

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: 3 May 2019

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)			ABN
Trading name(s)			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)		Total number of staff (for all situations)	
Phone number (work)		Fax number	
Mobile		Website	
Email address			
To be eligible to purchase an Avant Business Insurance policy, you must either be: <ul style="list-style-type: none"> - A medical practice insured with Avant under a Practice Medical Indemnity Policy; or - A medical practice which holds the equivalent professional indemnity cover with an licensed Australian General Insurer; or - An Avant member holding your practitioner medical indemnity insurance with Avant, and operating a sole trader as per the definition on page 11 of the Avant Practitioner Indemnity Insurance Policy PDS. 			

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**

Practice details (cont'd)

If the practice holds medical indemnity or the equivalent professional indemnity insurance with an licensed Australian Insurer other than Avant, please provide the following details.

Name of insurer	
Policy number	
Inception and expiry date of that policy	
Limit of indemnity	

Please note you will need to provide these details upon the renewal of this policy. If at renewal the practice no longer holds medical or the equivalent professional indemnity insurance, you may not be eligible to renew your Avant Business Insurance.

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:
- i) more than 2 claims or claimable incidents or ☐ Yes ☐ No
 - 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

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Building details (cont'd)											
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="text" value=""/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="text" value=""/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="text" value=""/>	<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	<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)											
Cover options (Please select the covers you require)											
<input type="checkbox"/> Material Damage	<input type="checkbox"/> Glass	<input type="checkbox"/> Public and Products Liability	<input type="checkbox"/> Transit	<input type="checkbox"/> Theft	<input type="checkbox"/> Machinery Breakdown	<input type="checkbox"/> Business Interruption					
<input type="checkbox"/> Money	<input type="checkbox"/> Electronic Equipment	<input type="checkbox"/> General Property	<input type="checkbox"/> Commercial Motor	<input type="checkbox"/> Management Liability							
Material Damage (Please enter the sum insured for each section you require at each situation)											
	Situation 1		Situation 2		Situation 3						
Building	\$		\$		\$						
Contents	\$		\$		\$						
Stock	\$		\$		\$						
Specific items											
Doctors bag	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$5,000					
	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,000					
Flood cover	<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					

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Theft (Please enter the sum insured for each section you require at each situation)			
	Situation 1	Situation 2	Situation 3
Contents and stock	\$	\$	\$
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 and 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 limit any one loss	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$40,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$40,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$20,000 <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			

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

	Situation 1	Situation 2	Situation 3
Accidental Damage and 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. mobile/smart 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 and 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 contractors, 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 (annual)?	\$		
Property Damage 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		
Personal Injury 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		

Business Interruption

Cover type (please select one option only)			
<input type="checkbox"/> Part A – Business Income Protection (weekly)	<input type="checkbox"/> Part B – Consequential Loss of Profits	<input type="checkbox"/> Part 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	\$		

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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

☐ Part A – Fire collision and overturning ☐ Part B – Fire collision and overturning and theft ☐ Part C – All risks not excluded by policy

Total annual sendings

\$

Per conveyance limit

\$

Management Liability

Cover required

☐ Part A – Directors and Officers Liability ☐ Part B – Employment Practice Liability (Director's and Officers Liability cover required) ☐ Part C – Crime ☐ Part D – Tax Audit

Part A – Directors and 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 and 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

Part B – Employment Practice Liability	
Limit of indemnity <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000	
Excess <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	
Are decisions regarding any employment termination by you always subject to prior review by your internal/external legal advisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part C – Crime	
Limit of indemnity <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$35,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$45,000 <input type="checkbox"/> \$50,000	
Excess <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	
Do all financial transactions of \$2,000 or above require two signatures and/or authorisation by two or more people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part D – Tax Audit	
Limit of indemnity <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000	
Excess <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	
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 Avant Business Insurance product Disclosure Statement and Policy Document 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 and Products Liability and/or Commercial Motor sections (where applicable) of your Avant Business Insurance premium.

☐ Yes

☐ No

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.

Signature

Print name

Date

Please tick

☐ Director

☐ CFO

☐ CEO

☐ Practice Manager

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