



DENNIS FOSTER Insurance Brokers

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Business Pack Information Sheet

Date _____ Referred By _____

Insured _____

Contact Name: _____ Email Address: _____

Address: _____ Postcode _____

Phone No's: _____ Fax _____

Has any insurer ever been refused or cancelled or required special terms to insure you? **No** **Yes**

Has any applicant been charged with or convicted of any criminal offence in the last 10 years? **No** **Yes**

Are there any exceptional circumstances relating to this risk that an insurer should know? **No** **Yes**

Have there been any claims/accidents in the last 5 years? **No** **Yes**

If you answered yes to any of the above questions please provide full details (*Date, amount, description*): _____

Interested Party: _____

Current Insurer _____ Due _____ Premium _____

Situation: _____ Postcode _____

Occupation: _____

Property Owner: Yes/No _____ **Tenants** _____

Is there any flammable goods stored at the property? **No** **Yes**

Is there any storage at the premises to a height exceeding 4 metres? **No** **Yes**

Years in Business: _____ **Years' Experience** _____ **New Venture**

No. of Employees _____ Approx. Turnover \$ _____ Wages \$ _____

ABN No. _____ GST Registered **No** **Yes** GST % _____

Do you use Sub-Contractors **No** **Yes** What % of Turnover is paid to sub-contractors? _____

Do the sub-contractors have their own insurance? **No** **Yes** Is cover required for sub-contractors? **No** **Yes**

Cooking Risk/Restaurants/Cafes

Deep Frying - Litres _____ Wok - Litres _____ No. of Seats _____ EPS % _____

Are the Fryers thermostatically controlled? **No** **Yes** Automatic cut off switch? **No** **Yes**

How often a ducts & filters cleaned? Weekly Fortnightly Monthly

Furniture/signs outside **No** **Yes** - No. of items _____ Tables/Seats outside _____

Licensed to sell alcohol **No** **Yes** BYO Alcohol **No** **Yes**

Supermarkets/Grocery Stores/Convenience Stores

No. of checkouts _____ EPS % _____ Alcohol Sold _____ Tabaco Sold _____

Import/Export Business

Imports - List of items _____ Values \$ _____ From _____

Exports - List of items _____ Values \$ _____ TO _____

Do you - **Manufacture** **Wholesale** **Retail**

Wall Construction

Brick Veneer D/Brick Concrete Timber Weatherboard Glass

Asbestos Other _____

Floor Construction

Concrete Timber Concrete & Timber Other _____

Roof Construction

Colourbond Steel Tile Concrete Asbestos Other _____

Year Built _____ Has it been Rewired/Replumbed (when) _____ What Level _____

No. of Storeys _____ Is the property heritage listed? **No** **Yes**

Any Defects **No** **Yes** Details: _____

Premises Location: Main Street Industrial Estate Office Block Shopping Centre

Fire Protection

Extinguisher Hose Reels Hydrants Sprinklers – Single or Dual Blanket

Smoke Detectors Fire Alarm Smoke Detectors 24 Hour Manned Fire Station

Security

Deadlocks on All Doors Keylocks on All Windows Bars/Grills on All Windows

No Ground Opening Windows Guard Dogs

Security Camera – internal or external Alarm - Local or Back to Base Security Patrol

External Lighting

Fire & Perils Section

Building \$ _____ Contents \$ _____ Stock \$ _____

Removal of Debris \$ _____ Cigarettes/Tobacco/Alcohol \$ _____

Business Interruption Section

Gross Profit \$ _____ Loss of Rent \$ _____ Wages \$ _____

Claims Preparation Costs \$ _____ Indemnity Period _____ Months

Additional Increase cost of Working \$ _____ Accounts Receivable \$ _____

Burglary/Theft Section

Contents \$ _____ Stock \$ _____ Tobacco/Alcohol/Cigarettes \$ _____

Money Section

In Transit \$ _____ On Premises – Business Hours \$ _____

On Premises – After Hours \$ _____ On Premises – Locked Safe \$ _____

In Private Residence \$ _____ ATM Machine \$ _____

Glass Section

Internal Glass External Glass Signage \$ _____
Exposure – Minor Medium Major Single Shop Front Double Shop Front

Public/Products Liability Section

Public \$ _____ Products \$ _____ Goods in Control \$ _____

Machinery Breakdown Section

<i>Description & No of Items</i>	<i>Limit Any One Loss</i>	<i>H/P</i>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Deterioration of food

Value of Stock \$ _____ Number of Refrigerators/freezers cover for: _____

Electronic Equipment Section

<i>Description & No of Items</i>	<i>Value</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____

General Property Section/Portable Items

Unspecified Tools of Trade \$ _____
Specified Items _____ \$ _____
_____ \$ _____
_____ \$ _____

Any Additional Information/Requirements: _____

