

IMPORTANT INFORMATION

INSURER AND AGENT

Calibre Commercial Insurance Pty Ltd (ABN 86 603 039 023, AFSL 474540) ('Calibre Insurance') acts under a binder as agent for Great Lakes Reinsurance (UK) SE (ARBN 127 740 532, ABN 18 964 580 576, AFSL 318603) trading as Great Lakes Australia ('GLA'). Great Lakes Reinsurance (UK) SE is a limited liability company, incorporated in England and Wales.

In all aspects of arranging this Policy, Calibre Insurance acts as an agent for the Insurer and not for You.

DEFINED TERMS

Some words used in this Application Form ('Application') have a special meaning as defined in the Policy wording and such other documents which make up the Policy which contain definitions.

GENERAL INSURANCE CODE OF PRACTICE

GLA is a signatory to the General Insurance Code of Practice ('the Code'). The Code aims to raise standards of service between insurers and their customers. Calibre Insurance's service standards are in accordance with the Code.

For any information about the Code, including a copy of the Code, contact Us or the Financial Ombudsman Service Limited ('FOS Australia') on 1800 367 287 (or 1800 FOS AUS) or visit www.codeofpractice.com.au

YOUR DUTY OF DISCLOSURE (please read carefully)

Before You enter into an insurance contract, You have a duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms. You have this duty until We agree to insure You. You have the same duty before You renew, extend, vary or reinstate an insurance contract.

You do not need to tell Us anything that:

- reduces the risk We insure You for; or
- is common knowledge; or
- We know or should know as an insurer; or
- We waive Your duty to tell Us about.

If You do not tell Us something

If You do not tell Us anything You are required to, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

After the Policy is entered into, ongoing disclosure obligations apply. See the Policy for details.

PRIVACY

Both GLA and Calibre Commercial Insurance Pty Ltd ('Calibre Insurance') are committed to the safe and careful use of Your personal information in the manner required by the Privacy Act 1988 (Cth), the Australian Privacy Principles and the terms of the Policy.

Calibre Insurance and/or GLA collect Your personal information in order to assess Your Application for insurance and, if Your Application is accepted, to administer and manage the Policy and respond to any claim that You make. To do this, Your personal information may need to be disclosed to reinsurers, service providers and related entities

who carry out activities on Our and Calibre Insurance's behalf, such as assessors and facilitators, some of whom may be located in overseas countries. Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing Us and Calibre Insurance with Your personal information, You consent to the disclosure of Your personal information (including sensitive information) to reinsurers, service providers and related entities in overseas countries to enable Us and Calibre Insurance to assess Your Application, to administer and manage the Policy and to respond to any claim that You make. Your personal information (including sensitive information) may be disclosed to entities in the following countries: Canada, Germany, India, Singapore, South Africa and the United Kingdom. If You consent to the disclosure of Your personal information to overseas recipients, and the overseas recipient handles Your personal information in a way other than in accordance with the Australian privacy laws, We and Calibre Insurance may not be responsible for the handling of Your personal information by the overseas recipient.

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We and/or Calibre Insurance may not be able to assess Your Application or administer and manage the Policy and respond to any claim that You make.

Our and Calibre Insurance's privacy policies contain information on how You may access personal information that each of Us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of Your personal information and how complaints are handled.

If You require more information, You can access the GLA Privacy Policy and Privacy Statement at www.munichre.com/io/gla/en/privacy_statement.aspx or Calibre Insurances Privacy Policy at www.calibreinsurance.com.au/wp-content/uploads/PrivacyPolicy.pdf and Privacy Statement at www.calibreinsurance.com.au/privacy-security/privacy-statement/

UNDER-INSURANCE

The Property Damage and Business Interruption sections of this Policy are subject to an under-insurance/average condition. The effect of this condition is that if, at the time of loss the Sum Insured is less than the full value of the property or revenue/gross profit insured, then You may not be covered for Your full loss. To avoid the possibility of having to bear a portion of any claim You should ensure that You are fully covered at all times. It is Your responsibility to ensure the adequacy of Sums Insured and You should re-assess these Sums Insured during the currency of the Policy and prior to renewal each year.

FORM COMPLETION

Please answer all questions. Please tick appropriate boxes and provide details as requested. If there is not enough space provided to answer a question please complete Your answer on a separate page and attach it to the Application.

IMPORTANT: Any explanations of the cover in this application form are only a summary of the cover provided under the Policy. Full details of the standard cover, limitations, exclusions, terms, conditions and other benefits are contained in the Policy document which is available on request.

THE APPLICANT

Applicant(s) name

Trading as

Has this Business/property been insured previously?

No Yes

Name of insurer(s)

PERIOD OF INSURANCE

From

 / /

To

 / /

Cover Note number

Date of Expiry

 / /

DETAILS OF YOUR BUSINESS/DETAILS OF THE PREMISES

What are the Premises You wish to insure?

Address

Suburb

State

Postcode

Nature of Your Business:

Property Owner only

an Owner Occupier

or a Tenant

Details of the occupation of Your Business/what are the Premises used for:

Estimated Gross Annual Business Turnover

 \$

No. of employees

Interested parties

Name of interested party

Type of interest

Address

Suburb

State

Postcode

Do You store hazardous chemicals, flammable liquid and/or gases at the Premises?

Yes No

If yes, please give details of type(s), storage arrangements, and quantity below:

The Premises – location type: (✓ please tick one box)

Main street frontage

Industrial estate

Shopping Mall (outdoor)

Rural/out of town/remote

Suburban street

Shopping centre (no street frontage)

What floor are You on?

Number of storeys/floors

Number of units (if available)

Are the Premises shared with other occupants?

Yes No

How long have You been conducting this Business or owned this property:

At these Premises Elsewhere

What is the roof made of? What are the walls made of?

What is the floor made of? What is the age of the Premises? years

Are the Premises connected to mains water supply? Yes No

If the Premises are >50 years old has the Premises been fully rewired since 1975? Yes No

Is the building at the Premises subject to a heritage or national trust listing, urban conservation order or any local ordinance requiring conditional re-instatement or redevelopment? Yes No

If yes, please give details

What protection is installed on Your Premises? (✓ please tick)

Security:

- Deadlocks
- Keyed window locks
- Bars/grilles/padlocks on windows/skylights
- Local burglar alarm
- Monitored burglar alarm

Fire protection:

- Extinguishers
- Hydrants
- Hose reels
- Monitored fire alarm
- Fully sprinklered: Single water supply
 Dual water supply

Method of burglar alarm monitoring

Describe any other security precautions at the Premises

Is there any commercial cooking done on these Premises? Yes No

If yes, please specify the numbers and type of cooking: (insert number in box)

- Wok
- Oven
- Stove
- Hot plate/grill
- Deep frying

Other cooking methods

If deep frying, total no. of litres Are deep fryers fitted with thermostat cut off? Yes No

If wok cooking, is any deep frying carried out in a Wok? Yes No

Do You provide entertainment? Yes No

If yes, please provide details

Are You licensed to serve alcohol? Yes No

What is the latest time You trade to? am/pm

SECTION 1

PROPERTY DAMAGE COVER

This cover section provides cover for physical loss of or damage to Your Property Insured at the Premises. It does not cover theft of Property Insured (refer to Theft cover section).

Is cover required? Yes No

Method of Settlement: Reinstatement or replacement value Indemnity value

	Sum Insured
Buildings	\$ <input type="text"/>
Stock	\$ <input type="text"/>
Contents (includes Stock, unless Stock is insured separately with a specific Sum Insured)	\$ <input type="text"/>
Rewriting of records (replacing the standard \$25,000 cover)	\$ <input type="text"/>
Removal of debris (replacing the standard policy benefit)	\$ <input type="text"/>
Extra costs of reinstatement (replacing the standard policy benefit)	\$ <input type="text"/>
Playing surfaces (replacing the standard \$50,000 cover)	\$ <input type="text"/>
Specified Items:	
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Optional covers:

Do You require Strata title mortgagee(s) interest cover only? Yes No

Do You require cover to be extended to include Flood? Yes No

Sum Insured
\$

SECTION 2

BUSINESS INTERRUPTION COVER

This cover section covers a reduction in the income of the business as a result of loss or damage to the business' property.

You have the option of choosing Annual Revenue cover, Weekly Revenue cover, Insurable Gross Profit cover, Loss of Rent Receivable cover or Additional increase in cost of working only cover.

Is cover required? Yes No

	Sum Insured
Annual Revenue Indemnity Period <input type="text"/> months	\$ <input type="text"/>
Weekly Revenue Indemnity Period <input type="text"/> weeks	\$ <input type="text"/> per week
Insurable Gross Profit Indemnity Period <input type="text"/> months	\$ <input type="text"/>
Loss of Rent Receivable Indemnity Period <input type="text"/> months	\$ <input type="text"/>
Additional increase in cost of working (replacing the standard policy benefit)	\$ <input type="text"/>
Accounts Receivable (replacing the standard policy benefit)	\$ <input type="text"/>
Claim preparation and proving expenses (in addition to the standard policy benefit)	\$ <input type="text"/>
Uninsured Working Expenses	
<input type="text"/>	

Optional cover

Goodwill \$

SECTION 3 THEFT COVER

This cover section provides cover for loss of or damage to Property Insured at the Premises caused by theft. Cover for theft of Money is limited to \$500 (refer to Money cover section if greater cover is required).

Is cover required?

Yes No

- 1. Contents excluding Stock
- 2. Stock
- 3. Contents including Stock
- 4. Cigarettes/Tobacco (consisting of cigarettes, tobacco or cigars)
- 5. Theft without forcible and violent entry of electronic equipment which is not Stock (replacing the standard policy benefit)

Sum Insured

\$

\$

\$

\$

\$

\$

Optional cover

Theft of Property Insured in the open air (but within the boundaries of the Premises)

\$

SECTION 4 MONEY COVER

This cover section provides cover for loss or damage to the business' Money.

Is cover required?

Yes No

- 1. Money In Transit
- 2. Money in the Building during Business hours
- 3. Money in the Building outside of Business hours
- 4. Money in the Building at any time while contained in a locked Safe or Strongroom
- 5. Money In Custody

Sum Insured

\$

\$

\$

\$

\$

\$

OR

Blanket cover (covering Money under items 1 to 5 above)

\$

SECTION 5 GLASS COVER

This cover section provides cover for breakage of Glass at the Premises.

Is cover required?

Yes No

Glass cover You require: (✓ please tick) External Glass Internal Glass

Specified Glass

Sum Insured

- Extra cover – Costs (replacing the standard \$10,000 cover)
- Extra cover – Destruction of Contents or Stock (replacing the standard \$8,000 cover)
- Additional Benefit – Signs (replacing the standard \$8,000 cover)

\$

\$

\$

\$

SECTION 6

PUBLIC AND PRODUCTS LIABILITY COVER

This cover section provides cover for the Business' legal liability to pay as Compensation in respect of Personal Injury, Property Damage or Advertising Injury, which happens during the Period of Insurance within the Geographical Limits in connection with Your Business and caused by or arising out of an Occurrence.

Is cover required? Yes No

Public and Property Liability cover required: (✓ please tick one box)

\$5,000,000 \$10,000,000 \$15,000,000 \$20,000,000

Additional benefit

Sum Insured

Property in Your physical or legal control cover (replacing the standard \$250,000 cover)

\$

Optional covers:

1. Motor trade, excluding testing and delivery

Sum Insured \$

OR

2. Motor trade, including testing and delivery

Sum Insured \$

Do You engage contractors, subcontractors or staff from labour hire firms?

Yes No

If yes, please indicate:

1. Do You ensure that contractors and subcontractors have their own liability insurance?

Yes No

2. Estimated amount to be paid in the next twelve months to contractors, subcontractors and labour hire firms:

\$

3. Type of work done by contractors, subcontractors and staff from labour hire firms:

Products means anything manufactured, constructed, erected, assembled, installed, grown, extracted, produced or processed, treated, altered, modified, repaired, serviced, bottled, labelled, handled, sold, supplied, re-supplied or distributed, imported or exported, by You or on Your behalf (including Your predecessors) in the course of Your Business, including any packaging or containers thereof, including the design, formula or specification, directions, markings, instructions, advice or warnings given or omitted to be given in connection with such Products and anything which, by law or otherwise, You are deemed to have manufactured in the course of Your Business including discontinued Products.

Please provide details of Your Products, their intended use and estimated annual turnover of each Product.

Do You: (✓ please tick)

- | | | | |
|---|-----------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> export | <input type="checkbox"/> import | <input type="checkbox"/> repack | <input type="checkbox"/> re-label |
| <input type="checkbox"/> manufacture | <input type="checkbox"/> assemble | <input type="checkbox"/> recondition | <input type="checkbox"/> process |
| <input type="checkbox"/> carry out any installation | | | |

If You selected any of the above, please give full details, including estimated annual turnover for that process, and for imports/exports, please detail the countries of origin/delivery.

SECTION 7

TRANSIT COVER

This cover section provides cover for loss of or damage to Property Insured belonging to You or for which You are legally responsible whilst in Transit within the Commonwealth of Australia.

Is cover required?

Yes No

How many vehicle(s) will be used to convey the Property Insured?

State all types of Property Insured to be covered and the number of vehicles that will be used:

Sum Insured

\$

Will the Property Insured include Cigarettes/Tobacco?

Yes No

SECTION 8

ELECTRONIC EQUIPMENT BREAKDOWN COVER

This cover section provides cover for the Breakdown of Electronic Equipment at Your Premises. Laptop computers that are also insured under the General Property cover section are covered for Breakdown Australia wide.

Is cover required?

Yes No

Please list Electronic Equipment to be covered:

Sum Insured

\$
 \$
 \$
 \$
 \$

Additional benefits

Restoration of Electronic Data (replacing the standard \$15,000 cover)

Computers - increased costs (replacing the standard \$15,000 cover)

Indemnity Period (replacing the standard 90 days) Days

Sum Insured

\$
 \$

SECTION 9

MACHINERY BREAKDOWN COVER

This cover section provides cover for the Breakdown of Machinery at Your Premises. Two types of cover are available; Specified Machinery cover and Blanket Machinery cover.

Is cover required?

Yes No

Blanket Machinery (Limit any one Event = \$20,000)

Please indicate the number of all Blanket Machinery items at the Premises by type: (insert number in boxes)

Refrigerators Freezers Cool rooms Other types

If any Other types of items, please describe types:

Specified Machinery

Unit name/type of use:	Serial number	kw or hp	Age (yrs)	Sum Insured
				\$
				\$
				\$
				\$
				\$

Optional cover

Deterioration of Stock cover required? Yes No

If yes, Sum Insured required \$

Details of Your Machinery

Are any items of Machinery subject to a maintenance agreement? Yes No

If yes, please describe

Are any items of Machinery more than 15 years old? Yes No

If yes, please describe

Are there any apparent known defects in any of the items of Machinery? Yes No

If yes, please describe

Do any of the items of Machinery require a certificate of inspection? Yes No

If yes, please describe

SECTION 10 GENERAL PROPERTY COVER

This cover section covers Accidental loss or damage to portable items of the Business' Property anywhere in the world.

Is cover required? Yes No

Type of Cover required: (✓ please tick one box)

Standard Cover (accidental damage cover) cover option A (optional reduction in cover)

Unspecified Items

Note: items worth more than \$2,500 should be specified. Sum Insured \$

Specified Items

Item description	Serial number (if applicable)	Sum Insured
		\$
		\$
		\$
		\$

SECTION 11

TAX AUDIT COVER

This cover section provides cover for the professional fees such as accountant's fees incurred by You in connection with an audit or investigation of Your Business's tax affairs by a federal or state taxation authority.

Tax Audit costs - Cover required: (✓ please tick one box)

\$10,000
 \$20,000
 \$30,000
 \$40,000
 \$50,000

SECTION 12

EMPLOYEE DISHONESTY COVER

This cover section provides cover for theft of Your Money, Contents or Stock by any of Your Employees.

Employee Dishonesty - Sum Insured required

\$

Number of Employees Number of Employees handling Money

ADDITIONAL QUESTIONS

All of the following questions must be answered.

Have You, Your partners, any other office-holders; or if a corporation any of its directors proposed to be insured under this Policy, either alone or jointly:

1. had any insurance declined, cancelled or refused renewal, had any special conditions/warranty imposed, or declined or refused a claim in the last 5 years?

Yes No (✓ please tick) If yes, please give full details

2. suffered any loss, destruction or damage and/or made a claim on any insurer for any event whether insured or otherwise or had any claims made against You in the last 5 years?

Yes No (✓ please tick) If yes, please give full details

3. been charged with or convicted of any criminal offences in the past 10 years (other than minor traffic convictions)?

Yes No (✓ please tick) If yes, please give full details

4. been declared bankrupt or ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation, receivership or voluntary administration)?

Yes No (✓ please tick) If yes, please give full details

DECLARATION

This Declaration must be completed and signed by or on behalf of all parties making this Application.

I/We have read and understood the clauses detailed under the Important Information section (including the duty of disclosure) included in this Application. I/We confirm that the answers and statements in this Application are correct and that no information has been withheld which may affect the decision to accept this Application or the terms and conditions of any insurance provided. I/We understand that if this Application is accepted, the insurance cover will be subject to the terms and conditions set out in the Policy. I/We further acknowledge that Calibre Insurance on behalf of GLA, their agents or employees reserve the right to decline this Application.

I/We acknowledge that the personal information Calibre Insurance collects from me/us is collected on behalf of GLA for the purpose of processing this Application, fulfilling Calibre Insurance's obligations in providing services to me/us, for the development of products and services, and to allow Calibre Insurance and its related entities to market products and services. If I/we do not provide relevant information, I/we acknowledge that Calibre Insurance on behalf of GLA may be unable to process my/our Application. I/We acknowledge that information may be disclosed to:

- Intermediaries through which I/we deal with Calibre Insurance (for instance an agent, broker or financial advisor);
- Claims assessment participants (for instance an assessor, investigator and/or loss adjuster);
- Other reputable service providers (for instance mail houses); and
- Underwriters, who are responsible for part/all of the risk under a contract of insurance (for instance a reinsurer).

I/We authorise Calibre Insurance and/or GLA to give to or obtain from other insurers and/or an insurance or credit reference bureau information from this Application (including sensitive information), information from other insurances held by me/us with Calibre or GLA, and claims information obtained through the course of the contract.

By signing this Application, I/we consent to Calibre Insurance and GLA collecting and using this information for these purposes. This is subject to my/our right to opt out of receiving various direct marketing material at any time.

I/We understand that this insurance does not operate until Calibre Insurance issues the Policy Schedule and the premium has been paid (except for any cover provided under an interim contract of insurance).

Applicant 1 – Signature

Date

Applicant 2 – Signature

Date