

# NURSERYPAC Plus

## Insurance Proposal Form





1. Please read the following Important Notices carefully before completing this documentation
2. This proposal forms part of the Policy Documents
3. Please answer all questions in full and if not applicable insert “N/A”
4. This is an important document. Please keep it with your schedule in a safe place.

## **Important Notices**

### **Your duty of disclosure**

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, 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, on 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.

#### **Your duty however does not require disclosure of a matter:**

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

### **Non-disclosure**

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract.

### **Privacy**

We, as part of the OAMPS Group of companies, are committed to ensuring the confidentiality and security of personal information.

We may disclose personal information to:

- a State or Federal Authority, an assessor or investigator (for the purpose of assessing or investigating your claims);
- a lawyer or recovery agent (for the purpose of defending an action by a third party against you or for the purpose of recovering our costs);
- another insurer or a reinsurer (for the purposes of seeking recovery from them or to assist them to assess insurance risks);
- an insurance reference bureau (for the purpose of recording any claims you make upon us); and
- other service providers (only for a purpose in connection with this insurance).

Personal information may also be obtained about you or your employees from the above people or organisations. We will give you and your employees the opportunity to correct this personal information, or obtain access to it. We will provide our dispute resolution procedures to you in respect of any complaint you may have regarding your personal information. You may request access to information held by us about you, by contacting us. Our and our Group’s Privacy Statement are also available on our Website [www.oamps.com.au](http://www.oamps.com.au)

## **Co-insurance Provisions**

### **Section 1 – Property Damage**

This section contains a Co-insurance clause which applies when the property covered at the situation is not insured for its full value and may affect the basis on which your claim is settled

### **Section 2 – Consequential Loss**

This Section also contains clauses relating to Co-insurance. These clauses apply when the value declared is less than the amount required to fully insure you in line with the policy specifications.

Note: The adequacy of the values declared is your responsibility and if they are correct the above penalties will not apply.

# Nurserypac Plus Insurance Proposal Form



**IMPORTANT** - Your **Nurserypac Plus Insurance Policy** is based on the information stated in this Application. Please answer the following questions in full to ensure a prompt response / acceptance.

**Period of Insurance from:** \_\_\_\_\_ **To 4:00pm** \_\_\_\_\_ **(L.S.T.)**

## Client Information

Name of Insured: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel No. \_\_\_\_\_ Mob \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ State. \_\_\_\_\_ Postcode. \_\_\_\_\_

Website address: \_\_\_\_\_

## Business Information

Situation of Premises: \_\_\_\_\_

\_\_\_\_\_ State. \_\_\_\_\_ Postcode \_\_\_\_\_

Description of Business: Retail \_\_\_\_\_% Wholesale \_\_\_\_\_% Gift Shop \_\_\_\_\_% Cafe \_\_\_\_\_%

Landscaping Domestic \_\_\_\_\_% Landscaping Commercial \_\_\_\_\_% Plant Hire \_\_\_\_\_%

Other \_\_\_\_\_

Are any Indoor or Outdoor Events held at your premises? (eg Weddings, Cinemas) \_\_\_\_\_

Do you provide a Creche, Childminding or Playground facilities? Yes  No

Do you have a Liquor Licence? Yes  No

Number of Trading Days \_\_\_\_\_ Trading Hours \_\_\_\_\_

No of Employees? \_\_\_\_\_ Annual Wages \_\_\_\_\_

Expected turnover for next 12 months \_\_\_\_\_

When did the business commence operation? \_\_\_\_\_ How long have you owned the business? \_\_\_\_\_

Has the business achieved the Industry Risk Management Accreditation Yes  No

**To be entitled to a premium discount please provide a copy of the Certificate in confirmation**

Is any Other Party financially interested in any of the property to be insured? Yes  No

If Yes please detail \_\_\_\_\_

## Your Previous Insurer

Current Insurer \_\_\_\_\_ Policy expiry date: \_\_\_\_\_

Have you either alone, or in partnership, or jointly with any other party

- a. Had an Insurer cancel your policy or refuse to cover you or refuse to renew your policy or imposed special terms and conditions? Yes  No
- b. Been involved in any incident in the last 12 months that may give rise to a claim and / or action against you? Yes  No
- c. Been charged with a criminal offence or been declared bankrupt? Yes  No
- d. Made any claim under an insurance policy in the last 3 years? Yes  No

If you answered Yes to any of the above, please give details. ( If required , please attach any additional information)

Date Of Loss	Cause of Claim / Incident	Amount of Claim	Insurer

## Risk Information

Construction Details:	Building 1	Building 2	Building 3
Walls	_____	Walls _____	Walls _____
Floors	_____	Floors _____	Floors _____
Roof	_____	Roof _____	Roof _____
Age	_____	Age _____	Age _____
Rewired	_____	Rewired _____	Rewired _____

Details of any flammable liquids / gases stored on the premises: (type, quantity & storage arrangements)

\_\_\_\_\_

\_\_\_\_\_

Details of surrounding properties \_\_\_\_\_

\_\_\_\_\_

What is the location of the nearest Fire Brigade \_\_\_\_\_ Permanent Yes  No  Volunteer Yes  No

Is all water, gas, electricity provided from the Public Supply Authority Yes  No

## Fire Protection

Sprinklers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	100% Coverage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Monitored Fire Alarm	Yes <input type="checkbox"/>	No <input type="checkbox"/>	100% Coverage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hose Reels	Yes <input type="checkbox"/>	No <input type="checkbox"/>	100% Coverage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire Extinguishers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How many _____	Type _____	_____

## Security Protection

- Is an alarm system installed Yes  No  100% Coverage Yes  No
- Is the alarm system monitored Yes  No  By Whom \_\_\_\_\_
- Are all doors fitted with deadlocks? Yes  No  Are all windows fitted with locks and / or bars Yes  No
- Is there external night lighting Yes  No

## Cash Management

- Details of Safe: Make \_\_\_\_\_ Model \_\_\_\_\_ Is the safe securely Fixed to the Floor? Yes  No
- Is banking done on a daily basis? Yes  No  If No how many times each week? \_\_\_\_\_

## Coverage Details

### Section 1A – Property Damage

Yes  No

1. Buildings
- a. Main Building Sum Insured \$ \_\_\_\_\_
- b. Glass-houses, Shade-houses, Igloos and sheds Sum Insured \$ \_\_\_\_\_
2. Contents (excluding Stock) Sum Insured \$ \_\_\_\_\_
3. Equipment and Machinery e.g. Potting Machines Sum Insured \$ \_\_\_\_\_
4. Total Growing Stock Sum Insured \$ \_\_\_\_\_
- Fast Growing \_\_\_\_\_ %
- Medium Growing \_\_\_\_\_ %
- Slow Growing \_\_\_\_\_ %
- All Other Stock Sum Insured \$ \_\_\_\_\_
5. Removal of Debris (in addition to \$100,000 automatically included) Sum Insured \$ \_\_\_\_\_
6. Specified Items \_\_\_\_\_ Sum Insured \$ \_\_\_\_\_
- \_\_\_\_\_ Sum Insured \$ \_\_\_\_\_
7. Irrigation Systems Sum Insured \$ \_\_\_\_\_
- Total Sum Insured \$ \_\_\_\_\_**

### Section 1B - Theft

Limit any one loss

Yes  No

1. Contents (excluding Stock) Sum Insured \$ \_\_\_\_\_
2. Stock Sum Insured \$ \_\_\_\_\_
3. Specified Items \_\_\_\_\_ Sum Insured \$ \_\_\_\_\_
- \_\_\_\_\_ Sum Insured \$ \_\_\_\_\_

### Section 1C - Glass

Yes  No

Replacement of External and Internal glass

### Section 1D - Breakdown of Machinery

Limit any one loss

Yes  No

1. Damage to Machinery No. of Machinery Items \_\_\_\_\_ Sum Insured \$ \_\_\_\_\_
2. Damage to Electronic Equipment No. of Electronic Items \_\_\_\_\_ Sum Insured \$ \_\_\_\_\_
- No. of Machinery Items \_\_\_\_\_
- No. of Electronic Items \_\_\_\_\_

**Section 1E - Restoration of Computer Data**

Yes  No

Limit any one loss

Sum Insured \$ \_\_\_\_\_

**Section 1F – Computers – Increased Costs of Working**

Yes  No

Limit any one loss

Sum Insured \$ \_\_\_\_\_

**Section 1G – Deterioration of Stock**

Yes  No

Limit any one loss

Sum Insured \$ \_\_\_\_\_

**Section 2 - Money**

Yes  No

- 1. (a) In Transit anywhere in Australia
- (b) On premises during business hours
- (c) On premises in a Locked safe outside business hours
- 2. On premises outside business hours but not in safe
- 3. In private residence

Sum Insured \$ \_\_\_\_\_

Sum Insured \$ \_\_\_\_\_

Sum Insured \$ \_\_\_\_\_

**Section 3 - Portable and Valuable Items**

Yes  No

Insuring Goods and Equipment anywhere in Australia

Type of cover required - Option 1 - Fire and Perils Cover

Yes  No

Option 2 - Accidental Loss or Damage Cover

Yes  No

Item No	Description of Property (include Identification No.)	Sum Insured	Cover

Do you require a blanket cover up to \$5,000 any one loss limited to \$1,000 any one item Yes  No

**Section 4 – Employee Dishonesty**

Yes  No

Limit any one loss

Loss of property including money belonging to you resulting from acts of fraud or dishonesty by an employee

1. Limit any one employee Sum Insured \$ \_\_\_\_\_

2. Limit any one period of insurance Sum Insured \$ \_\_\_\_\_

**Section 5 - Business Interruption**Yes  No 

1. Gross Profit (Annual Gross Profit). Indemnity Period \_\_\_\_\_ months Sum Insured \$ \_\_\_\_\_
2. Weekly Income (Weekly Gross Profit) Indemnity Period \_\_\_\_\_ weeks Sum Insured \$ \_\_\_\_\_
3. Loss of Payroll 100% for \_\_\_\_\_ weeks, \_\_\_\_\_ % for remainder Sum Insured \$ \_\_\_\_\_
4. Increased cost of working (in addition to \$100,000 automatically included) Sum Insured \$ \_\_\_\_\_
5. Reinstatement of Documents Sum Insured \$ \_\_\_\_\_
6. Accounts Receivable Sum Insured \$ \_\_\_\_\_
7. Claim Preparation Costs (in addition to \$100,000 automatically included) Sum Insured \$ \_\_\_\_\_

**Total Sum Insured** \$ \_\_\_\_\_Does more than 25% of Your Income come from one Customer or Supplier? Yes  No 

Name and address of customer or supplier, if applicable \_\_\_\_\_

Percentage of Income derived \_\_\_\_\_ %

**Section 6 – Goods in Transit**Yes  No 

Item No	Description of Property (include Identification No.)	Sum Insured	Cover

**Section 7 - Legal Liability**Yes  No 

Limit of Indemnity (\$ 10 million or \$ 20 million.) Limit of Indemnity \$ \_\_\_\_\_

**Section 8 – Tax Probe**Yes  No 

Limit any one audit or investigation Sum Insured \$ \_\_\_\_\_

**Section 9 – Legal Power**Yes  No 

Limit any one audit or investigation Sum Insured \$ \_\_\_\_\_

**Section 10 – Commercial Motor** Detail below or attach current schedule of vehiclesYes  No 

Vehicle Registration	Vehicle Make and Model	Sum Insured	Cover Type

1. Driver Details (1): Name \_\_\_\_\_ Age \_\_\_\_\_ NCB \_\_\_\_\_

Driver Details (2): Name \_\_\_\_\_ Age \_\_\_\_\_ NCB \_\_\_\_\_

Driver Details (3): Name \_\_\_\_\_ Age \_\_\_\_\_ NCB \_\_\_\_\_

2. Please detail any motor vehicle accidents you were involved in over the past 5 years

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3. Please detail any driving convictions, traffic infringements or loss of license in the past 5 years

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**Excess**

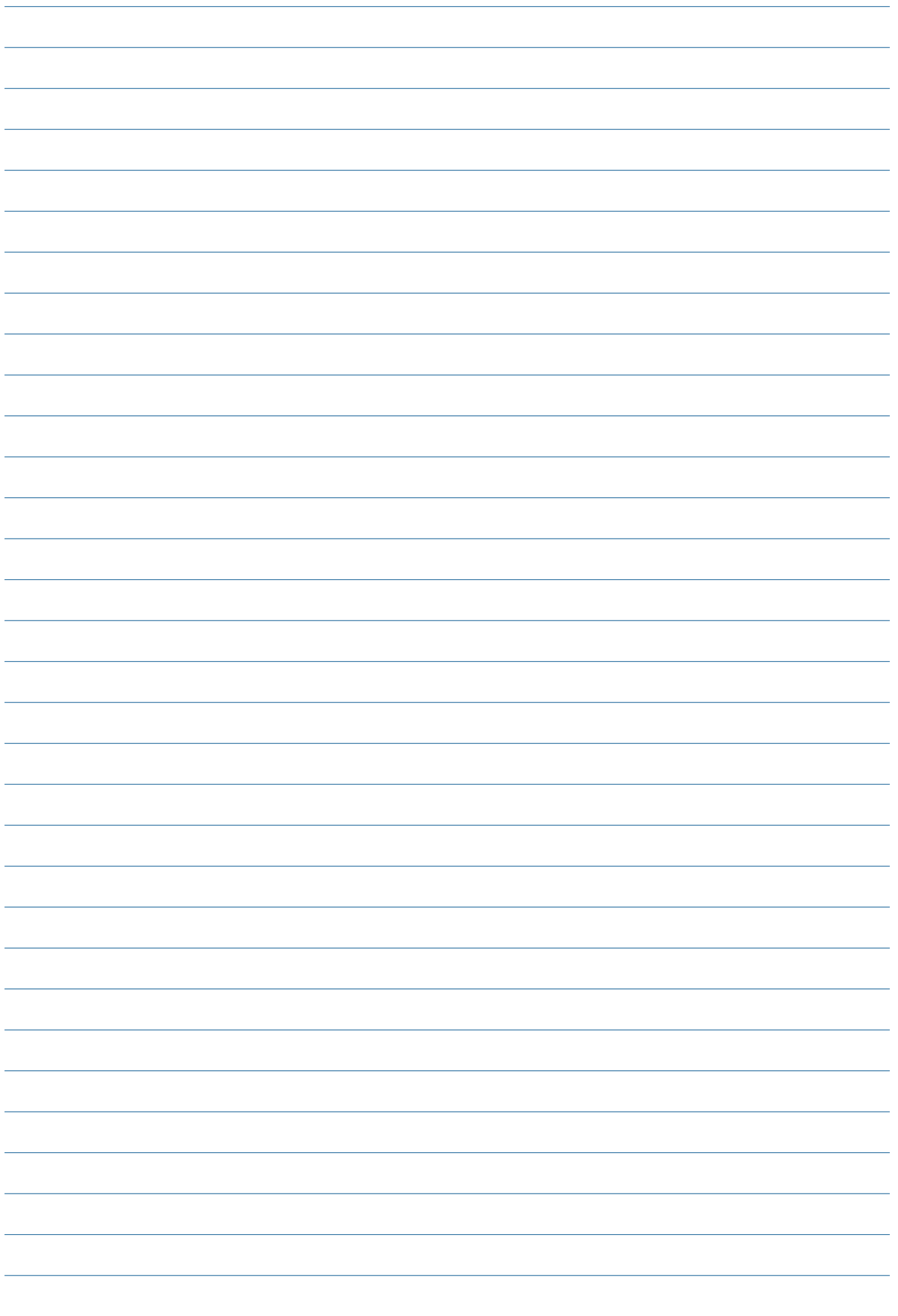
Earthquake / Subterranean Fire or Volcanic Eruption		\$20,000 or 1% of the Total Declared Value which ever is the lesser.
Hail Excess		\$1,000 in NSW and Qld
Flood Excess		\$5,000
Named Cyclone Excess		\$10,000
All Other Claims	Standard	\$ 250
	Optional	\$ 500 <input type="checkbox"/> \$1,000 <input type="checkbox"/>
	Other \$	_____

**Declaration and Acknowledgments**

**I/We declare and acknowledge as follows:**

1. I/We declare that the answers given in this proposal are true and correct in every respect.
2. If this proposal is accepted, the insurance cover will be subject to the terms and conditions stated in the policy and shall be confirmed by the issue of an appropriate policy schedule and policy document.
3. My personal information, including any personal information supplied in this proposal, may be used and stored by the insurer in accordance with the Privacy policy stated in the Important Notices at the start of this proposal.
4. The insurer will be relying on the information provided by me/us in this proposal in deciding whether to provide cover and, if so upon what terms.
5. I/We have read and understood the Important Notices at the start of this proposal.
6. Where answers on this proposal are not in my/our own handwriting they have been checked by me/us and I/we certify they are correct.
7. I/We will make the premises that are the subject of this insurance proposal available for inspection by the Insurer if so required.

**Signature of Proposer** \_\_\_\_\_ **Date** \_\_\_\_\_





ADELAIDE.....	08 8172 8000
ALICE SPRINGS.....	08 8953 1977
BALLARAT.....	03 5331 2066
BRISBANE.....	07 3367 5000
BROOME.....	08 9192 1081
CAIRNS.....	07 4047 8555
CANBERRA.....	02 6283 6555
DARWIN.....	08 8981 5900
EAST MELBOURNE.....	03 9412 1555
FORBES.....	02 6851 1200
GOONDIWINDI.....	07 4671 2899
HOBART.....	03 6235 1222
HORSHAM.....	03 5381 1111
KATHERINE.....	08 8972 1699
LAUNCESTON.....	03 6337 1333
LEETON.....	02 6953 3000
NEWCASTLE.....	02 4961 0488
N. PARRAMATTA.....	02 8838 5700
NORTH SYDNEY.....	02 9424 1700
PERTH.....	08 6250 8300
SHEPPARTON.....	03 5832 8800
TOOWOOMBA.....	07 4639 7111
TOWNSVILLE.....	07 4772 6933
WAGGA WAGGA.....	02 6933 6600
WANGARATTA.....	03 5722 1998
WARRAGUL.....	03 5624 1000
WOLLONGONG.....	02 4226 8700
WOOLLOONGABBA.....	07 3240 9600

**1800 240 432**



**INSURANCE BROKERS**