

BEAUTY THERAPISTS & HAIRDRESSERS INSURANCE APPLICATION FORM

AIB
Australia

Application Form

AIB AUSTRALIA

PARTICIPATING BROKER			
Name:	<input type="text"/>		
A/C Exec:	<input type="text"/>		
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>	AFS Licence No.:	<input type="text"/>

YOUR DUTY OF DISCLOSURE	
What you must tell us	<p>The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your application and also each time before you alter or renew the Policy. Each person named as the Insured has the same duty.</p>
Penalty For Non-Disclosure	<p>If you do not tell us everything necessary, we may:</p> <ul style="list-style-type: none">• reduce or refuse to pay a claim, or• cancel your Policy. <p>If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.</p> <p>You do not need to tell us anything which:</p> <ul style="list-style-type: none">• reduces the risk,• is common knowledge,• we already know, or ought to know in the ordinary course of our business,• we indicate we do not want to know. <p>If you are not sure if something is relevant, it is best to disclose it anyway.</p>

AIB Insurance Brokers – 78 Primary School Court, Maroochydore QLD 4558
P.O. Box 2082, Sunshine Plaza, QLD 4558
Phone 07 5409 4600
Fax 07 5479 2082

ABN 87 009 635 527 AFS No. 246282

THE APPLICANTS:

Full name of Organisation :	<input type="text"/>		
Phone (Private):	<input type="text"/>	Fax:	<input type="text"/>
Phone (Business):	<input type="text"/>	Mobile:	<input type="text"/>
Website:	<input type="text"/>	Email:	<input type="text"/>
Other interested Persons (e.g. Mortgagees or Lessors)	<input type="text"/>		

Period of Insurance required at 4 pm

From:	<input type="text"/>	To:	<input type="text"/>
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Tax Status

ABN:	<input type="text"/>		
Registered Business	<input type="checkbox"/> Yes <input type="checkbox"/> No	Taxable %:	<input type="text"/>

Postal address

Street / PO Box No.:	<input type="text"/>	Town:	<input type="text"/>
State:	<input type="text"/>	Post Code:	<input type="text"/>

Street address

Street:	<input type="text"/>	Town:	<input type="text"/>
State:	<input type="text"/>	Post Code:	<input type="text"/>

GENERAL INFORMATION

(If "Yes" to any question below, please provide full details including name of insurer, dates, amounts in \$'s, reasons for cancellation)
Please x correct answers.

a) Have you (in the last 5 years)

- made any claim(s) on an insurer for loss or damage? Yes No
- had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer? Yes No
- suffered any loss or damage which would have been covered by the proposed insurance policy? Yes No

b) Have you or any partner(s), shareholder(s), or director(s) of the business

- ever been declared bankrupt? Yes No
- ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)? Yes No
- been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)? Yes No
- been liable for any civil offence or pecuniary penalty (exceeding \$5,000) Yes No

GENERAL INFORMATION (CONT)

If you have indicated YES to any of the above questions please give details.

DETAILS OF THE ORGANISATION/PREMISES

Occupancy details of the premises

Are you:

a Property Owner only

an Owner Occupier

or a Tenant

Details of the business and activities involved

Location

Street:

Town:

State:

Postcode:

Survey details

A survey/inspection of your premises may be required. Please supply the name and contact telephone number of the appropriate contact person, with whom an appointment can be made

Name:

Position:

Phone:

Phone (M):

Number of years

In this
business:

At this
location:

DETAILS OF THE ORGANISATION/PREMISES (CONT)

Type of Construction: Walls: Floors:
Roof: No. of Storeys:
Year Built:
If the building is over 30 years, has it been rewired?
If yes year when it was last rewired?

Fire & Theft protection:

Fire - are the premises protected by:

Fire Sprinkler System? Yes No
Smoke or Heat detection Yes No
Hose reels Yes No
Fire extinguishers Yes No
Mains water supply Yes No

If no mains water please provide details of water supply

Theft - How are the premises protected against entry:

Deadlocks on all external doors Yes No
Window locks Yes No
External Lighting Yes No
Alarm system Yes No

If protected by an alarm system:

a) is it Monitored? Yes No

b) by which security company

If there are any other tenants in the building, please list occupations.

COVER REQUIRED

1. PROPERTY

(sums insured should represent full rebuilding/replacement and extra cost of reinstatement and ancillary costs.)

Building	\$	<input type="text"/>
Contents including Stock	\$	<input type="text"/>
Removal of debris (Instead of the automatic \$25,000).	\$	<input type="text"/>

2. BUSINESS INTERRUPTION INSURANCE

Indemnity period	<input type="text"/>	Months
Gross Income (money payable to you for goods sold/services rendered or rentals, less purchase cost of stock).	\$	<input type="text"/>
Or		
Weekly Income	\$	<input type="text"/>
	Indemnity period	<input type="text"/> Weeks
Claims preparation costs - accountant and other professionals - instead of the automatic \$5000	\$	<input type="text"/>
Outstanding Accounts Receivable	\$	<input type="text"/>
Additional Increase in Cost of Working	\$	<input type="text"/>

3. THEFT SECTION

Contents (excluding stock)	\$	<input type="text"/>
Stock in Trade (excluding tobacco and liquor products)	\$	<input type="text"/>
Stock of Tobacco, cigarettes, cigars.	\$	<input type="text"/>
Stock of Liquor	\$	<input type="text"/>
Theft without forcible entry (instead of the automatic \$2,000)	\$	<input type="text"/>
TOTAL SUM INSURED	\$	<input type="text"/>

4. MONEY SECTION

Blanket Cover - In transit, in building during business hours, in the building outside business hours (max \$500 unless in a locked safe or strongroom), in the building whilst in a locked safe or strongroom, at your or your employee's residence and damage to safe or strongroom . **Minimum blanket cover is \$2,500.**

\$

5. MACHINERY BREAKDOWN SECTION

Note: Fire and Perils risks are to be insured under the Property Section. Theft risks are to be insured under the Theft Section

Do you require cover for:

Sum Insured

1. Breakdown of Machinery, Plant, Boilers and Pressure vessels?

Yes

\$ 5,000

2. Deterioration of Refrigerated Goods (maximum sum insured \$5,000)

Yes

\$

Note: i) If Machinery Breakdown Insurance required, please complete the following list by showing the number of each type of equipment at the location to be insured.

ii) No item of plant must exceed 4Kw/5hp.

Plant List

Number

Air Conditioning (Split System)

Air Conditioning (Window Wall Type)

Cash Register/s and/ or scanning equipment

Coffee machine

Dishwasher/s

Exhaust fans (Incl. Canopy)

Freezers/Refrigerator/s

Hair dryer/s (not hand held)

Microwave ovens

Sauna/Spa motor/s

Temprite/s

Washing/drying machine/s

Other (please specify):

6. ELECTRONIC EQUIPMENT SECTION

Note:

- Fire and Perils risks are to be insured under the Property Section. Theft risks are to be insured under the Theft Section
- Maximum limit \$30,000 any one item and \$250,000 in total.
- Indemnity Period 3 months, Excess 2 working days applies to Increased Cost of Working cover.

List items (including make, model and serial numbers)

Sum Insured

1.	<input type="text"/>	\$ <input type="text"/>
2.	<input type="text"/>	\$ <input type="text"/>
3.	<input type="text"/>	\$ <input type="text"/>
	Restoration of Data (Max \$30,000)	\$ <input type="text"/>
	Increased Cost of Working (Max \$30,000)	\$ <input type="text"/>

7. BROADFORM LIABILITY SECTION

The indemnity limits for Treatments and/or Services are shown below. The basic liability limit of indemnity excluding Treatments and/or Services is \$10,000,000. Would you like to increase this limit to \$20,000,000? Yes

Please indicate if you require cover for Treatments and Services shown in Schedules A, and/or B, and/or C and/or D. If you indicate 'Yes' for Schedule A and/or B and/or C, cover for ALL treatments and services listed in those respective schedules will be included. Schedule D will only include the specific activities which you select below.

Schedule A - Limit of liability \$10,000,000

Aromatherapy	<input type="checkbox"/> Yes	Nail Treatments	<input type="checkbox"/> Yes
Candling	<input type="checkbox"/> Yes	Pedicure	<input type="checkbox"/> Yes
Colour implants (excluding tattooing)	<input type="checkbox"/> Yes	Perming	<input type="checkbox"/> Yes
Cupping	<input type="checkbox"/> Yes	Reflexology	<input type="checkbox"/> Yes
Eyebrow Tinting	<input type="checkbox"/> Yes	Shampooing	<input type="checkbox"/> Yes
Eye lash Tinting	<input type="checkbox"/> Yes	Shaving	<input type="checkbox"/> Yes
Eyebrow Plucking and Shaping	<input type="checkbox"/> Yes	Skin Analysis	<input type="checkbox"/> Yes
Ear, nose, eyebrow piercing and navel piercing but only when gold, gold plated, silver, platinum or surgical sleepers or studs are used.	<input type="checkbox"/> Yes	Spray on Tanning	<input type="checkbox"/> Yes

7. BROADFORM LIABILITY SECTION (CONT)

Schedule A - Limit of liability \$10,000,000 (cont)

Face or Scalp Massage	<input type="checkbox"/> Yes	Sugaring and Threading (hair removal)	<input type="checkbox"/> Yes
Full Body massage (including "hot rock")	<input type="checkbox"/> Yes	Teeth Whitening	<input type="checkbox"/> Yes
Hair Drying	<input type="checkbox"/> Yes	Tinting or dyeing	<input type="checkbox"/> Yes
Hair Cutting	<input type="checkbox"/> Yes	Waxing	<input type="checkbox"/> Yes
Manicure	<input type="checkbox"/> Yes	Waving	<input type="checkbox"/> Yes

Schedule B Yes/No - Limit of liability \$10,000,000

Acid Peels and Micro dermabrasion	<input type="checkbox"/> Yes	Lymphatic Massage	<input type="checkbox"/> Yes
Electrolysis	<input type="checkbox"/> Yes	Facials including epiderm abrasion and paraffin masque	<input type="checkbox"/> Yes
Epilation	<input type="checkbox"/> Yes	Oxygen Treatment (non-inhalation)	<input type="checkbox"/> Yes
Glycolic Peel	<input type="checkbox"/> Yes	Steam treatments	<input type="checkbox"/> Yes

Schedule C Yes/No - Limit of liability \$5,000,000

Flotation Tanks	<input type="checkbox"/> Yes	Tattooing (cosmetic only i.e eyebrows, eyeliners, lips and assisting the after effects of cosmetic surgery). Excludes tattoo parlours.	<input type="checkbox"/> Yes
Laser Therapy (hair removal only)	<input type="checkbox"/> Yes	Intense Pulse Light (white light) for hair removal	<input type="checkbox"/> Yes
Oxygen Treatment (inhalation)	<input type="checkbox"/> Yes	Infra Red Body Wraps	<input type="checkbox"/> Yes
Red Vein removal (non-injection)	<input type="checkbox"/> Yes	De Tox Box	<input type="checkbox"/> Yes
Spas and Saunas	<input type="checkbox"/> Yes		

Schedule D Yes/No - Limit of liability \$2,000,000

Body Piercing (other than nose, ear and navel) but only when gold, silver or platinum or surgical steel sleepers or studs are used.	<input type="checkbox"/> Yes	Laser Therapy (other than hair removal)	<input type="checkbox"/> Yes
Intense Pulse Light (white light) for skin rejuvenation and/or skin repair.	<input type="checkbox"/> Yes	Solariums	<input type="checkbox"/> Yes

Number of solariums

Please state other Treatments/Services not indicated in Schedules A, B, C or D for which you require cover.

7. BROADFORM LIABILITY SECTION (CONT)

Estimated Annual turnover: (For details of those activities included in each Schedule please see above)
 The estimated annual turnover must be declared for the Schedule/s you require.

Schedule A treatments and activities	\$
Schedule B treatments and activities	\$
Schedule C treatments and activities	\$
Schedule D treatments and activities	\$
Retail Sales	\$
Total Estimated Annual Turnover	\$

The following questions in this liability section only need to be completed if you import or wholesale products.

Do you Import any products for Wholesale or Retail? Yes No Please provide the estimated annual cost to you of all imported products \$

From which countries do you import products?

Please list all products imported (if insufficient space please attach a list)

Are the imported products manufactured to any particular standard or subject to testing prior to sale to you? Yes No

If "Yes", please provide details (if insufficient space attach notes).

Do you Wholesale any products? Yes No Please provide the estimated annual turnover generated from the sale of your wholesale products \$

Please list all products you wholesale (if insufficient space please attach a list)

When wholesaling or retailing any products, do you: a) Repack Yes No

b) Decant Yes No

c) Relabel Yes No

If "Yes" to either (a) or (b) or (c) above please provide details:

8. GLASS SECTION

If you wish to insure internal and external glass please indicate the size of largest pane of Glass

Sq Meters

Additional Cover in excess of \$5,000 for Temporary Protection and Shuttering, Signwriting, Shopfronts, Damage to property and Damage to Illuminated Signs

\$

9. GENERAL PROPERTY

List items (including make, model and serial numbers) for which (Australia wide) Accidental Loss or Damage cover is required.

SUM INSURED

\$

\$

TOTAL SUM INSURED

\$

10. EMPLOYEE DISHONESTY

Sum Insured (Max \$40,000)

\$

Number of employees

11. TAX AUDIT

Do you require Tax Audit cover (Max \$20,000)

Yes

\$

Annual turnover

\$

Have you been investigated or tax audited by any Commonwealth, State or Territory department in the last year?

Yes

If Yes, please provide details.

12. TRANSIT

Do you require Tax Audit cover (Max \$20,000)

Yes

\$

Annual Sendings

\$

13. STATUTORY LIABILITY

Do you require Statutory Liability cover Yes Yes \$250,000 Yes \$500,000

Annual Turnover \$

14. EMPLOYMENT PRACTICES LIABILITY

Do you require Employment Practices Liability cover Yes Yes \$100,000 Yes \$250,000

Yes \$500,000 Yes \$1,000,000

Please advise the number of your employees

15. SIGNATURE AND DECLARATION

The Duty of Disclosure, Non-Disclosure, Co-Insurance and Inadequate Space to Answer notices set out above have been read by me/us.

All answers and statements made in connection with this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance. I acknowledge you reserve the right to decline any application.

Applicant's Signature:

Applicant's Title: Date