has your business been interrupted by machinery failure in the past 3 years | YES/NO |
| If Yes , please give details of machine, failure & duration of interruption: | |
| | |
| | |
| Claims last 5 years | |
| Date & Type of claim and circumstances of claim | Amount |
| | \$ |
| | \$ |

Please supply the values on the items to be insured

| Year | Description of Item to be insured | Sum Insured | Value on each item | Maintenance Agreement |
|------|-----------------------------------|-------------|--------------------|-----------------------|
| | | \$ | | YES/NO |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | TOTAL SUM INSURED | \$ | | |

| Claims last 5 years (Excluding Machinery/Electronic Breakdown) | |
|---|--------|
| Date & Type of claim and circumstances of claim | Amount |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |