



Brecknock

BRECKNOCK INSURANCE BROKERS CLIENT INSURANCE NEEDS ANALYSIS

Please answer all relevant questions and provide full names of all people and/or companies.

SECTION A – GENERAL

Client Name	
Trading Name	
A.B.N	
What proportion of the insurance premium are you able to claim as an Input Tax Credit (ITC Rate)?	
Client Postal Address	
Telephone: Business	
Telephone: Private	
Facsimile Number	
Mobile Number	
Email address	
Describe the main activities of the client	
Number of Years the Business has been established	
Number of employees (including proprietors, directors and partners)	
Estimated annual turnover	
Wage roll	
Name of Other Interested Parties	
Address of Other Interested Parties	
Provide the names and positions held by all Directors, Proprietors, and Partners of your Business	
Has any insurance company refused to meet a claim lodged by the client or by any party to be covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details	

Has any insurance company succeeded in denying a claim lodged by the client or by any party to be covered on the grounds of non-disclosure, misrepresentation and/or fraud, in respect of the cover required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details	
Does the client have or intend to have any additional insurance with any other Insurer in connection with this cover in respect of the same property or risk as are now proposed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details	
Is there any additional information or detail of which the client is aware and which may assist us to better assess the nature of the risks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details	
Has any insurance company in connection with this cover :	
Declined to accept a proposal from you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancelled a Policy, contrary to your wishes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Declined to renew a Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details	

For all Sections (other than Commercial Motor Section) list all claims and uninsured losses, damage or liabilities that have involved the client during the past five years.

Date of Loss	Description	Insurer	Amount

The following Sections enquire as to the client's needs in respect of various classes of Insurance.

It is a requirement by Law that prior to giving Personal advice, that the Adviser has considered the objectives, the financial situation and the needs of the client as relevant, or a reasonable person might expect the provider to have considered in the provision of personal advice to the client.

Therefore, prior to considering the specific sections below, the following information should be obtained from the client:

Itemise the objectives and needs of the client in seeking Insurance.
If relevant, summarise the financial situation of the client (if appropriate attach financial information such as Balance Sheet and Profit and Loss Accounts). Particular consideration should be given to the effect a

large uninsured loss would have and the client's capacity to accept large deductibles/excesses.

Summarise the client's attitude to risk, eg are they in a position to self-insure many of their exposures or do they want maximum protection?

SECTION B – PROPERTY

Is cover required for Property? Yes No

If Yes, answer all questions below.

The following information is required for each location to be Insured (attach additional information if more than one location)

Address of premises to be Insured
Type of activity carried on at location

Approximate age of premises	years
Construction	
Walls	
Floor	
Roof	
Sprinklered	<input type="checkbox"/> Yes <input type="checkbox"/> No
Burglar Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Burglar Alarm Details:	

SECTION C – FIRE

Is cover required for fire & peril?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, answer all questions below.

The following information is required for each location to be Insured

DECLARED VALUE or SUM INSURED	
Building(s)	\$
Plant/Machinery & All Contents (Ex Stock)	\$
Stock	\$
Total Sum Insured/Declared Value	\$

Provisions should be made in the Sum Insured/Declared Values for Extra Cost of Reinstatement, Fees and Costs and Removal of Debris.

OPTIONAL EXTENSIONS	
Transit	<input type="checkbox"/> Yes <input type="checkbox"/> No (Covers Insured Property in a Vehicle owned or operated by the Insured anywhere in Australia)
Number of Vehicles	
Sum Insured per Vehicle	
Excess	
Flood	<input type="checkbox"/> Yes <input type="checkbox"/> No (not available in some areas)
Excess	
Accidental Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No

EXCESS	
Malicious Damage	\$
All events except Accidental Damage, Earthquake, Flood, Malicious Damage and Transit	\$
Accidental Damage	\$
Earthquake	the lesser of \$10,000 or 1% of the Sum Insured/Declared Values at the premises where the loss occurs.

SECTION D – BUSINESS INTERRUPTION

Is cover required for Business Interruption?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, answer all questions below.

You must have taken out insurance for Fire and Peril (above) to insure for Business Interruption.

OPTION A – INCOME	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income	\$
Additional Increase in Cost of Working	\$
Payroll – Do you require Payroll to be Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of Annual Payroll required	<input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%
	\$
TOTAL SUM INSURED	\$
Indemnity Period	months
Excess	\$

OPTIONAL EXTENSIONS	
Extensions to other premises	
Specified Suppliers	%
Specified Customers	%
Additional Increase in Cost of Working	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Accounts Receivable	<input type="checkbox"/> Yes <input type="checkbox"/> No \$

OPTION B – WEEKLY INCOME	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Turnover	\$
Average Weekly Turnover	\$
Weekly Income	\$
Indemnity Period	months

OPTIONAL EXTENSIONS	
Increased Cost of Working	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E – BURGLARY

Is cover required for Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please answer all of the questions below.

SUM INSURED	
All Contents (including stock)	\$
All Contents (excluding stock)	\$
Stock (excluding Cigarettes and Tobacco)	\$
Cigarettes and Tobacco	\$
Specific Items (please specify):	
•	\$
•	\$
Damage to Premises	\$

OPTIONAL EXTENSIONS OF COVER	
Additional Damage to Premises	\$
Do you require Theft without forcible entry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excess	\$

SECTION F – MONEY

Is Cover required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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OPTION A – BLANKET COVER	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Sum Insured	\$
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OPTION B – SPECIFIED COVER	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Money in Transit (and Wages)	\$
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Money on Business Premises	\$
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Money in Safe or Strongroom	\$
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Money in Personal Custody	\$
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Other (please specify)	\$
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Note: Money on Premises is usually limited to \$1,000 outside business hours in both Option A and Option B unless contained in a securely locked Safe or Strongroom.

OPTIONAL EXTENSIONS OF COVER – Available with Option A or B.	
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Additional damage to Safe and Strongroom	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Excess	\$
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SECTION G – GLASS

Is Cover required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please answer all of the questions below.

External Glass	<input type="checkbox"/> Yes <input type="checkbox"/> No
Internal Glass	<input type="checkbox"/> Yes <input type="checkbox"/> No

OPTIONAL EXTENSIONS OF COVER	
Increased cover on Advertising (or Identification) Signs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Increased Additional Benefit for 1 above	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes	\$
Excess	\$

SECTION H – BUSINESS SPECIAL RISKS

Is Cover required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please answer all of the questions below.

COVER FOR UNSPECIFIED ITEMS

Cover may be restricted or unavailable for mobile plant, motor vehicles, watercraft, video equipment, mobile telephones and radios, sporting equipment, aerial devices, computers or their accessories unless these items are specified.

Cover is limited to a maximum of \$1,000 for any other item that is not specified.

Total amount of cover that is required for all unspecified items	\$
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Provide the following details of items that are to be specified:

Description	Manufacturer	Serial Number	\$ Insured

OPTIONAL LIMITATIONS

Do you want to limit cover to Loss or Damage:

Caused by fire, storm, water, explosion, impact by a vehicle, earthquake, aircraft, malicious damage, collision or overturning of a vehicle or theft Following visible, forcible and violent entry to a locked vehicle or premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caused by a peril other than fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excess	\$

SECTION I – EMPLOYEE FRAUD

Is Cover required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please answer all of the questions below.

Blanket Cover for all Employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Employees	
Limit per Employee	\$
Overall Limit	\$
Limit	\$
Has an Auditor reported any defects in the client’s control procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide full details:	
How often is an audit of the client’s cash, accounts, inventory and stock carried out?	
What was the date of the last audit?	/ /
Are audits completed by an external Auditor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If ‘Yes’ supply the following details:	
Auditor’s Name	
Contact Number	
Auditor’s Address	
Prior Underwriter	
Expiry Date of Their Policy	\$
Their Policy Limit	\$
Excess	\$

SECTION J – ENGINEERING

Is Cover required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please answer all of the questions below.

Refrigeration and Air Conditioning Equipment (individual value up to \$5,000).

Indicate how many of the following machines you have that individually have a new replacement value of \$5,000 or less.

Description	Quantity
Bottle cabinet	
Counter display/cold plate unit	
Dairy display unit	
Deep freeze (up to 2m long)	
Deep freeze (over 2m long)	
Domestic freezer	
Domestic refrigerator	
Glass chiller	
Freezer/Cool room	
Ice confectionery (slurpy)	
Chilled juice dispenser	
Meat display unit	
Post mix machine	
Motel/bar refrigerator	
Refrigerated vending machines	
Temprite unit	
Wall or window air-conditioner	
Split system air-conditioner	
Evaporative cooler	
Soft ice cream unit	

Other Electrical and Mechanical Equipment (individual value up to \$5,000).

Indicate how many of the following machines you have that individually have a new replacement value of \$5,000 or less.

Description	Quantity
Air compressor	
Auto wash (conveyor)	
Auto wash (not dryer)	
Band saw	
Canopy exhaust fan	
Car hoist	
Cash register	
Check out scanner	
Coffee machine	
Dishwasher	
Engine diagnostic unit	
Exhaust fan	

Description	Quantity
Glass washer	
Hair dryer	
Hot wash (auto wash)	
Meat mincer	
Meat slicer	
Microwave oven	
Sausage filter	
Scales	
Sewage pump	
Silent cutter	
Slicer	
Swimming pool/spa equipment	
Scanner	
Vacuum cleaner	
Wheel aligner/balancer	

OPTIONAL EXTENSIONS OF COVER

Deterioration of Refrigerated Goods Excess	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Increased Cost of Working	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indemnity Period	months
Excess Days	
Excess	\$

SECTION K – ELECTRONIC EQUIPMENT

Is Cover required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please answer all of the questions below.

PART A – Material Loss or Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Specified items:

OPTIONAL EXTENSIONS OF COVER

The Cost of Restoring Data	\$
Increased Cost of Working	\$

PART A – Material Loss or Damage

Excess	\$
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PART B – Breakdown

Specify items to be covered below.

Description	Value

OPTIONAL EXTENSIONS OF COVER

The Cost of Restoring Data	\$
Increased Cost of Working	\$
Increased Cost of Working	\$
Excess	days

SECTION L – LIABILITY

Is Cover required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, answer all questions below.

Limit of Liability:	
General Liability	\$ any one Occurrence
Product Liability	\$ any one Period of Insurance
Work away from premises	%
USA Exports	%
Turnover	\$
Number of Staff including principals	
Excesses:	
General Liability	\$
Products Liability	\$
Does the client require Property Owners Liability cover on property which they do not occupy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Declared Asset Values up to <input type="checkbox"/> \$1m <input type="checkbox"/> \$2m <input type="checkbox"/> \$3m <input type="checkbox"/> \$4m	
If over \$4m specify:	
Address of property to be Insured (If insufficient space, please attach list of properties to be Insured)	
Does the client's operations include :	
use or storage of explosives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
welding away from your premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
boilers and/or compressors which require Government Certificates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
manufacture, distribution, storage, transportation of chemicals or other toxic or harmful matter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
construction work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to any of the above, please specify.	
Attach details of any liability assumed by written or verbal contract including 'Hold Harmless' Agreements.	
Does the client subcontract any work to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes:	
what is the annual value of this subcontract work?	\$
specify the type of work subcontracted (details):	
Does the client check that their sub-contractors have public liability cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the client provide any advice, design or professional services, whether or not they charge a fee for such advice, design or professional services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details:	

(Note: A check should be made that their cover includes the Insured's interest as a Principal)

OPTIONAL EXTENSIONS

Damage to Property which is in the client's Physical or Legal Control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
if "Yes", specify:	
Limit required	\$
Excess	\$
Details of Property in the client's Physical or Legal Control.	
Other Extensions? Please specify.	

PRODUCT LIABILITY QUESTIONS

Are you: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Importer	
Provide full details of products in respect of which cover is required. (Attach catalogue/price list/samples of packaging, labels and printed warranties.)	
Do you require cover for discontinued products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please attach complete details of products.	
Do you intend launching any new products during the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please attach complete details of products.	
Do you keep records that will enable your source of purchase to be identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are raw materials/ingredients laboratory tested for quality or impurity before use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a quality control program in place for finished products?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide full details of all products exported/imported:

Description	Destination/Source	Turnover \$

SECTION M – PERSONAL ACCIDENT

(This is not Workers' Compensation Insurance)

Is Cover required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please answer all of the questions below.

NOTE

- (1) Renewal may not be offered following the client's 65th birthday.
 - (2) The Weekly Benefit must not exceed average weekly earnings of the person to be Insured.
- (If Voluntary Workers cover is required, proceed to OPTION D.)

PERSON TO BE INSURED

First Name	
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Surname	
Date of Birth	/ /
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Height	kg
Weight	cm
Occupation	
Are you covered by Workers' Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the person to be Insured ever had: a heart complaint, hernia or other physical weakness or defect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
any other serious disease or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please attach details.	
Does the person to be Insured require:	
accident cover to be restricted to outside working hours only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
to take a voluntary Excess period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Period Days (Minimum Period Days is seven days)	
Age limits at commencement of insurance: Accident cover: 16 to 60 years, illness cover: 16 to 55 years.	
NOTE: (1) Renewal may not be offered after the 65th birthday. (2) The Weekly Compensation Benefit must not exceed average weekly earnings of the person to be Insured.	

OPTIONS A, B and C.

Please tick the cover required:		
<input type="checkbox"/> Death only	<input type="checkbox"/> Accident only	<input type="checkbox"/> Accident and/or illness
<input type="checkbox"/> Capital Benefit	<input type="checkbox"/> Weekly Accident	<input type="checkbox"/> Weekly illness
Number of weeks (Standard cover 104 weeks)		

OPTION D – Voluntary Workers

Number of Workers	
Usual type of voluntary work undertaken	
Capital Benefit (any one worker)	\$
Accident Weekly Benefit (any one worker)	\$
Number of Weeks	
Overall Limit (any one Accident)	\$

SECTION N – COMMERCIAL MOTOR SECTION

Is Cover required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please answer the following for each motor vehicle, bus, trailer or plant to be Insured.

Name	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Year of manufacture				
Make of vehicle				
Model of vehicle				
Description, ie semi trailer, rigid body, tipper or trailer, concrete agitator, earthmoving plant, sedan, panel van, etc.				
State under each vehicle which of the following options of cover you require – Please indicate which cover is required for each vehicle Option 1 – Comprehensive Cover Option 2 – Own Damage Only Cover Option 3 – Third Party Property Damage Only Cover Option 4 – Third Party Property Damage, Fire and Theft Cover Option 5 – Fire & Theft Only Cover				
What is the purpose for which the vehicle(s) is/are used? eg Business or Private				
Chassis, VIN, Engine Number or Serial Number				
Registration Number				
Present Value/Market Value (excluding accessories)				
Please list below all accessories that are not factory standard equipment and show the value for each vehicle, e.g. air conditioning, bull bars, CD players, two-way radios, gates, chains and tarps.				
1. Stereo/CD and or Stacker 2. Mag Wheels and/or Trim 3. Tow/Bull Bar 4. Two-way/CB Radio 5. Body Kit/Spoiler 6. Air conditioning 7. Security System 8. Sunroof 9. Caravan Annex 10. Gates, chains and tarps 11. Other (Unlisted) accessories				
Sum Insured Value – it is recommended the market value (exclusive GST) plus the amount specified for accessories to be the maximum Sum Insured.				
Current Insurer				
Policy Number				
Current No Claim Bonus for each vehicle.				
If vehicle is subject to Finance, please state type of finance eg Hire purchase, Lease, Bill of Sale, etc If vehicle is financed, place name of the Finance Company under each vehicle.				
Where is the home base for each vehicle? Supply town name and postcode – if each vehicle works from the same home base, only answer for one vehicle				

Name	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
State the maximum distance the vehicle will be used from its home base.				
Do you require cover for non-owned trailer liability? If Yes, please choose one of the following options, i.e. \$50,000, \$100,000 or \$150,000.				
If goods carrying, please describe the goods carried (e.g. bricks, sand and metal, general carrying).				
Carrying capacity				
If vehicle is a sedan or utility, please nominate if automatic or manual.				

NOTE: DOCUMENTARY PROOF OF NO CLAIM BONUS IS MANDATORY AND MUST ACCOMPANY THIS DOCUMENT.

Limit of Liability is required for Third Party Property Damage

Limit of Liability <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$10,000,000 <input type="checkbox"/> \$15,000,000 <input type="checkbox"/> \$20,000,000
Other _____ \$ _____

The Proposer and Other Drivers' Questionnaire

Have any of the persons who will drive any of the Insured vehicles/plant:	
had any motor insurance and/or claims refused and/or cancelled and/or imposed special terms in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
had any convictions for driving under the influence of alcohol or drugs (DU) and/or exceeding the prescribed content of alcohol (PCA) in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
had a licence suspended or cancelled in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
been convicted of a total of more than two (2) traffic offences (excluding parking) in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the client's vehicles/plant involved in the carriage or use of the following:	
Flammable Liquids, Gases, Chemicals or explosive substances previously assessed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refrigerated transport (only answer 'Yes' to this question if the vehicle involved in refrigerated transport has over 10 tonne carrying capacity, i.e. a Prime Mover or Semi Trailer)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Livestock	<input type="checkbox"/> Yes <input type="checkbox"/> No
Logging	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of the client's vehicles operate as Road Trains (i.e. more than two (2) goods carrying trailers being towed by one vehicle)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the vehicles/plant involved in work above the 26 ^o parallel in Western Australia or the Northern Territory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the vehicles insured used for charter purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to any of these questions, please provide full details.	

Give details of all accidents, claims or losses during the last three years (whether to blame or not) involving any vehicles/plant owned or Insured by the client or by any of the persons named above.

State "NIL" if no claims OR complete details below

Driver's Name	Date of Loss	Description of Loss	Insurer	Total Cost \$

SECTION O - EARTHMOVING VEHICLES OR PLANT

Are any of your vehicles/plant involved in earthmoving, bush clearing or civil construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please answer all of the questions below.	
Are any of your vehicles/plant used or expected to be used:	
on, in, over, or under water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
in sand or beach operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
in logging or bush clearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
in demolition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
in connection with exploration, hazardous gases or any other hazardous occupation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
in underground mining or tunnelling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the vehicles/plant let out on a:	
“dry hire” basis (ie without your operator being in charge)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
“wet hire” basis (ie with your operator being in charge)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes” to any of these questions, please provide full details.	

SECTION P – PREMIUM SUMMARY

Sections Covered	Premium Payable	FSL	GST	Stamp Duty	Total Payable
General					
Property					
Fire					
Business interruption					
Burglary					
Money					
Glass					
Business special risks					
Employee fraud					
Engineering					
Electronic equipment					
Liability					
Personal accident					
Commercial motor section					
Earthmoving vehicles or plant					

SECTION Q – DECLARATION BY CLIENT

I/we in effecting insurance in accordance with the information furnished in this Needs Analysis/Proposal declare and warrant:

1. the statements in this Needs Analysis/Proposal Form are true.
2. I/we have disclosed all matters which to my/our knowledge you should be aware of and in particular, I/we have fully disclosed my Objectives, Financial Situation and Needs relevant to this insurance.
3. No Insurance Company has ever cancelled, declined or refused to renew or imposed special terms or cancelled any Policy held by me/us.
4. That I/we agree to accept the terms, exclusions, conditions and limitations of the Policy(s) effected on my behalf by you in respect of the insurances obtained in respect of the above.

Client's / Proposer(s)' Signature

Date
