

IUA Proposal Form - Cash Flow Insurance

Details	
Broker	
Insured Name in Full	
Period of Insurance	From: _____ To: _____
Occupation <small>[Note: some occupations will require the provision of additional information]</small>	
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)																									
	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>June</th><th>July</th><th>Aug</th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </tbody> </table>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec												
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	%																								
Weeks of Indemnity																									
Item 1 (Weekly Sum Insured)	Weekly Limit: _____ Item 1 Limit: _____																								
Item 2 (Loss of Rent)	Weekly Limit: _____ Item 2 Limit: _____																								
Item 3 (Lumped Extensions)																									
Item 4 (Other)																									
Maximum Liability																									

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

Customers/Suppliers	
Details main suppliers and customers in Australia	
Dependency over 20%	(Y/N) Name: Location: Nature of Dependency:
Overseas customers & suppliers [Note maximum 20%]	(Y/N) 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. (Y/N) 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? (Y/N)
Are there any interdependencies within the Group? (Y/N)
Do you back up your electronic data (Y/N) Is this backup offsite (Y/N) Have you tested the backup (Y/N)

Previous Insurance
Have you ever had Insurance Cancelled or Renewal refused (Y/N)
Have you ever had an insurance claim rejected? (Y/N)
Have you ever had Special Conditions imposed on insurance? (Y/N)

Declaration

This declaration must be completed and signed by or on behalf of all parties applying for insurance.

I/We

- (a) declare
 - (i) the answers and information given by me/us in this Proposal and any addendum are true and correct in all respects;
 - (ii) no information has been withheld that would affect Calliden’s decision to accept this Proposal;
 - (iii) where answers in this Proposal are not in my/our own handwriting, they have been checked by me/us and I/we agree they that are correct;
 - (iv) I/we have read and understood the clauses detailed under the Important Notices section at the back of this Proposal;
 - (v) if there was insufficient space to fully answer any questions, we have attached supplementary pages providing the additional information required.
- (b) authorise Calliden and IUA Pty Ltd to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and claims under those insurances.
- (c) understand that, if this Proposal is accepted, my/our insurance cover will be subject to the terms and conditions set out in the applicable Calliden/IUA policy wording.
- (d) acknowledge that Calliden and/or IUA, its agents and/or employees reserve the right to decline this proposal.

Proposer’s Signature: _____

Proposer’s Title: _____

Date: ____ / ____ / ____

Duty of Disclosure

This Policy is subject to the Insurance Contracts Act 1984. Under that Act you have a duty of disclosure.

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, that is relevant to our decision to insure you and to the terms of that insurance. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance.

Your duty however does not require disclosure of matters that;

- Reduce the risk
- Are common knowledge
- We know or, in the ordinary course of our business, ought to know, and ☐
- We have indicated we do not want to know

If you do not comply with your duty of disclosure, we may be entitled to;

- Reduce our liability for any claim
- Cancel the contract
- Refuse to pay the claim
- Avoid the contract from its beginning, if your non-disclosure was fraudulent

Privacy Statement

The information collected on this proposal form will be used to assess your request for insurance and to provide other insurance services in accordance with our privacy policy. Calliden may share your information with other third parties, as defined in the privacy policy, in order to undertake insurance services. If you do not complete the proposal form in full, and in accordance with your duty of disclosure, Calliden may not be able to provide you with insurance or may impose additional conditions on any cover provided.

In accordance with Calliden's privacy policy you may obtain access at any time to information that Calliden or its service providers hold on you. If you would like to contact Calliden about privacy, or would like to obtain a copy of the privacy policy you may do so through one of the following means:

- obtain the privacy policy online at www.calliden.com.au
- by phone 02 9551 1111
- by email to privacy@calliden.com.au
- by letter to Privacy Officer, PO Box 348 MILSONS POINT NSW 1565