



Brecknock

BRECKNOCK INSURANCE BROKERS FACT FINDER – BUSINESS PACK

Date:

Advice Required: Specific General

Source: Yellow Pages Counter
 Referred by:

Insured name:

Trading Name / Subsidiaries:

ABN:

Contact Name:

Postal Address:

Email address:

Website: www.

Contact Numbers: Business Hour:
After Hour:
Mobile:

Occupation/Profession:

Experience (Business):

Interested Parties:

Current Insurer:

Current Broker:

Expiry Date:

Has any insurer in respect of any insurance policy held by you, your partners and/or directors ever:

(a) Refused to renew / cancelled or terminated a policy Yes No

(b) Refused a claim or required an increased premium under the policy? Yes No

(c) Imposed special conditions under the policy? Yes No

(d) Have you been convicted on any criminal offence or been declared bankrupt? Yes No

(e) Have you had any claims in the past 5 Years? Yes No

If YES to any of the above, give details below:

Situation of property(s):

1

2

3

	Situation 1	Situation 2	Situation 3
CONSTRUCTION			
Walls			

	Situation 1	Situation 2	Situation 3
Roof			
Floors			
Age			
Number of storey			
Present state of repair			
Details of renovation			
Other occupancies			
Details of any fire protection & Hazardous Goods			
Details of security: Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description (e.g. Local, Monitored Dialer, Securitel etc)			
Other security			
General Comments			
FIRE AND SPECIFIED PERILS			
Building	\$	\$	\$
Removal of debris	\$	\$	\$
Stock including work in progress	\$	\$	\$
Customer goods	\$	\$	\$
All other contents	\$	\$	\$
Accidental damage	\$	\$	\$
BUSINESS INTERRUPTION (1)			
Gross Profit Difference Method	\$	\$	\$
Claim preparation costs	\$	\$	\$
Uninsured working expenses	\$	\$	\$
Other	\$	\$	\$
Indemnity period			
BUSINESS INTERRUPTION (2)			
Gross Profit Weekly Benefits	\$	\$	\$
Claim preparation costs	\$	\$	\$
Uninsured working expenses	\$	\$	\$
Other	\$	\$	\$
Indemnity period required (weeks)			
BURGLARY / THEFT OF PROPERTY			
Stock in trade	\$	\$	\$
Customers goods	\$	\$	\$
Tobacco, cigars and/or cigarettes	\$	\$	\$
Liquor	\$	\$	\$
All contents	\$	\$	\$

	Situation 1	Situation 2	Situation 3
Theft without forcible entry	\$	\$	\$
Damage to premises	\$	\$	\$
MONEY			
Money in transit	\$	\$	\$
Money on premises – business hours	\$	\$	\$
Money on premises – O/S business hours	\$	\$	\$
Money on premises – in locked safe	\$	\$	\$
Money in private residence	\$	\$	\$
Damage to safes/strongrooms	\$	\$	\$
GLASS BREAKAGE			
External Glass /Internal Glass (replacement value)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advertising signs/ Damage to stock	\$	\$	\$
LIABILITY SECTION 1 – Public Liability			
Limit of indemnity	\$	\$	\$
LIABILITY SECTION 2 – Products liability			
Limit of indemnity	\$	\$	\$
Do you require tenants/lease liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Goods care custody & control	\$	\$	\$
Driving risk	\$	\$	\$
Do you - Import/Export Goods?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you Manufacture/ Wholesale/ Retail?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other extension			
Turnover: \$	Wage: \$		
Number of Employee:	Welding <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sub contractor (work away) <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Wages: \$		

PERSONAL ACCIDENT & ILLNESS / INCOME PROTECTION – Weekly Benefit max 80%							
Name	DOB	Hgt/Wgt	Gender	Death	Accident	Illness	Smoker
1.			M/F	\$	\$	\$	Y/N
2.			M/F	\$	\$	\$	Y/N
3.			M/F	\$	\$	\$	Y/N
Period of benefit: <input type="checkbox"/> 52 Weeks <input type="checkbox"/> 104 Weeks <input type="checkbox"/> Waiting period 7days <input type="checkbox"/> 14 days <input type="checkbox"/> 30 days							

MACHINERY BREAKDOWN (up to 4hp)			
BLANKET			
Description	No of Items	Maximum any one loss	H/P
		\$	
		\$	
		\$	

SPECIFIED ITEMS		
Description	Value	H/P
	\$	
	\$	
	\$	

SPOILAGE OF STOCK	
Description of Stock	Value
	\$
	\$
	\$

ELECTRONIC BREAKDOWN	
Description	Value
	\$
	\$
	\$

ELECTRONIC EQUIPMENT	
Description	
(A) Fire & Perils	<input type="checkbox"/> Yes <input type="checkbox"/> No
(B) Theft (following forcible violent entry)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(C) Accidental Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
(D) Breakdown	<input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIFIED ITEMS	
Description	Value
	\$
	\$
	\$

PORTABLE ITEMS (Outside Premises)	
Description	Value
	\$
	\$
	\$

	Situation 1	Situation 2	Situation 3
Cost of Restoring Data	\$	\$	\$
Increased cost of working	\$	\$	\$
WORKER'S COMPENSATION	\$	\$	\$
Wages	\$	\$	\$
OTHER GENERAL INSURANCE			
Travel, Contract Works, Life, Motor, Goods in Transit, Director & Officers, Super, Tax Audit, Fraud, Professional Indemnity, Key Man, Other			

	Situation 1	Situation 2	Situation 3

PREMIUM CALCULATION		Quote / Due Date:
Insured:
Company:	Excess:

Class	Sum Insured	Rate %	Premium	FSL	GST	ST/D	Total
Fire Building Contents Stock ROD							
Business Interruption							
Accidental Damage							
General Property							
Burglary Contents Stock ROD							
Money In transit OP Bus Hours OP O/S Bus Hours In Safe In Custody							
Plate Glass							
Liability Public Products							
Machinery Breakdown							
Other:							
Sub Total:							br
					Plus: Broker Fee		
					TOTAL:		