

IUA Cash Flow Insurance - Proposal Form

IMPORTANT NOTICES

Insurer and Agent

This Policy is issued by Calliden Agency Services Limited t/as Interruption Underwriting Agencies ('IUA') (ABN 15 096 726 895, AFSL 234437) acting under a binder as an agent of ProSight Syndicate 1110 at Lloyd's ('ProSight', We, Us, Our).

Your Duty of Disclosure

Before **You** enter into a contract of general insurance with **Us** **You** have a duty under the *Insurance Contracts Act 1984*, to disclose to **Us** every matter that **You** know, or could reasonably be expected to know, is relevant to **Our** decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to **Us** before each time **You** renew, extend, vary or reinstate the Policy. Each person indemnified by this Policy has the same duty.

Your duty however does not require disclosure of any matter that:

- reduces the risk;
- is common knowledge;
- **We** already know, or ought to know in the ordinary course of **Our** business; or
- **We** indicate **We** do not want to know.

Non Disclosure

If **You** do not comply with **Your** duty of disclosure, **We** may reduce or refuse to pay a claim and/or cancel **Your** Policy. **We** may invalidate the Policy from its beginning and not be bound by it if the non disclosure was fraudulent. After the Policy is entered into, ongoing disclosure obligations can apply. See the Policy for details.

Privacy Statement

In this Privacy Statement the use of "personal information" includes sensitive information. The use of "**We**", "**Our**" or "**Us**" means ProSight or IUA, unless specified otherwise.

We are committed to protecting the privacy of the personal information **You** provide to **Us**.

The *Privacy Act 1988* contains the Australian Privacy Principles which require **Us** to tell **You** that **We** collect, handle, store and disclose **Your** personal and sensitive information for the specific purpose of:

- deciding whether to issue a policy;
- determining the terms and conditions of **Your** Policy;
- compiling data to help develop and identify other products and services that may interest clients; and
- handling Claims.

Personal information is information or an opinion about an identified individual, or an individual who is reasonably identifiable:

- a) whether the information or opinion is true or not;
- b) whether the information or opinion is recorded in a material form or not.

Sensitive information includes, amongst other things, information about an individual's racial or ethnic origin, political opinions, membership of a political organisation, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual orientation or practices, criminal record, health information about an individual, genetic information, biometric information or templates. **You** have given **Us** **Your** consent to collect, use and disclose **Your** personal and sensitive information in order to provide **You** with the relevant services and/or products.

When **You** give **Us** personal information about other individuals, **We** rely on **You** to have made or make the individual aware that **You** will or may provide their personal information to **Us** and the types of other parties and service providers **We** may provide it to, the relevant purposes **We** and the other parties and service providers will use it for, and how they can access it. If **You** have not done or will not do either of these things, **You** must tell **Us** before **You** provide the relevant personal information to **Us**.

We disclose personal information to other parties and service providers whom **We** believe are necessary to assist **Us** and them in providing the relevant services and/or products. For example, in handling Claims, **We** may have to disclose **Your** personal and other information to other parties and service providers such as **Our** claim management partner, other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, facilitators, assessors or other parties as required by law. **We** limit the use and disclosure of any personal information provided by **Us** to them to the specific purpose for which **We** supplied it.

We may disclose **Your** personal information to other insurers, reinsurers, related entities and service providers overseas, including but not limited to New Zealand, Singapore, United Kingdom, the Philippines, the European Union and the United States of America.

If **You** do not provide the personal information requested and/or do not provide **Us** with **Your** consent to the use and disclosure of **Your** personal information as set out in this Privacy Statement, **Your** insurance application may not be accepted, or **We** may not be able to administer **Your** Policy, or **You** may be in breach of **Your** duty of disclosure, the consequences of which are set out under the heading Duty of Disclosure in this document.

If **You** would like a copy of **Our** Privacy Policies, would like to seek access to or correct **Your** personal information, opt out of receiving materials **We** send, complain about a breach of **Our** privacy or **You** have any query on how **Your** personal information is collected or used, or any other query relating to **Our** Privacy Policies, please contact **Us**.

Alternatively, **You** can access the IUA Privacy Policy at www.calliden.com.au/docs/PrivacyPolicy.pdf and Privacy Statement at www.calliden.com.au/privacyandsecurity/privacy-statement.cfm

General Insurance Code of Practice

Prosight proudly supports the General Insurance Code of Practice. The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

The Code aims to improve:

- the quality, comprehension and accuracy of policy documents and other information provided to consumers;
- employee and agent training and supervision;
- claims handling and dispute resolution.

For further information on the Code, please visit www.codeofpractice.com.au

Application

Details	
Broker	
Insured Name in Full	
Period of Insurance	From: / / To: / /
Occupation [Note: some occupations will require the provision of additional information]	
Description of Business Activities (incl website, years in business)	
MD Insurer	
Premises (list all)	
Claims	
Details of any claims Last 5 years	

Insurance Required											
Annual Turnover	\$										
Estimated Monthly Turnover (if available) \$											
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Note: If budget or current trading P&L statement are available please attach to obtain customised sum insured.											
Rating Classification	%										
Indemnity Period											
Item 1/2 (Weekly Sum Insured)											
Item 3 (Loss of Rent)											
Item 4 (Lumped Extensions)											
Maximum Liability											

Premises (complete for each premises separately)				
Heritage Listed	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Age of building				
Adjoining Tenancies				
Construction	Walls:	Floor:	Roof: Frame:	No. storeys:
Asbestos fibro:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Walls: %	Roof: %	of whole building: %
EPS	Yes <input type="checkbox"/> No <input type="checkbox"/>	Walls: %	Partitions: %	of whole building: %
Extinguishers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:	Type:	
Hose reels	Yes <input type="checkbox"/> No <input type="checkbox"/>	Areas covered:		
Smoke detectors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Areas covered:	Type:	
Sprinklers	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Areas covered:	Type:	Dual or single supply:	
	Date installed: / /	Maintained:	Log kept: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Intruder alarm	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Type:	Areas covered:	Monitored:	
Other security				
Water Supply	Town mains:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (type):	
	Adequate supply:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Fire Brigade	Metropolitan fully manned: <input type="checkbox"/> Volunteer: <input type="checkbox"/> Other (type):			
Approved spray booths	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:	Date installed: / /	
Material Damage Sum Insured	\$			

Customers/Suppliers	
Details main suppliers and customers in Australia	
Dependency over 20%	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Name:
	Location:
	Nature of Dependency:
Overseas customers & suppliers [Note maximum 20%]	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Name:
	Location:
	Nature of Dependency:

Other Dependencies

Are there any items of machinery or plant or equipment critical to daily operation of the business that would cause significant interruption if lost or damaged? Yes No If yes, please give full details:

Where would it have to be sourced, and what is estimated replacement time?

Are all raw materials or stock able to be readily replaced?

What plans are in place to deal with any of these contingencies?

Are there any interdependencies between premises? Yes No

Are there any interdependencies within the Group? Yes No

Do You back up Your electronic data? Yes No

Is this backup offsite? Yes No

Have You tested the backup? Yes No

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 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 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 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 If yes, please give full details:

Declaration

"I/We have read the duty of disclosure included in this Application Form. 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.

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

- Intermediaries through which I/we deal with IUA (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/or
- Underwriters, who are responsible for part/all of the risk under a contract of insurance (for instance a reinsurer).

I/We understand that IUA and/or Prosight may give to or obtain from other insurers and/or Insurance Reference Services information from this application and claims information obtained through the course of the contract.

By signing this Application Form, I/we consent to IUA and Prosight 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 acknowledge that I/we have rights to access my/our personal information held by IUA and its subsidiaries and/or Prosight in accordance with the Australian Privacy Principles. I/We understand that this insurance does not operate until acceptance of this application in writing by IUA on behalf of Prosight (except for any cover provided under an interim contract of insurance)."

Proposer's Signature: _____

Proposer's Title: _____

Date: ____ / ____ / ____



IUA Contact details PO Box 348 Milsons Point NSW 1565

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