



**Indemnity  
Solutions**

ENSURING SECURITY WITH KNOWLEDGE



**INSURANCE ADVISERNET  
AUSTRALIA PTY LIMITED**  
AUSTRALIAN FINANCIAL SERVICES LICENCE NUMBER: 240549  
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AN **austbrokers** MEMBER  
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## OFFICE INSURANCE FOR PROFESSIONALS

THE FOLLOWING QUESTIONS WILL BE SUFFICIENT TO PROVIDE A QUOTE ONLY. ADDITIONAL INFORMATION MAY BE REQUIRED FOR ACCEPTANCE.

CLIENT DETAILS			
BROKER CONTACT	TELEPHONE NUMBER		
TODAY'S DATE	QUOTE REQUIRED BY		
BROKER DETAILS			
CLIENT NAME	CLIENT CONTACT		
TRADING AS	TELEPHONE NUMBER		
POSTAL ADDRESS			
SITUATION ADDRESS			
PERIOD OF INSURANCE	START	END	
INTERESTED PARTIES			
CURRENT UNDERWRITER	HOLDING BROKER		
CURRENT PREMIUM	BROKER SURVEY ATTACHED	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS TYPE	TURNOVER	\$	
YEARS IN BUSINESS	NUMBER OF EMPLOYEES		
UNDERWRITING QUESTIONS			
HAS THE CLIENT EVER HAD ANY CLAIMS IN THE LAST 3 YEARS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS THE CLIENT EVER BEEN CHARGED/CONVICTED OF A CRIMINAL OFFENCE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS THE CLIENT EVER HAD ANY INSURANCE DECLINED, CANCELLED, OR RENEWAL REFUSED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS THE CLIENT EVER HAD ANY SPECIAL CONDITIONS IMPOSED - SUCH AS EXCESSES, ETC?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS THE CLIENT EVER BEEN DECLARED BANKRUPT?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF THE ANSWER IS YES TO ANY OF THE ABOVE, PLEASE PROVIDE FURTHER DETAILS BELOW, OR ATTACH A SEPARATE DOCUMENT.			

CLAIMS HISTORY (LAST 3 YEARS)		
YEAR	DESCRIPTION	AMOUNT
		\$
		\$
		\$
		\$
		\$

PROPERTY DAMAGE AND THEFT			
BUILDING		STOCK	\$
CONTENTS (DESKS, COMPUTERS ETC.)		REMOVAL OF DEBRIS AUTOMATIC COVER = \$50,000	\$
EXCESS	<input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000		
CONSTRUCTION	FIRE PROTECTION	LOCALITY	
WALLS	DRY POWER EXTINGUISHERS <input type="checkbox"/>	MAIN STREET <input type="checkbox"/>	
ROOF	SPRINKLERS <input type="checkbox"/>	SHOPPING CENTRE <input type="checkbox"/>	
FLOOR		SUBURBAN STREET <input type="checkbox"/>	
AGE		OFFICE BLOCK - 2ND FLOOR OR ABOVE <input type="checkbox"/>	

SECURITY			
DEADLOCKS ON DOORS	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO ALARM	<input type="checkbox"/>
WINDOW LOCKS	<input type="checkbox"/> YES <input type="checkbox"/> NO	LOCAL ALARMS ONLY	<input type="checkbox"/>
		MONITORED ALARM (PLEASE SPECIFY)	<input type="checkbox"/>
		DIALLER ALARM	<input type="checkbox"/>
		DIALLER ALARM GSM BACKUP	<input type="checkbox"/>
		SECURITEL LINE	<input type="checkbox"/>
		DEDICATED LAND LINE	<input type="checkbox"/>

**MONEY**

TRANSIT/BUSINESS HOURS	\$	IN SAFE OUTSIDE BUSINESS HOURS ON PREMISES \$2,000 STANDARD PER POLICY PRIVATE RESIDENCE \$2,000 STANDARD PER POLICY	\$
EXCESS	<input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000		

**GLASS**

REPLACEMENT VALUE	<input type="checkbox"/> YES <input type="checkbox"/> NO	PERCENTAGE OF GLASS ABOVE GROUND FLOOR	%
EXCESS	<input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000		

**BUSINESS INTERRUPTION**

GROSS INCOME	\$	ADDITIONAL INCREASED COST OF WORKING	\$
OTHER (PLEASE SPECIFY)	\$	ACCOUNTANTS FEES AUTOMATIC COVER = \$50,000	\$
INDEMNITY PERIOD	<input type="checkbox"/> 6 MONTHS <input type="checkbox"/> 12 MONTHS <input type="checkbox"/> 18 MONTHS <input type="checkbox"/> 24 MONTHS		

OR

WEEKLY BENEFIT	<input type="checkbox"/> 26 WEEKS <input type="checkbox"/> 52 WEEKS
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**LEGAL LIABILITY**

PUBLIC/PRODUCTS	<input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$10,000,000 <input type="checkbox"/> \$15,000,000 <input type="checkbox"/> \$20,000,000
EXCESS	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000

**MACHINERY BREAKDOWN**

BLANKET COVER (LIMIT \$10,000)	<input type="checkbox"/> YES <input type="checkbox"/> NO	AIR CONDITIONING UNIT	<input type="checkbox"/> YES <input type="checkbox"/> NO
EXCESS	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000		

**COMPUTER AND ELECTRONIC BREAKDOWN**

COMPUTER BREAKDOWN AMOUNT	\$	ELECTRONIC BREAKDOWN AMOUNT	\$
REWRITING OF DATA	\$	INCREASED COSTS OF WORKING	\$
EXCESS	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000		

**PORTABLE AND VALUABLE ITEMS**

SPECIFIED ITEMS	
AMOUNT	DESCRIPTION OF SPECIFIED ITEM AND SERIAL NUMBER
\$	
\$	
\$	
\$	
\$	
\$	

**EMPLOYEE DISHONESTY**

AMOUNT	\$	NUMBER OF EMPLOYEES
EXCESS	<input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000	

**TAX PROBE**

TAX AUDIT COVER	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
NUMBER OF DIRECTORS	

**MOTOR VEHICLE LIST (MAXIMUM OF 10)**

YEAR	MAKE/MODEL	NCB	USE	VALUE	EXCESS	NAME OF REGULAR	DOB
			BUSINESS	\$	\$		
			BUSINESS	\$	\$		
			BUSINESS	\$	\$		
			BUSINESS	\$	\$		
			BUSINESS	\$	\$		
			BUSINESS	\$	\$		
			BUSINESS	\$	\$		
			BUSINESS	\$	\$		
			BUSINESS	\$	\$		

**UNDERWRITING QUESTIONS SPECIFIC TO MOTOR**

HAS THE DRIVER OF THE VEHICLE HAD THEIR LICENSE SUSPENDED OR CANCELLED IN THE LAST 5 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS THE DRIVER OF THE VEHICLE HAD ANY CONVICTIONS RELATING TO ALCOHOL, DRUGS, DANGEROUS DRIVING OR FAILING TO STOP AFTER AN ACCIDENT IN THE LAST 5 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO