



Please answer questions fully, use block letters and tick appropriate boxes

Licensed Broker: \_\_\_\_\_ AFSL: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Insured Name: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LOCATIONS:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Postal Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**PERIOD OF INSURANCE**

a) FROM        /        /        TO        /        /        at 4.00pm local standard time.

b) Any subsequent period for which the Insured shall pay and the Insurer(s) shall agree to accept a renewal premium.

## SECTIONS

Please provide a quotation for the following sections:

- SECTION 1** – Industrial Special Risks
- SECTION 2** – Crime
- SECTION 3** – Hail
- SECTION 4** – Commercial Motor Composite
- SECTION 5** – Broadform Public/Products Liability
- SECTION 6** – Equipment Breakdown
- SECTION 7** – Inland Transit
- SECTION 8** – Tax Audit
- SECTION 9** – Occupational Liability

## GENERAL QUESTIONS

1. Has anyone comprising the insured either alone or jointly with others:
- |   |     |    |
|---|-----|----|
| a) Had any insurance declined or cancelled, renewal refused, claim rejected or special conditions imposed by an insurer?                        | YES | NO |
| b) In the last three years claimed on any insurance for, or suffered any loss or damage by, any event to be insured by this proposed insurance? | YES | NO |
2. Have you or any person insured under this policy:
- |   |     |    |
|---|-----|----|
| a) Been declared bankrupt or made an agreement with your creditors? | YES | NO |
| b) Been convicted of any criminal offence(s)                        | YES | NO |
3. Are there any special or unusual hazards existing which will increase the likelihood of loss, damage, destruction or liability?
- |  |     |    |
|--|-----|----|
|  | YES | NO |
|--|-----|----|
- If Yes to any of the above, state full details:

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## PLEASE READ THESE NOTICES CAREFULLY

**THESE NOTICES ARE ISSUED ON BEHALF OF 5STAR UNDERWRITING P/L AND THE INSURANCE COMPANY DESIGNATED HEREIN**

### Notice of the Insured's Duty of Disclosure

Before you enter into a contract of insurance with the insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer everything that you know, or could be reasonable expected to know, which is relevant to the insurer's decision to insure anyone under the policy, including you, and on what terms.

It includes matters the insurer specifically ask about when you apply for a policy, or renew or alter your policy, and any other matters which might affect whether the insurer will insure you and on what terms.

Your duty however does not require you to tell the insurer of anything which:

- reduces the chances of you making a claim;
- the insurer should know about because of the business they are in;
- the insurer tells you they do not want to know.

## PLEASE READ THESE NOTICES CAREFULLY (CONT)

### Non-disclosure

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 this claim or may cancel the insurance. If your non-disclosure is fraudulent, the insurer may treat the policy as if it had never existed.

### Privacy Statement

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at [www.5starunderwriting.com.au](http://www.5starunderwriting.com.au)

### Please access and read this policy.

If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask us.

If you wish to access your file please ask us.

## AGENT OF THE INSURERS

In accordance with the requirements of the Corporations Act 2001, 5Star Underwriting Agency P/L in arranging or effecting this insurance or dealing with or settling claims will be acting under an authority given to it by certain insurers. Accordingly 5Star Underwriting Agency P/L will be acting as an agent of the insurers and not as your agent.

## DUTY OF DISCLOSURE

- |   |     |    |
|---|-----|----|
| 1. Have you read and understood the Duty of Disclosure?   | YES | NO |
| 2. Are there any exceptional circumstances which are relevant to our decision whether or not to provide insurance or the terms of such insurance? | YES | NO |

If Yes, please provide details:

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### DECLARATION (TO BE SIGNED UPON PLACEMENT OF COVER)

**I/We declare that:**

- a) Quotation Slips are attached / have been previously provided and are incorporated in this Proposal; and
- b) The answers and information given by me / us are true and correct in all respects

**I/We acknowledge having been clearly informed of the following:**

- a) my / our duty of disclosure;
- b) the only persons whose interests are covered.

**I/We authorise 5Star Underwriting Agency Pty Ltd to give to, or to obtain from other insurers or an insurance or credit reference bureau any information relating to this insurance cover, and any other insurances held by me / us and claim under that insurance.**

**Signature(s) apply to the following types of insurance for which a Quotation request is or has been previously provided.**

- Industrial Special Risks
- Hail
- Commercial Motor Composite
- Broadform Public Products Liability
- Equipment Breakdown
- Inland Transit
- Tax Audit
- Occupational Liability
- Crime

**Signed by the Insured:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

### CLAIMS DECLARATION (ALL LOSSES/INCIDENTS APPLICABLE TO ANY/ALL SECTIONS OF COVER)

**Past three years loss experience:**

DATE	EVENT	PAID	O/S
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>TOTAL:</b>		\$	\$

## SECTION 1 – INDUSTRIAL SPECIAL RISKS

### DECLARED VALUES (In accordance with the Basis of Settlement)

#### SECTION 1A (PROPERTY DAMAGE)

All Insured Property \$ \_\_\_\_\_

#### SECTION 1B (CONSEQUENTIAL LOSS)

Gross Profit \$ \_\_\_\_\_

Payroll (if not included in Gross Profit) \$ \_\_\_\_\_

Increased Cost of Working \$ \_\_\_\_\_

#### OPTIONAL COVER 1B

Rent Receivable \$ \_\_\_\_\_

Claim Preparation Costs \$ \_\_\_\_\_

Customer's Premises \$ \_\_\_\_\_

Supplier's Premises \$ \_\_\_\_\_

#### LIMIT(S) OF LIABILITY

The amount specified in the schedule as a limit or a sub-limit or other maximum amount payable by us under the policy

Section 1A – Property Damage \$ \_\_\_\_\_

Section 1B – Consequential Loss \$ \_\_\_\_\_

#### OPTIONAL COVER 1A

Glass (Replacement Value) **Included**

Removal of Debris \$ \_\_\_\_\_

#### Directors and Employees Property on premises

a) limit any one person \$ \_\_\_\_\_

b) limit all persons (any one loss) \$ \_\_\_\_\_

#### Away from premises (tools only)

a) limit any one person \$ \_\_\_\_\_

b) limit all persons (any one loss) \$ \_\_\_\_\_

Express Carriage Rates and Extra Payments \$ \_\_\_\_\_

Costs and Expenses of Enquiry \$ \_\_\_\_\_

Boiler and Pressure Plant Explosion \$ \_\_\_\_\_

Fusion \$ \_\_\_\_\_

Watercraft **Included**

#### Section 1A Only – Property Damage

Accidental Damage (unspecified peril) **Included**

Landscaping \$ \_\_\_\_\_

Extra Cost of Reinstatement \$ \_\_\_\_\_

Flood \$ \_\_\_\_\_

## SECTION 1 – INDUSTRIAL SPECIAL RISKS (CONT)

### Section 1B Only – Consequential Loss

Additional Increased Cost of Working \$ \_\_\_\_\_

Accounts Receivable \$ \_\_\_\_\_

Limit(s) cannot exceed 15% of Consequential Loss limit of liability.

### PERIOD OF INDEMNITY

<b>Period:</b>	6 months	12 months	18 months	24 months
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### UNINSURED WORKING EXPENSES (APPLICABLE ONLY TO THE DEFINITION OF GROSS PROFIT)

- |  |                               |
|--|-------------------------------|
| ◦ Purchases less discounts allowed                 | ◦ Inventory control/freight   |
| ◦ Advertising and promotion (in excess of 60 days) | ◦ Maintenance and policy work |
| ◦ Bad debts  | ◦ Pre delivery                |
| ◦ Demonstration expense                            | ◦ Payroll (gross)             |
| ◦ Equipment and vehicle maintenance                | ◦ Sub-let (in excess of 20%)  |
| ◦ Floor plan interest (in excess of 60 days)       | ◦ Warranty/policy adjustments |
| ◦ Others (as specify):                             | ◦ Free service                |

### PAYROLL LIMIT(S)

**Payroll Definition:** Salaries, Wages, Commissions, Bonuses, Holiday Pay, Long Service Leave, Workers Compensation, Accident Compensation Levies, Insurance, Superannuation, Pay-roll Tax, Value of Fringe Benefits and all other payroll related additives.

1. 100% for \_\_\_\_\_ weeks
2. \_\_\_\_\_% for \_\_\_\_\_ weeks
3. Option to Consolidate (as defined) \_\_\_\_\_ weeks

### STANDARD EXCESS(ES)

The Insured shall bear the following amount(s) in respect of each loss or series of losses arising out of any one event

#### 1. Earthquake, subterranean fire or volcanic eruption

- a) \$20,000, or
- b) an amount equal to 1% of the total asset value where the damage occurs, whichever is the lesser

#### 2. Requested Excess(es)

Malicious damage – any one vehicle (capped at 5 vehicles)	\$ _____
Accidental Damage – any one event	\$ _____
Directors / Employee tools – any one person	\$ _____
Flood (if included)	\$ _____
Employee Dishonesty (if included)	\$ _____
Named Cyclone	\$ _____
Losses other than above	\$ _____

**Note:** Should more than one excess apply under this policy for any claim or series of claims arising from the one event, such excess shall not be aggregated – the highest single level of excess only shall apply.

## SECTION 1 – INDUSTRIAL SPECIAL RISKS (CONT)

### UNDERWRITING INFORMATION

1. Current Insurer \_\_\_\_\_

2. Current Insurance Broker \_\_\_\_\_

3. Insured principally sells:	a) Motor Vehicles	New	Used
	b) Motor Cycles	New	Used
	c) Trucks	New	Used
	d) Other (please specify) _____		

4. Floor Plan Financier(s) (identify) \_\_\_\_\_

5. Describe perils insured (if any) by Floor Plan(s) \_\_\_\_\_

6. Value of Insured's stock bailment finance limit from Floor Plan provider(s) \$ \_\_\_\_\_

7. Is cover required for Insured's Bailment Stock? YES NO

If yes, please specify sum insured \$ \_\_\_\_\_

8. Number of vehicles under bailment \_\_\_\_\_

9. Value of Insured's stock (own equity) \$ \_\_\_\_\_

10. Number of own vehicles \_\_\_\_\_

11. Dealer has franchises for:

Alfa Romeo	Audi	BMW	Chrysler/Jeep
Citroen	Daewoo	Daihatsu	Ferrari
Ford	Holden	Honda	Hyundai
Jaguar	Kia	Lada	Lamborghini
Land Rover	Mazda	Mercedes	Mitsubishi
Nissan	Peugeot	Porsche	Proton
Rolls Royce	SAAB	Subaru	Suzuki
Toyota	Volvo	Volkswagen	Kenworth
Mercedes/Freightliner	International	Scania	Yamaha
Kawasaki	Ducati	Harley Davidson	Others (please specify):

12. Split of Business activity (Based on Turnover):

Vehicle Sales \_\_\_\_\_ % Vehicle Service \_\_\_\_\_ %

Spare Parts \_\_\_\_\_ % Finance & Insurance \_\_\_\_\_ %

Administration \_\_\_\_\_ % Other (Describe) \_\_\_\_\_ %

13. Does the dealership offer retail motor products/CTP Greenslips? (Warranty, Gap Insurance, CCI, etc.) YES NO

Number of New Vehicles \_\_\_\_\_

Number of Used Vehicles \_\_\_\_\_

**RISK DETAILS (1) SCHEDULE OF PROPERTY TO BE INSURED (NOT TO BE INCLUDED IN POLICY)**

SITUATION(S)	BUILDING(S)	STOCK PARTS/ ACCESSORIES	STOCK NEW VEHICLES	STOCK USED VEHICLES*	PLANT AND ALL OTHER PROPERTY	TOTAL
	<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>

**SECTION 1A TOTAL DECLARED VALUE**

\* Stock Used Cars includes Customers and Consignment Vehicles



## SECTION 1 – INDUSTRIAL SPECIAL RISKS (CONT)

### RISK DETAILS

Note: if multi- situations please advise for each

#### Construction

Walls:	Concrete	Brick	Metal	Other: _____
Floor:	Concrete	Timber	Metal	Other: _____
Roof:	Concrete	FC/AC	Metal	Other: _____
Frame:	Concrete	Timber	Metal	Other: _____
Height:	Single Storey	Multi Storey		
Condition of Premises:		Good	Fair	Poor

#### Security

Intruder Alarm in operation?	YES	NO	Local	Monitored
Monitoring of alarm is via	Dedicated line	Securitel line	Digital dialer	
Who responds to alarm?	On site security	Security company		
	Other: _____			
Areas alarmed?	External doors	Interior	Safe	
	Other: _____			
Is there a safe on premises?			YES	NO
Are yards protected by fences/bollards/chains?			YES	NO
Are entry points and driveways protected?			YES	NO
Exterior security lighting?			YES	NO
Security?			YES	NO
Permanent night watchman?			YES	NO
Are vehicle keys kept in office during trading hours?			YES	NO
Are vehicle keys kept in safe/security cabinet outside trading hours?			YES	NO

#### Fire Protection

Automatic fire sprinklers?	YES	NO
Automatic fire/smoke detectors?	YES	NO
Fire hydrants?	YES	NO
Fire hose reels?	YES	NO
Portable fire extinguishers?	YES	NO
If Yes to any of the above, have appliances been serviced within the last 6 to 12 months?	YES	NO

## RISK DETAILS – VEHICLE KEY SECURITY

### Vehicles on display in open yard/showroom

Are keys kept in the sales manager's office whilst vehicles are unattended?	YES	NO
Are keys removed from vehicles after business hours and locked away either in a safe or cabinet - daily?	YES	NO
Does the sales manager or responsible executive check and record that vehicles are secured after business hours - daily?	YES	NO
Are new employees advised of these procedures?	YES	NO

If No, please explain procedures:

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### Customer's vehicles in workshop

Are keys kept in the workshop manager's office whilst vehicles are not being worked on?	YES	NO
Are keys removed from vehicles after hours and locked away either in a safe or cabinet - daily?	YES	NO
Does the workshop manager or management confirm that vehicles are secured after business hours - daily?	YES	NO
Are new employees advised of these procedures?	YES	NO

If No, please explain procedures:

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### Test Driving of Vehicles

Does the dealership keep the photocopy of the driver's licence in a vehicle is being road tested without a sales person in the car?	YES	NO
Does the sales person remove the keys when a customers is left alone in the vehicle?	YES	NO

If No, please explain procedures:

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## SECTION 2 – CRIME

Please indicate limit required for the following covers:

### 2A – THEFT

- a) Vehicles (any one loss) \$ \_\_\_\_\_
- b) Parts and accessories attached to a vehicle (limit any one loss) \$ \_\_\_\_\_
- c) All other property \$ \_\_\_\_\_

### 2B – MONEY

- a) In transit or locked safe \$ \_\_\_\_\_
- b) On premises outside business hours out of locked safe \$ \_\_\_\_\_
- c) Other losses \$ \_\_\_\_\_

### 2C – EMPLOYEE DISHONESTY

- a) any one person \$ \_\_\_\_\_
- b) aggregate limit for all claims during anyone period of insurance \$ \_\_\_\_\_

### ADDITIONAL BENEFITS

#### Directors and Employees Property on premises

- a) limit any one person \$ \_\_\_\_\_
- b) limit all persons (any one loss) \$ \_\_\_\_\_

#### Away from premises (tools only)

- a) limit any one person \$ \_\_\_\_\_
- b) limit all persons (any one loss) \$ \_\_\_\_\_

### EXCESS(ES)

The Insured shall bear the following amount(s) in respect of each loss or series of losses:

- Any one vehicle \$ \_\_\_\_\_
- All other losses \$ \_\_\_\_\_

### SECTION 3 – HAIL DAMAGE TO VEHICLES

The term "Motor Vehicle" when used herein shall mean:

All motor vehicles, trailers, boats, motor cycles, motorised homes, motor homes, motor propelled machinery of every kind and description whether registered or unregistered belonging to or being purchased, financed or otherwise acquired or left in the custody of the Insured for sale and/or repair and/or garaging and/or servicing and/or any other purpose in the course of the Insured's Business and/or activities (excluding caravans).

Including:

1. Vehicle accessories (including fire fighting equipment); and
2. providing they are in or on the Vehicle, standard tools supplied by the Vehicle's manufacturer or similar substitutes for them,

but not including:

- a) any radio, cassette, compact disc player which is not built in or any speed surveillance detection device;
- b) any contents other than fixtures or fittings;
- c) a trailer or sidecar (other than a trailer or sidecar given cover under Section 10) unless described on the Certificate of Insurance;
- d) any tarpaulins, gates or binders;

#### UNDERWRITING INFORMATION

Total value of Vehicle Stock:

IN THE OPEN (Including stock under hail nets and sails) Please provide a breakdown per location:

SITUATION (\$)	VALUE OF MOTOR STOCK (IN THE OPEN)
	\$
	\$
	\$
	\$
	\$
<b>TOTAL</b>	\$
UNDER COVER (Deemed to be stock held under cover in buildings)	\$
<b>TOTAL STOCK VALUE</b>	\$

#### Stock Held Under Cover of Hail Nets.

Please note that for the purposes of completing this declaration in respect to hail cover, motor vehicles under hail nets do not qualify as vehicles/stock held under cover. The logic behind this reasoning is that most hailstorms are driven by wind, and as hail netting does not provide any side protection, damage can still be sustained to the vehicles under netting.

In respect to the hail netting known as sails, these are more for presentation rather than risk management, and as gaps and breaks do appear in them, vehicles under this cover are deemed as exposed.

Vehicles that are held under cover contained in buildings or fixed structures are regarded as vehicles/stock under cover and therefore not necessary to be declared. Vehicles under hail nettings must be declared and coverage will be provided where damage is sustained to vehicles under this netting.

#### POLICY LIMITS

**SUM INSURED**      \$ \_\_\_\_\_

(note: must equal stock value in open, unless First Loss Cover)

#### EXCESS(ES)

**\$500 each and every vehicle**

Aggregate excess \$50,000

## SECTION 4 – COMMERCIAL MOTOR COMPOSITE

The term "Your Vehicle" when used herein shall mean:

Any motor propelled machinery of every kind and description, motor vehicles, trailers, caravans, boats, motor cycles, motorised homes, whether registered or unregistered, belonging to or being purchased, financed or otherwise acquired by you or left in your custody for sale, repair, garaging or servicing or any other purpose in the course of your business.

Including:

1. Vehicle accessories (including fire fighting equipment); providing they are in or on the vehicle; and
2. Standard tools supplied by the Vehicle manufacturer or similar substitutes for them.

Your Vehicle does not include:

- a) Any radio, cassette, compact disc, digital versatile disc or other digital media playing or recording device or any speed surveillance detection apparatus or navigation apparatus which is not built into the vehicle;
- b) Any contents other than permanent fixture or fittings;
- c) A trailer or sidecar (other than a trailer or sidecar given cover specifically under this Section or described in the schedule);
- d) Any tarpaulins, gates or binders; or
- e) Any stock vehicle or customer's vehicle, whilst in, on or about your premises, except when being driven under a trade plate or as part of a test-drive.

### PROPERTY INSURED

1. Stock vehicles:

vehicles defined as Stock in the Insured's books of account anywhere in Australia excluding the Insured's Business Premises

2. All other Vehicles anywhere in Australia including transit by rail or sea.

### LIMIT(S) OF LIABILITY

Loss and/or damage to property insured	\$ _____
Third party property damage liability	\$ 20,000,000
Dangerous Goods: bodily injury and property damage liability	\$ 1,000,000

### REQUESTED EXCESS(ES)

\$ \_\_\_\_\_ any one vehicle (nil windscreen excess)

Plus age and/or inexperienced driver excess (if applicable) add:

\$700 16-19 years

\$500 20-21 years

\$300 22-24 years

\$300 If licensed to drive in Australia for a period less than two years (not applicable in addition to age excess).

### UNDERWRITING INFORMATION

1. Number of employees (select) Less than 20 More than 20

**NOTE:** All insured with 20 or less employees are defined as Retail by the Financial Services Reform Act.

## SECTION 4 – COMMERCIAL MOTOR COMPOSITE (CONT)

Number of company owned vehicles and values intended to be insured as under:

	\$0 to \$60,000	\$60,000 to \$100,000	OVER \$100,000	OVER \$100,000 (actual value and description)
Directors, Dealer Principal (s)				
Executive/Managers				
Sales staff				
F & I staff				
Valuers				
Test Drive				
Loan Vehicles				
Service, Parts & Delivery Vehicles				
All other e.g. promotional, non-profit etc				
Trade Plates				

Total Number of vehicles:

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Vehicles and values owned privately intended to be insured as under (not included in above):

VEHICLE DESCRIPTION	REG NO.	REGISTERED OWNER	VALUE \$

### GENERAL QUESTIONS

1. Are you aware if anyone comprising the Insured or any employee of the Insured who is likely to drive any vehicle cover by the Motor Composite Policy has, in the last five years:

- |   |     |    |
|---|-----|----|
| a) Been fined / convicted of a traffic offence?   | YES | NO |
| b) Had a driving licence endorsed, suspended or cancelled?  | YES | NO |
| c) Had any moving vehicle accidents or fines, or lodged a claim in connection with a motor vehicle? | YES | NO |

If Yes to any of the above, state full details:

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## SECTION 5 – BROADFORM PUBLIC/PRODUCTS LIABILITY

Limit of Indemnity Required:	\$5,000,000	\$10,000,000	\$20,000,000
1. Public Liability	\$ _____	any one Occurrence	
2. Product Liability	\$ _____	any one Occurrence and in the aggregate in any one period of insurance	
3. Property in Custody or Control of Insured	\$ _____	any one Occurrence	
4. Reperformance	\$10,000	any one claim and limited to \$50,000 in the aggregate in any one period of insurance	

### REQUESTED EXCESS(ES)

\$ \_\_\_\_\_ each and every Claim in respect of Reperformance  
 \$ \_\_\_\_\_ all other claims

### UNDERWRITING INFORMATION

#### 1. Payroll

New & used vehicle sales \$ \_\_\_\_\_  
 Parts sales \$ \_\_\_\_\_  
 Service / repairs \$ \_\_\_\_\_  
 All other \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

#### 2. Turnover

New vehicle sales \$ \_\_\_\_\_  
 Used vehicle sales \$ \_\_\_\_\_  
 Parts sales \$ \_\_\_\_\_  
 Service/repairs \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

#### 3. No. of units sold annually

NEW	USED	WHOLESALE	TOTAL

#### 4. No. of employees

WORKSHOP	AUTHORISED EMPLOYEES ISSUING STATUTORY CERTIFICATES	ALL OTHER	TOTAL (INCLUDING DIRECTORS)

**5. Are mechanical repairs carried out?** YES NO

#### 6. Imports

Are vehicles / parts imported directly? YES NO  
 (if "Yes" please describe)

#### 7. Contractual Liabilities

Have any contracts or agreements been entered into in which insured has assumed the responsibility of another party? YES NO  
 (if Yes please describe)

## SECTION 6 – EQUIPMENT BREAKDOWN

### INTEREST INSURED/SUM(S) INSURED

In respect of all Machinery and Electrical Plant the property of the Insured and for which the Insured is responsible.

- |                     |     |    |          |
|---------------------|-----|----|----------|
| a) Blanket Cover:   | YES | NO | \$ _____ |
| b) Specified Cover: | YES | NO | \$ _____ |
- In respect of specified Machinery and Electrical Plant as described below

### Optional Benefits

- |  |     |    |          |
|--|-----|----|----------|
| Business Interruption – Additional Increased Cost of Working | YES | NO | \$ _____ |
|--|-----|----|----------|

### BASIS OF SETTLEMENT

- Repair the damaged property; or
- Replace the damaged property with similar (not necessarily new) property of like kind, capacity, size, quality and function; or
- Pay you the lesser of the cost to repair the property or replace the property with similar (not necessarily new) property of like kind, capacity, size, quality and function.

### REQUESTED EXCESS(ES)

- |   |          |
|---|----------|
| a) General Policy Excess  | \$ _____ |
| Each and every Loss each item. If more than one item is lost or damaged in one occurrence, only the highest single excess applicable to such items shall apply. |          |
| b) Spoilage of Perishable Insured Property Excess   | \$ _____ |
| Each and every loss   |          |

### ADDITIONAL BENEFITS

- |                        |                    |          |
|------------------------|--------------------|----------|
| ◦ Professional Fees    | (limit each claim) | \$25,000 |
| ◦ Expediting Expenses  | (limit each claim) | \$25,000 |
| ◦ Temporary Hire Costs | (limit each claim) | \$25,000 |
| ◦ Bore Pump Removal    | (limit each claim) | \$5,000  |
| ◦ Water Damage         | (limit each claim) | \$50,000 |
| ◦ Hazardous Substances | (limit each claim) | \$25,000 |







## SECTION 9 – OCCUPATIONAL LIABILITY

### 1. CLAIMS MADE AND NOTIFIED BASIS OF COVERAGE

Some sections of the Motor Trade Occupational Liability Insurance Policy are issued on a 'claims made and notified' basis.

This means that these sections of the policy respond to:

- a) claims first made against you during the period of insurance and notified to the insurer during the period of insurance, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and:
- b) claims made against you after the expiry of the period of insurance provided that, pursuant to section 40(3) of the Insurance Contracts Act 1984, you have given written notification to the insurer of facts which may give rise to a claim being made against you. Such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to the time at which the policy expires. If you give written notification of facts the policy will respond even though a claim arising from those facts is made against you after the policy has expired. Please note that there is no right to obtain this protection under the terms of this policy and the effect of this policy is that you are not covered for such claims made after the expiry of the period of insurance.

### 2. RETROACTIVE DATE

If a retroactive date applies to a section of this policy then it means that cover is excluded for any wrongful act occurring or committed prior to the Retroactive Date.

Our policy also contains provisions that exclude cover for any wrongful act occurring or committed by a subsidiary company and it's directors, officers or employees prior to it's acquisition or creation by the Insured.

### 3. TYPE OF ORGANISATION

What type of organisation is the Company?

ASX listed public company

Proprietary company

Not-for-profit

Company limited by guarantee

Other (please specify):

### 4. DETAILS OF ULTIMATE HOLDING COMPANY

Is the Company a subsidiary company of another company? YES  NO

If Yes, please advise name of ultimate holding company, country of registration and website address.

### 5. DETAILS OF EMPLOYEES, REVENUE AND ASSETS

Please state Company's and its subsidiary companies' employees, revenue and assets as follows

	NUMBER OF EMPLOYEES	TOTAL REVENUE	TOTAL ASSETS	NET ASSETS
AUSTRALIA		\$	\$	\$
ELSEWHERE		\$	\$	\$
<b>TOTAL</b>		\$	\$	\$

### 6. ROADWORTHY CERTIFICATES

Please state the number of authorised employees who issue roadworthy certificates:

## SECTION 9 – OCCUPATIONAL LIABILITY (CONT)

### 7. DIRECTORS' AND OFFICERS' DETAILS

- a. Has any former or current director or officer of the Company or its subsidiary companies (current or past) ever been declared bankrupt? YES NO

If "Yes", please provide details of the name of director/ officer and the date declared bankrupt.

- b. Has any former or current director or officer of the Company or its subsidiary companies (current or past) ever been a director or officer of an organisation placed in receivership, liquidation or provisional liquidation? YES NO

If Yes, please provide details of:

Name of Director/Officer, name of organisation, date and details of receivership/ liquidation.

### 8. OUTSIDE DIRECTORSHIPS

Do any of the directors, officers or employees of the Company or its subsidiary companies hold or have they held (at the specific request of the Company or its subsidiary companies) any outside directorships or positions of equivalent status in any outside entities (whether for or not for profit)?

YES NO

If Yes, please provide the following details for each outside entity for which Outside Directorship cover is required and attach the latest annual report for each outside entity.

OUTSIDE ENTITY	COUNTRY OF REGISTRATION	Details of any directors & officers insurance provided by the outside entity		
		LIMIT	INSURER	POLICY NUMBER

### 9. MERGERS, ACQUISITIONS AND CAPITAL RAISINGS

- a. Has the Company or its subsidiary companies undergone any corporate restructuring in the last 3 years? YES NO
- b. Has the Company or its subsidiary companies had a reduction in personnel affecting 20% or more of the workforce in a single location within the past 3 years? YES NO
- c. Does the Insured anticipate any redundancies, staff reductions or facility closures in the next 18 months? YES NO
- d. Does the Insured have any plans to acquire, sell, dispose of or merge with any company or business in the next 12 months? YES NO
- e. Is the Insured aware of any proposals relating to the takeover of the Company or its subsidiary companies by another company in the next 12 months? YES NO

If Yes, to any of the above please provide details:

### 10. INSOLVENCY COVER

The policy contains an insolvency exclusion. Do you want the insolvency exclusion removed? YES NO

If Yes, please attach a copy of the Company's last annual report and accounts to this Application Form and advise:

- a. Since the last annual report and accounts were issued, has there been any significant change in the financial position, capital structure or operation of the Company or its subsidiary companies which might materially affect the financial position in that annual report? YES NO
- b. Are any of the directors or officers aware of facts or circumstances that might affect the ability of the Company or its subsidiary companies to meet all its debts as and when they fall due? YES NO

If Yes, to a) or b) please provide details:

## SECTION 9 – OCCUPATIONAL LIABILITY (CONT)

### 11. CLAIMS HISTORY

For the purpose of answering this question, please note that reference to “Company” includes all of its past and current subsidiaries.

- |  |     |    |
|--|-----|----|
| a. Has any claim ever been made or civil, criminal or regulatory proceedings brought against the Company or any director, officer or employee (whether as directors, officers or employees of the Company or any other company), in respect of the risks of the kind to which this Application Form relates? | YES | NO |
| b. Has any director, officer or employee ever received a notice to attend an official investigation, examination, inquiry or other proceedings ordered or commissioned by an official body or institution, in respect of the risks of the kind to which this Application Form relates?                       | YES | NO |
| c. During the last 5 years, has the Company suffered any loss as a result of any dishonest or fraudulent act of any employee, in respect of the risks of the kind to which this Application Form relates?  | YES | NO |

**If you answered Yes to any of the above questions, please provide full details using a separate sheet.**

### 12. KNOWN CIRCUMSTANCES

For the purpose of answering this question, please note that reference to “Company” includes all of its past and current subsidiary companies.

After enquiry, are any of the directors or officers of the Company aware of any act, omission, conduct, fact, event, circumstance or matter which might reasonably be expected to:

- |  |     |    |
|--|-----|----|
| a. give rise to a claim or lead to civil or criminal proceedings against the Company or any director, officer or employee?                                   | YES | NO |
| b. result in the Company or any director, officer or employee being required to attend an official investigation, examination, inquiry or other proceedings? | YES | NO |

**If you answered Yes to any of the above questions, please provide full details using a separate sheet.**

**It is agreed that if such facts, circumstances or situations exist, whether or not disclosed, any claim arising from them is excluded from this proposed coverage.**

### 13. CURRENT INSURANCE

- |  |     |    |
|--|-----|----|
| a. Does the Insured currently hold any Occupational Liability Insurance, Management Liability Insurance, Directors and Officers Liability Insurance, Employment Practice Liability Insurance, Superannuation Fund Trustee Liability Insurance or Fidelity Insurance? | YES | NO |
|--|-----|----|

If Yes, please provide details:

Insurer: \_\_\_\_\_ Policy Period: \_\_\_\_\_

Limit: \_\_\_\_\_ Excess: \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| b. Has any insurer, in respect of the risks to which this Application Form relates, ever (due to factors that related to the assessment of the particular risk): |     |    |
| i. declined a proposal, refused renewal or terminated an insurance?  | YES | NO |
| ii. declined an insurance claim by the Insured or reduced its liability to pay an insurance claim in full (other than by application of an Excess)?              | YES | NO |

If Yes, to i or ii, please provide details:

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## SECTION 9 – OCCUPATIONAL LIABILITY (CONT)

### 14. LIMITS AND PERIOD OF INSURANCE

a. Please state Management Liability Limit of Liability required:

\$1,000,000      \$2,000,000      \$5,000,000      \$10,000,000

Is Fidelity cover required?

YES      NO

**If Yes, please specify limit**

\$25,000      \$50,000      \$100,000      Other: Please specify \$ \_\_\_\_\_

b. Please state Errors and Omissions Limit of Liability required:

\$1,000,000      \$2,000,000      \$5,000,000      \$10,000,000

c. Is Employment Practice Liability cover required?

YES      NO

(Sub-limit \$250,000 in the aggregate in respect of used car dealers)

If Yes, does the Insured have a formal termination of employment policy?

YES      NO

### 15. OPTIONAL EXTENSION TO COVER COMPANY PECUNIARY PENALTIES

Do you wish to purchase the Company Pecuniary Penalties?

YES      NO

(Sub-limit \$250,000 in the aggregate in respect of used car dealers)

If "Yes", Please answer the following:

a. in the past five years has the Company had any fine or penalty or infringement notice (other than for traffic offences) imposed by any Federal, State, Territory or local government or other regulatory authority?

YES      NO

b. in the past five years have there been any incidents or circumstances which could give rise to a fine or penalty (other than for traffic offences) being imposed on the Company by a Federal, State, Territory or local government or other regulatory authority?

YES      NO

If Yes, to a or b please provide details:

### 16. STAMP DUTY DECLARATION – Please provide a breakdown of revenue by location as follows

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	OVERSEAS