

Avant Business Insurance Policy

Application form

Avant Business Insurance Policy arranged by Avant Insurance Limited ABN 82 003 707 471 AFSL 238765 as the agent for Allianz Australia Insurance Limited ABN 15 000 122 850 AFSL 234708.

Effective date: 6 April 2018

This is an application form for a Business Insurance Policy. This is a legal document, which will form the basis of the contract of insurance between the insured ('you' or 'your') and Avant Insurance Limited ('we', 'our', 'us' or 'Avant Insurance'), acting as the Agent for Allianz Australia Insurance Limited ABN 15 000 122 850 AFSL 234 708 (Allianz).

Your duty of disclosure

Before you enter into a contract of insurance with us, the Insurance Contracts Act 1984 requires you to disclose to us every matter that you know or could reasonably be expected to know is relevant to our decision whether and on what terms your application for insurance is acceptable and to calculate how much premium is required for your insurance. Please complete all questions of this application form relevant to the cover you require. Where there is insufficient room please provide your answers on a separate page. It is important that the information you provide is complete and accurate. By failing to disclose material information to us, we may be entitled to reduce our liability or void the contract.

Please ensure that you have read the PDS carefully to ensure that the cover you are applying for is suitable for you and you understand all of your obligations in relation to this insurance. The PDS is available on our website avant.org.au, by contacting your business development manager or our Member Services team on **1800 128 268**. Once we receive your completed application we will assess to determine if you meet our underwriting criteria.

By submitting this form and providing your personal information to Avant you consent to your personal information being collected, held, used and disclosed by Avant in accordance with the Avant Privacy Policy found at avant.org.au/Privacy-Policy, and understand that we may share your personal information with Allianz.

You are welcome to contact Member Services on **1800 128 268** with any questions or if you need clarification of anything contained in this application form.

Practice Details			
Insured/practice name(s):			
Trading name(s):			
ABN:		Input tax credit (%):	%
Are you stamp duty exempt? (If yes, please provide evidence of your stamp duty exemption as an attachment to this application or complete the NSW Stamp Duty declaration on this form)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy inception date:		Expiry date:	
Nature of your healthcare practice:			
Total turnover (for all situations):		Number of staff (for all situations):	
Phone number (work):	Fax number:	Mobile:	
Email address:			
Website:			

The following questions refer to the insured, whether alone, in partnership, or jointly with any other party.
Where the insured is a corporation, the questions refer to the corporation itself and any of its directors and officers.

(a) In the last 5 years, has the insured had any insurer decline a claim or proposal, cancel or refuse to renew a policy, or impose special terms, conditions or restrictions on a policy? Yes No

(b) In the last 5 years ever been placed in receivership or liquidation or been declared bankrupt? Yes No

(c) In the last 10 years, has the insured been convicted of, or had any penalties imposed, for any crimes involving drugs, dishonesty, arson, theft, fraud or violence against any person or property? Yes No

Claims history

(d) In the past 3 years, has the insured had: Yes No
 i. more than 2 claims or claimable incidents or
 ii. had claims for more than \$5,000 under one or more of the coverages being applied for?

If YES to any of the above, please give details below.

Building Details

Situation 1:

Situation 2:

Situation 3:

Interested parties:

Construction: (please advise the material/s used to build each element of your premises)	Situation 1:	Situation 2:	Situation 3:
External walls:			
Roof:			
Floors:			
Year built:			
Rewired in the last 30 years:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heritage or National Trust listing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any fire extinguishers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler system:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any % of premises Foam Construction?	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No

Security:	Situation 1:	Situation 2:	Situation 3:
Deadlocks (external doors):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alarm type:	<input type="checkbox"/> Local <input type="checkbox"/> Monitoring to security company <input type="checkbox"/> Monitored to insured	<input type="checkbox"/> Local <input type="checkbox"/> Monitoring to security company <input type="checkbox"/> Monitored to insured	<input type="checkbox"/> Local <input type="checkbox"/> Monitoring to security company <input type="checkbox"/> Monitored to insured
Locks on ground level external windows:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bars on all external windows:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bollards installed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security personnel after hours:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perimeter fence 2 metres high:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

General Comments (please note any additional security or fire protection measures):

Please select the covers you require:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Material Damage | <input type="checkbox"/> Glass | <input type="checkbox"/> Public & Products Liability | <input type="checkbox"/> Transit |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Machinery Breakdown | <input type="checkbox"/> Business Interruption | <input type="checkbox"/> Management Liability |
| <input type="checkbox"/> Money | <input type="checkbox"/> Electronic Equipment | <input type="checkbox"/> General Property | <input type="checkbox"/> Commercial Motor |

Material Damage (Please enter the sum insured for each section you require at each situation)

	Situation 1:	Situation 2:	Situation 3:
Building:	\$	\$	\$
Contents:	\$	\$	\$
Stock:	\$	\$	\$
Specified items:			
Doctors bag:	<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000	<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000	<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000
Flood cover:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excess:			
<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000

Theft (Please enter the sum insured for each section you require at each situation)

	Situation 1:	Situation 2:	Situation 3:
Contents:	\$	\$	\$
Excess:	<input type="checkbox"/> \$150 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		

Money (Please enter the sum insured for each section you require at each situation)

	Situation 1:	Situation 2:	Situation 3:
Combined:	\$	\$	\$
Money in transit:	\$	\$	\$
Money on premises B/H:	\$	\$	\$
Money on premises A/H:	\$	\$	\$
Money in locked safe:	\$	\$	\$
Money in private residence:	\$	\$	\$
Excess:	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		

Glass

	Situation 1:	Situation 2:	Situation 3:
Internal & external:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
External only:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Internal only:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stock damage by glass:	\$10,000	\$10,000	\$10,000
Illuminated / advertising signs:	\$10,000	\$10,000	\$10,000
Excess:	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		

Machinery Breakdown (please enter the sum insured you require at each situation)

	Situation 1:	Situation 2:	Situation 3:
Number of air conditioners:			
Blanket machinery cover limiting any one loss:	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000
Specified machinery:			
Deterioration of stock:	\$	\$	\$
Excess:	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		

Electronic Equipment (please enter the sum insured you require at each situation)

	Situation 1:	Situation 2:	Situation 3:
Accidental Damage & Breakdown:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breakdown only:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Computers:	\$	\$	\$
Mobile devices (excl. phones):	\$	\$	\$
Electronic equipment:	\$	\$	\$
Cost of restoring data:	\$	\$	\$
Increased cost of working:	\$	\$	\$
Excess:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
		<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000

Public & Products Liability

Limit of indemnity:	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000
Do you repair or work on your customers' goods?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you import from overseas?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business engage or intend to engage non-clerical contractor, subcontractors, or staff from labour hire firms to perform work under the sole or partial direction of you?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Contractor wages?			\$
Property Damage Excess:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000
		<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$50,000
Personal Injury Excess:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000
		<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$50,000

Business Interruption

Cover type:			
<input type="checkbox"/> A – Business Income Protection (weekly)	<input type="checkbox"/> B – Consequential Loss of Profits	<input type="checkbox"/> C – Revenue Protection	
Indemnity period:			
<input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months	<input type="checkbox"/> 18 months	<input type="checkbox"/> 24 months
			<input type="checkbox"/> 36 months
Cover:		Optional Benefits:	
Part A – Weekly income	\$	Claims preparation expenses:	\$
Part B – Gross Profit	\$	Accounts receivable:	\$
Part C – Gross Revenue	\$	Additional increased cost of working:	\$
Loss of rent	\$		

General Property

Cover type:

Accidental Damage
 Restricted Cover

Unspecified tools of trade and general items (Please enter the sum insured you require) \$

Unspecified stock (Please enter the sum insured you require) \$

Specified items (if required)

Description:	Value:
	\$
	\$
	\$

Transit

Cover type:

A – Fire collision & overturning
 B – Fire collision & overturning and theft

C – All risks not excluded by policy

Total annual sendings: \$ Per conveyance limit: \$

Management Liability

Cover required:

A – Directors & Officers Liability
 B – Employment Practice Liability (Director's & Officer's required for EPL cover)

C – Crime
 D – Tax Audit

A – Directors & Officers Liability

Limit of indemnity:

\$250,000
 \$500,000
 \$1,000,000
 \$2,000,000
 \$5,000,000

Excess:

\$2,500
 \$5,000
 \$10,000

Company type:

Cooperative
 Private Company
 Not-for-profit
 Sole Trader

Partnership
 Listed public company
 Unlisted public company
 Local government

Government-owned corporation

Do your assets exceed your liabilities? Yes No

Have you returned a trading profit for each of the last 2 years? Yes No

Do you comply with all Workplace Health & Safety (WHS) requirements? (e.g. a formal induction procedure for new employees) Yes No

Have you made any acquisition, mergers or divestments in the past 36 months, or are any anticipated in the next 12 months? Yes No

Do you hold any outside directorship in respect of any public company (listed or unlisted)? Yes No

B – Employment Practice Liability

Limit of indemnity:

\$5,000 \$20,000 \$30,000 \$40,000 \$50,000 \$100,000

Excess:

\$2,500 \$5,000 \$10,000

Are decisions regarding any employment termination by you always subject to prior review by your internal/external legal advisor?

Yes No

C – Crime

Limit of indemnity:

\$10,000 \$15,000 \$20,000 \$25,000 \$30,000
 \$35,000 \$40,000 \$45,000 \$50,000

Excess:

\$250 \$500 \$1000 \$2,500 \$5,000

Do all financial transactions of \$2,000 or above require two signatures and/or authorisation by two or more people?

Yes No

D – Tax Audit

Limit of indemnity:

\$10,000 \$20,000 \$50,000 \$100,000 \$250,000

Excess:

\$250 \$500 \$1000 \$2,500 \$5,000

Commercial Motor

(If you require cover under the commercial motor section of the policy please complete the Commercial Motor addendum)

Consent and declaration

Before signing the declarations, please review the information you have provided and ensure that you have answered all sections accurately and to the best of your knowledge and belief. You must also read the Special Notices provided in the policy wording before signing the declarations.

Marketing consent

From time to time, Avant may inform you of additional products or services we provide that would further support your practice. By providing consent, you agree for Avant to send you marketing material. At any time, you can choose not to receive marketing material by calling us on 1800 128 268.

- I give consent
 I do not give consent

Insurance documentation postage consent

In efforts to protect the environment and to improve your experience with us, Avant will send your Insurance documents using the provided email address. You may however choose to have these documents sent through the post.

- Please tick here if you prefer to receive your insurance documents by post

NSW Stamp Duty Exemption Declaration

If your practice is in NSW and you meet certain criteria, you may be eligible for a Stamp Duty exemption for the Public & Products Liability and/or Commercial Motor sections (where applicable) of your Avant Business Insurance premium.

- Yes No

I am a small business in NSW with a turnover of less than \$2 million in the last financial

If yes, I declare that:

- i. I am a small business owner within the meaning of Section 152-10 (1AA) of the ITAA 1997 of the Commonwealth for the income year in which the insurance is effected or renewed.
- ii. I am carrying on a business with a turnover of less than \$2 million in the last financial year.
- iii. I will undertake to inform you if my small business status changes in the future, i.e. if my turnover exceeds \$2 million per annum.

Declaration of information

This declaration must be completed by a Director, Chief Executive Officer or Chief Financial Officer, Practice Manager or a duly authorised person of the practice. I hereby apply for Avant Business Insurance, including the optional cover specified in this application and on behalf of the practice.

I declare:

- a) I am duly authorised to sign this proposal form on behalf of the practice
- b) The information provided in this application form and in any accompanying documents is true and correct, and I understand that Avant Insurance and Allianz will rely on this information in deciding whether to provide me with an insurance contract and on what terms, and that it will form the basis of my policy
- c) I understand I have a duty under the Insurance Contracts Act that requires the disclosure, before a contract of insurance is entered, every matter that the practice knows, or could reasonably be expected to know, that is relevant to the decision to issue the policy and, if so, on what terms, and if the practice fails to comply with that duty the insurer may refuse or reduce its liability for a claim or cancel the policy
- d) I have read and understood the Product Disclosure Statement and I acknowledge that cover is subject to the terms, conditions and exclusions of the policy
- e) I understand this application is subject to approval by Avant Insurance and Allianz. I acknowledge that if a contract of insurance is issued it will be subject to the terms and conditions of the policy provided to me or as otherwise specifically varied by Avant Insurance or Allianz and agreed to by a duly authorised person of the practice
- f) I authorise Avant Insurance to obtain information or documents in relation to insurance matters or claims history from another insurance company, or an insurance reference bureau or similar organisation
- g) I consent to Avant Insurance contacting me in accordance with Avant's Privacy Policy (including via email, if I have provided my email address). I understand that all information, including personal information, may be disclosed Allianz or to other companies in the Allianz Group, business partners, reinsurers and service providers that may be located in Australia or overseas. The countries this information may be disclosed to will vary from time to time, but may include Canada, Germany, New Zealand, United Kingdom, United States of America and other countries where the Allianz Group has a presence or engages subcontractors. Allianz regularly review the security of their systems used for sending personal information overseas. Any information disclosed may only be used for the purposes of collection detailed above and system administration.

Print name:

Date:

Signature:

Please tick:

- Director CFO
 CEO Practice Manager

Please return this form to Avant Insurance Limited, PO BOX 746, QVB NSW 1230 or email applications@avant.org.au or contact us on 1800 128 268