

Please read all sections carefully before completing this form. Complete all sections in full.

1. Important Information

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

“we” “us” “our” and “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 which is relevant to the 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 insure may also have the option of avoiding the contract from its beginning.

Proposal Included in “Policy”

Anything you state in this proposal will form 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.

GST

To ensure you do not incur any unnecessary GST liabilities on claim settlements, please ensure your ABN and Tax Status are entered in the space provided on this proposal.

Privacy

Lumley Insurance respects your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of our Privacy Policy is available from any of our offices or online at 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 Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone (07) 3307 4800 Phone (07) 4722 6000	Fax (07) 3307 4899 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

2. Applicant Details

Proposer's name in full

Address

Suburb

State

Postcode

Phone number

Trade or business

Mortgagee or other interested parties

Name

Branch address

ABN

Entitlement for input tax credit

 %

Period of insurance

From (dd/mm/yyyy)

To (dd/mm/yyyy) at 4:00pm local standard time

Address(s) of property to be insured

Property 1

Address

Suburb

State

Postcode

Property 2

Address

Suburb

State

Postcode

Property 3

Address

Suburb

State

Postcode

Property 4

Address

Suburb

State

Postcode

Property 5

Address

Suburb

State

Postcode

3. POLICY 1: Commercial Fire

Our fire policy includes the following perils:

- Fire
- Lightning
- Explosion
- Aircraft
- Riot
- Earthquake
- Impact
- Damage from sprinkler leakage
- Malicious Damage
- Storm
- Burglary (Limit \$4,000)
- Rainwater
- Accidental damage of fixed glass
- Burst water apparatus
- Reinstatement/replacement conditions (Not available on buildings built other than of brick or concrete or intended for replacement)

Please provide **details of buildings**

Situation	1	2	3	4	5
Occupied as					
Year built					
Number of floors					
Construction of walls					
Construction of floors					
Construction of roof					
Approximate area (sq. mtrs)					
Sprinklered? (Yes/No)					
Fire hoses/extinguishers? (Yes/No)					

Please specify **sums to be insured**

	1	2	3	4	5
Buildings	\$	\$	\$	\$	\$
Architects fees	\$	\$	\$	\$	\$
Debris removal	\$	\$	\$	\$	\$
*Rent	\$	\$	\$	\$	\$
Claims preparation costs	\$	\$	\$	\$	\$
Extra cost of reinstatement	\$	\$	\$	\$	\$
Common contents	\$	\$	\$	\$	\$
Other <input type="text"/>	\$	\$	\$	\$	\$
Other <input type="text"/>	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

* Rent should include outgoings payable by tenants. Please specify number of months the rent figure above covers

Explanatory notes - condition of average

The Commercial Fire Policy contains a "condition of average" which means that if there is underinsurance at the time of a loss, a part of the loss will not be covered. In addition, the policy will never pay more than the Sum(s) insured. It is essential that all Sums Insured be carefully checked to ensure their adequacy at the time of completing the proposal and throughout the currency of cover.

4. POLICY 2: Public Liability

Please state the amount of indemnity required

If cover is required in respect of power operated lifts, elevators or escalators, please provide details below.

	Maximum lifting capacity	Over public thoroughfare? (Yes/No)	Number of floors served	Passenger or Goods?
1.				
2.				
3.				
4.				

5. General Questionnaire

	Yes	No
Are acids, gases, explosives or other hazardous materials used or stored?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , please give details		
Are the premises and machinery used in connection with your business in good repair and condition?	<input type="checkbox"/>	<input type="checkbox"/>
If No , please give details		
Does your lease require tenants to insure glass?	<input type="checkbox"/>	<input type="checkbox"/>
Are your books audited by a registered accountant?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , by whom?		
If Yes , how frequently?		
In respect of you or your business partner or any person interested in this insurance either individually or in conjunction with any other party, has any insurer:		
(a) declined, or asked you to withdraw your proposal?	<input type="checkbox"/>	<input type="checkbox"/>
(b) not invited, or refused renewal of, or cancelled any policy?	<input type="checkbox"/>	<input type="checkbox"/>
(c) imposed special conditions or premium loading to any policy?	<input type="checkbox"/>	<input type="checkbox"/>
(d) had any criminal convictions in the past 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered Yes to any of the above, please provide full details		
Are any of the buildings or structures subject to a heritage listing?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , please give details		
Give details of all losses from any peril for which this insurance is required, whether previously insured or not.		

Additional Information

If insufficient space is provided on this proposal form in respect of any questions contained on the proposal, please attach a sheet of paper containing the additional information, noting the relevant questions and sign and date any such attachment.

6. Declaration and Signature

You declare that the answers you give herein are in every respect true and correct and that you have not withheld any information likely to affect the acceptance of this proposal and that you have read and understood the proposal and the policy wording.

You acknowledge that we 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.

Name	Position
Signature	Date (dd/mm/yyyy)

Office Use Only

Broker or agent name

Cover note number

Replacing policy number

Fire

Warranties and extensions

	Current	Future	COY number	Prop %	XC %
Premium	\$	\$			
F.S.L.	\$	\$			
G.S.T.	\$	\$			
Stamp Duty	\$	\$			
Total	\$	\$			

Statistics

State

Checked by

On (dd/mm/yyyy)

RI arranged by

On (dd/mm/yyyy)

Liability

Warranties and extensions

	Current	Future	COY number	Prop %	XC %
Premium	\$	\$			
G.S.T.	\$	\$			
Stamp Duty	\$	\$			
Total	\$	\$			

Statistics

State

Checked by

On (dd/mm/yyyy)

RI arranged by

On (dd/mm/yyyy)

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