

DENTAL PACK

Insurance 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"/>	FSRA Licence No.:	<input type="text"/>

THE APPLICANTS

Name(s) in full:	<input type="text"/>			
Postal Address:	<input type="text"/>			
State:	<input type="text"/>	Post Code:	<input type="text"/>	
Location:	<input type="checkbox"/> Tick if same as postal address			
	<input type="text"/>			
State:	<input type="text"/>	Post Code:	<input type="text"/>	
Contact Numbers:	Phone No. Private:	<input type="text"/>	Phone No. Business:	<input type="text"/>
	Fax No.:	<input type="text"/>	Email:	<input type="text"/>
Other interested Persons: (e.g. Mortgagees or Lessors)	<input type="text"/>			
Period of Insurance (at 4pm)	From:	<input type="text"/>	To:	<input type="text"/>

YOUR DUTY OF DISCLOSURE

What you must tell us

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.

PENALTY FOR NON-DISCLOSURE

If you do not tell us everything necessary, we may:

- reduce or refuse to pay a claim, or
- cancel your Policy.

If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.

YOUR DUTY OF DISCLOSURE (CONT)

You do not need to tell us anything which:

- 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.

If you are not sure if something is relevant, it is best to disclose it anyway.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your duty of Disclosure, please attach a separate sheet to this application giving full details of the additional information.

Underwritten by: Wesfarmers General Insurance Limited trading as Lumley General ABN24 000 036
 99 Melbourne Street, South Brisbane QLD 4101
 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

1. THE BUSINESS/PREMISES *Where a Yes or No answer is required, please select the correct answer.*

	Situation 1	Situation 2	Situation 3
1.1 Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post code:	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.2 Protected by Sprinklers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.3 Flood cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.4 Premises used Full Time i.e. 4 days or more than a week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.5 Is the building(s) which you occupy, occupied other than as a dental surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.6 If the answer to 1.5 above is Yes, please provide details of the other occupations.	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. COVER REQUIRED

2.1	ISR			
2.1.1	SECTION 1 MATERIAL DAMAGE			
		Situation 1	Situation 2	Situation 3
	Buildings	<input type="text"/>	<input type="text"/>	<input type="text"/>
	All Contents	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. COVER REQUIRED (CONT)

		Situation 1	Situation 2	Situation 3
2.1.2 SECTION 2 BUSINESS INTERRUPTION				
Gross Fees		<input type="text"/>	<input type="text"/>	<input type="text"/>
N.B. Under this section cover for Accountant's Fees \$10,000, Additional Increase Cost of Working \$100,000 and Accounts Receivable \$50,000 is included at no extra premium. The indemnity period is 12 months unless otherwise requested.				
2.2 LIABILITY				
Limit of indemnity:		\$10,000,000 <input type="checkbox"/>	\$20,000,000 <input type="checkbox"/>	
2.3 MACHINERY & ELECTRONIC BREAKDOWN				
2.3.1 STANDARD COVER	Limits	Situation 1	Situation 2	Situation 3
Includes the following:				
Electronic / Mechanical Equipment	\$15,000			
Air-Conditioning	\$5,000			
Pressure Vessels (Autoclaves)	\$5,000			
Corruption of Software	\$2,000	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Loss of Data	\$2,000			
Increased Cost of Working	\$5,000			
Deterioration of Stock	\$2,000			
2.3.2 OPTIONAL COVER	Limit	Situation 1	Situation 2	Situation 3
X-ray Heads and Tubes	\$1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$2,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$5,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$10,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. GENERAL INFORMATION

3.1	Have you (in the past five years)	
3.1.1	Made any claim(s) on an insurer for loss or damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.1.2	Had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or excess imposed by any insurer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.1.3	Suffered any loss or damage which would have been covered by the proposed insurance policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. GENERAL INFORMATION (CONT)

3.2 Have you or any partner(s) or director(s) of the business

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

If "Yes" to any question above, please provide full details including name of insurer, dates, amount in \$'s, reason for cancellation:

4. GENERAL INFORMATION

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 Name: Date:

Applicant's Title:

ISR SECTION 1 MATERIAL DAMAGE SUB LIMITS COVERED BY THIS PACKAGE ARE:

Accidental Damage	\$250,000	Removal Of Debris	\$25,000
Burglary/Theft (excluding Gold)	\$100,000	Rewriting of Records, following a loss	\$100,000
Directors /Employees Property (money limit \$100)	\$ 5,000	Signs	\$ 2,000
Extra Costs of Reinstatement	\$ 50,000	Stock of Gold	\$ 2,000
Fidelity Guarantee	\$ 10,000	Temporary Removal of Contents & Transit (General Property)	\$ 5,000
Glass	Replacement value	Money - In safe	\$ 10,000
		In Transit	\$ 5,000
		Premises Business Hrs	\$ 5,000
		Premises O/s Bus Hrs	\$ 1,000

ISR SECTION 2 Business Interruption Sub Limits are:

Professional (Accountant's) Fees	\$10,000	Accounts Receivable	\$ 50,000
Additional Increase Cost of Working	\$100,000		