

SPRIG COFFEE INDUSTRY QUOTATION FORM

BUSINESS INFORMATION

Company or Insured Name

Trading As

ABN

GST registered

SITUATION OF RISK

Address

Suburb

Postcode

State

Business Type

Is this a new business

How long have you been in Business

PROPERTY DETAILS

Type of Occupancy

Age of Building (years)

Construction

Is there more than 15% wood in the construction of the building?

Is there any Sandwich Panel Foam construction?

Type of building

If applicable name of building

Interested Parties

Interested Parties Name

SECURITY DETAILS

Are the premises contained wholly within a building

Deadlocks on all external doors

Key locks on all external windows

Bars and Grilles on windows

Back to base alarm

Local alarm

Fire Protection

Fully Sprinkler Protection

Hydrants and hose reels

Alarms and smoke detectors

Fire Extinguishers

No protection

Fire and Perils

Building Value

Contents Value

Stock Value

Machinery Value

Cooking Activities

Do you perform commercial cooking

Type

Is there Deep frying / Wok Cooking ?

PUBLIC AND PRODUCTS LIABILITY

Limit of Indemnity – Standard Limit \$10,000,000

Annual Gross Turnover (Revenue)

Number of Staff - Permanent

- Casual

OPTIONAL COVERS REQUIRED? (further information is required)

A) Liquor Liability

B) Existing building extension (Shop fit-out)

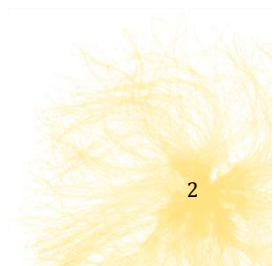
C) Product recall

LOSS OF PROFITS (Business Interruption)

Do you require cover for Loss of Profits

Annual Gross Profit

(Annual Gross Turnover minus Cost of Goods Sold)



Indemnity Period

Do you require Wages cover?

Weekly Income

Weekly Loss of Rent

Increased Cost of Working - Standard Limit \$20,000

MACHINERY BREAKDOWN

Do you require Machinery Breakdown ?

Limit of Indemnity – Standard Limit \$20,000

Do you require additional Deterioration of Stock cover – Standard Limit \$5,000

Do you require additional Electronic / Electrical Equipment cover?

– Standard Limit \$10,000 (within Machinery Breakdown limit)

Do you require additional Data Restoration cover? – Standard Limit \$2,000

MANAGEMENT LIABILITY

Do you require coverage for Management Liability?

Limit of Indemnity

Are there facts or circumstances that might affect the company to meet all its debts as and when they fall due?

Do the financial statements of the Company contain a contingent liability?

Has the company, director or employee ever been refused this type of cover?

Has any person or entity proposed for cover suffered any loss in the past 5 years?

Is the company or any person proposed for coverage aware of any facts, circumstances, acts or omissions that may give rise to any future claims under this Policy?

If you answered Yes to any of the above questions please provide further information

PREVIOUS HISTORY - Must be completed

As far as known, have you either alone or jointly with any other party:

In the last 3 years made any claim under an Insurance policy or Certificate?

Had any Underwriter or Insurer refuse, decline, cancel or impose special terms?

Ever been declared bankrupt, had bankrupt proceedings commenced against you, or convicted of a civil or criminal offence?

If you answered Yes to any of the above please provide further information

PREVIOUS INSURANCE PREMIUMS - may assist if known

Industrial Special Risks / Business Package Insurance provider

DECLARATION - Must be completed

I acknowledge that I have read and understood the Important notices contained in this application

I agree that this electronic proposal, together with any other information or document supplied shall form the basis of any contract of insurance

I acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the company

I declare after enquiry that the statements, particularly any information contained in this application and in any document accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or missed.

I undertake to inform the Company of any material alteration to those facts before completion of the contract of insurance.

CONTACT INFORMATION

Proposers Name

Contact Number

Email Address

Signature

Date

Additional Information

IMPORTANT INFORMATION

Please save file and return to:

info@spriginsurance.com.au

PO Box 328, Wilston QLD 4051

if you require quotations for additional locations please complete another form.

