

**Please read carefully before completing**

“you”“your” where used in this Proposal means the Proposer and if more than one, each of them.

“we”“us”“our”“Lumley Insurance” means Wesfarmers General Insurance Limited, ABN. 24 000 036 279, trading as Lumley Insurance.

**Your Duty of Disclosure**

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the insurer anything that you could reasonably be expected to know is relevant to the insurer’s decision whether to accept the risk of 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 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 business, ought to know;
- as to which compliance with your duty is waived by the insurer.

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

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

**Proposal Included in “Policy”**

Anything you state in this Proposal will form a part of the Policy document unless we tell you otherwise. Before you complete this Proposal, you should read the Policy because it will tell you about the insurance you are Proposing we provide and contains definitions of words used in this Proposal.

**Average**

The Policy contains a condition of average for the sums insured. This means that if the sums insured are inadequate at the time of Loss, part of the claim may not be insured.

**GST**

All sums insured exclude GST.

**Privacy**

Lumley Insurance respects your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of our Privacy Statement is available at any of our offices or online at [www.lumley.com.au](http://www.lumley.com.au)

**Confirming Transactions**

You may contact us or your adviser, in writing (which is always required if you are advising cancellation) or by phone, to confirm any transaction under the Policy. Any transaction will be documented by us as quickly as possible.

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291	Phone (02) 9248 1111 Phone (02) 4925 7500	Fax (02) 9248 1122 Fax (02) 4940 0295
VIC	Level 3, 99 King Street, Melbourne 3000	Phone (03) 8627 4333	Fax (03) 8627 4312
ACT	Level 4, 10 Rudd Street, Canberra City 2601	Phone (02) 6279 0333	Fax (02) 6279 0330
TAS	Level 11, 27 Paterson Street, Launceston 7250	Phone (03) 6345 4700	Fax (03) 6345 4711
SA	465 Pulteney Street, Adelaide 5000	Phone (08) 8228 1700	Fax (08) 8228 1777
WA	Level 9, 50 St George’s Terrace, Perth 6000	Phone (08) 9220 8222	Fax (08) 9220 8251
QLD	Level 2, 99 Melbourne Street, South Brisbane 4101	Phone (07) 3307 4800	Fax (07) 3307 4899
	Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone (07) 4722 6000	Fax (07) 4724 4398
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800	Phone (08) 8946 4600	Fax (08) 8946 4666

Lumley Insurance is a trading name of Wesfarmers General Insurance Limited



**Questions**

1. Has any of the Machinery failed within the past 3 years?  
if **Yes**, please specify machine and failure  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
2. What sort of maintenance is performed on the Machinery and how often?  
If **Yes**, which one(s)  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
3. Are major spare parts available for the Machinery within Australia?  
If **No**, please specify the machine(s) country of source  Yes  No
- \_\_\_\_\_
- \_\_\_\_\_
4. Do you carry any major spare parts at the Situation?  
If **Yes**, please specify
- \_\_\_\_\_
- \_\_\_\_\_

**PART B**

<b>Business Interruption</b>	
(indicate machines to be insured for Business Interruption loss at Part A)	
<b>Insurance required</b>	
<b>Item</b>	<b>Sum insured</b>
Gross profit (plus wages)	\$ _____
Increase in Cost of Working	\$ _____
Additional increase in Cost of Working	\$ _____
Claim preparation costs	\$ _____
Other (specify) _____	\$ _____
_____	\$ _____
	Total \$ _____
Indemnity period _____ months.	
Time excess preferred _____ working days.	

**Questions**

1. Are separate accounts kept for departments contributing to your Gross profit?  
if **Yes**, which one(s)  Yes  No

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2. Has your Business (or any department) commenced operations within the last 12 months?  
if **Yes**, which one(s)  Yes  No

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3. Has your Business been interrupted by machinery failure within the past 3 years?  
if **Yes**, please give details of machine, failure and duration of interruption  Yes  No

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4. Is your turnover seasonally affected?  Yes  No

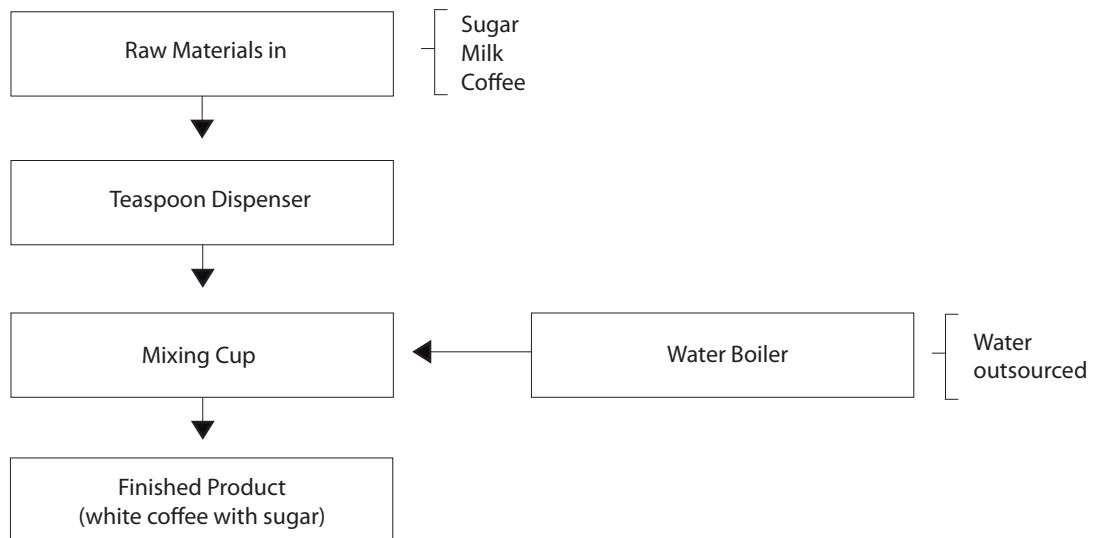
5. What are your average working hours/week? \_\_\_\_\_  Yes  No

6. (a) Is there any spare production capacity available at the Situation?  
If **Yes**, please specify \_\_\_\_\_  
\_\_\_\_\_

(b) Do you have anywhere to source product from or have production continued at an increased cost to you?  
If **Yes**, please specify \_\_\_\_\_  
\_\_\_\_\_

7. Please provide a production flow diagram of Business (over the page) showing individual production lines, with particular reference to machinery insured for Business Interruption.

For example:



## Production flow diagram

**PART C**

<b>Spoilage</b> Schedule of Cold Chambers or refrigerated areas to be insured				
Item no.	Description of refrigerated area or Cold Chamber	Average temperature	Refrigeration machinery item no. (from Part A)	Refrigerated goods sum insured
				\$
				\$
				\$
				\$
				\$
	Preferred excess	\$	TOTAL	\$

**Note 1:** If preferred, the Excess specified in Part A may apply once to losses involving both Machinery and Spoilage (if so, please answer 'Part A' for excess here)

**Note 2:** The sums insured shown must be the maximum values of goods in each cold chamber or refrigerated area at any time during the year. Remember, average will apply if the sums insured are inadequate.

**Questions**

1. Have you suffered any Spoilage losses within the past 3 years?  Yes  No  
 If **Yes**, please specify \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
2. Please detail temperature alarm installed and monitoring arrangements \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART D**

**Boiler, Pressure Vessel, Piping - Legal Liability**

1. Sum to be insured
  
2. What is the method of heating?      Electric       Gas       Other \_\_\_\_\_
  
3. How often is boiler water treatment undertaken? \_\_\_\_\_
  
4. Do you have staff qualified in boiler operation/maintenance in attendance?  Yes  No  
 If **Yes**, please specify \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
5. Are there any safety devices fitted to the boiler(s)?  Yes  No  
 If **Yes**, please specify \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Declaration and Signature**

I/We declare that the answers given in this proposal are in every respect true and correct and that I/We have not withheld any information likely to affect the acceptance of this proposal and that I/We have read and understood the proposal, the policy, and applicable Endorsements.

We acknowledge that Lumley Insurance may give to, and obtain from, other insurers and/or insurance reference bureaux, personal information relating to this proposal as well as insurance claims information obtained during the course of this contract.

You acknowledge that we may not accept the sums insured or any aspects of the insurance cover you have requested in this proposal form. However, if this is the case, we will contact you, or your insurance representative, prior to issuing any insurance certificate or the policy.

Signature

Date (dd/mm/yyyy)

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