



SpaCoverPlus

AFSLN 246986 ABN:31 009 179 640



# INSURANCE APPLICATION FORM

## Spa, Wellness & Beauty Industry

### THE APPLICANTS

The Name of the Business (Entity & Trading Name)															
Postal Address													State:	Post Code:	
Tax Status	Are you registered for GST? Yes <input type="checkbox"/> No <input type="checkbox"/>	ABN												Taxable	%
Contact Person															
Contact Numbers	Phone No. Mobile (    )					Phone No. Business (    )					Fax No. (    )				
Website address															
Are there any interested parties (e.g. Mortgagees, Lessors)															
Period of Insurance	From:    /    /			To:    /    /			at 4.00pm								

## GENERAL INFORMATION

If "Yes" to any question below, please provide full details including name of insurer, dates, amounts in \$'s, reason for cancellation.	Please <input checked="" type="checkbox"/> correct answer
(a) Are you a member of an Association? If so, please advise which ones and your membership number.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Have <b>you</b> (in the past 5 years) <ol style="list-style-type: none"> <li>had to make any claim(s) on your insurance for loss or damage?</li> <li>had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or excess imposed by any insurer?</li> <li>suffered any loss or damage which you would have been covered for by the insurance you are applying?</li> </ol> If you answered <b>YES</b> to any of the above questions, please supply full details:	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Have <b>you</b> or any <b>partner(s)</b> or <b>director(s)</b> of the business <ol style="list-style-type: none"> <li>been declared bankrupt within the past 5 years?</li> <li>Within the past 5 years ever been involved in a company or business which became insolvent or subject to insolvency administration (e.g. liquidation or receivership)?</li> <li>been convicted of any criminal offence within the past 10 years (other than minor traffic offences)?</li> </ol> If you answered <b>YES</b> to any of the above questions, please supply full details:	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

## 2. DETAILS OF THE BUSINESS/PREMISES

Please provide a description of your business: (eg: Resort Spa)					
Location (if different from postal address):					
Construction of your premises:	Walls	Floors	Roof	No. of Storeys	Approx Age of Building
Fire & Theft Protection	Is the section of the premises of the premises occupied by you protected by:				Yes <input type="checkbox"/> No <input type="checkbox"/>
Installed and maintained at the Premises	Fire Sprinkler System?				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Fire Extinguishers and/or Hose Reels?				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Deadlocks on all External doors?				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Window Locks or Windows Fixed Closed?				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Burglar Alarm System?				Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please advise type – Local Siren only or 24 hr Monitored				<input type="checkbox"/> <input type="checkbox"/>

### 3. PROPERTY SECTION

INTEREST TO BE INSURED	SUM INSURED (REPLACEMENT VALUE)
Building	\$
Stock	\$
All other Contents (eg: Plant & Equipment, Fixtures & Fittings)	\$
Removal of Debris (Please indicate if you require a higher limit than the standard \$25,000)	\$

### 4. BUSINESS INTERRUPTION SECTION

ITEMS TO BE INSURED	SUM INSURED
Gross Income (money payable to you for goods sold/services rendered or rentals, less purchase cost of stock.	Indemnity Period — months \$
Claims Preparation Costs (please indicate if you require a higher limit than the standard limit of \$5,000)	\$
Outstanding Accounts Receivable	\$
Additional Increased Cost of Working	\$
<b>TOTAL SUM INSURED</b>	\$

### 5. BURGLARY SECTION

INTEREST TO BE INSURED	SUM INSURED
Stock	\$
All Other Contents (includes your plant, machinery, fixtures & fittings)	\$
Theft – without forcible entry – from Premises (please indicate if you require a higher limit than the standard limit of \$2,000)	\$
<b>TOTAL SUM INSURED</b>	\$

## 6. MONEY SECTION

Do you require cover for Theft of Money	Yes <input type="checkbox"/> No <input type="checkbox"/>
Money in Transit or Night Safe	\$2,500
Money on the Premises during your normal business trading hours	\$2,500
Money on the Premises outside your normal business trading hours	\$2,500
Money in locked safe	\$2,500
Money in Private Residence	\$2,500
If you require cover in excess of the limits above, please advise	\$

## 7. GLASS BREAKAGE SECTION

INTEREST INSURED	
Internal Glass	Yes <input type="checkbox"/> No <input type="checkbox"/>
External Glass	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 8. BROADFORM LIABILITY SECTION

LIMIT OF LIABILITY	
<b>Note: The limits below represent Public &amp; Products Liability/Treatment risk</b>	
Please indicate below which limit you require by ticking the appropriate box	
<b>Option 1:</b> \$10,000,000/\$1,000,000	<input type="checkbox"/>
<b>Option 2:</b> \$20,000,000/\$2,000,000	<input type="checkbox"/>
Other (please specify):	\$
How many people including working partners are employed in the business at any one time?	
Gross Annual Wages paid (including commission and other earnings)	\$
Annual Turnover/Revenue	\$
Do you provide/sell food products prepared by you? If you answer "Yes" please provide details (eg: type of products, annual sales)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you manufacture products, have products manufactured on your behalf or have products branded under your Name? If so, please provide full details (eg: type of product(s), annual sales)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Types of Treatments Provided:</b>	
Spa Treatments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Massage	Yes <input type="checkbox"/> No <input type="checkbox"/>

Types of Treatments Provided: (cont)	
Mud Treatments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Body Wrapping	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aromatherapy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ear Candling	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ear Piercing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exfoliation Treatments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sugaring	Yes <input type="checkbox"/> No <input type="checkbox"/>
Waxing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hot Stones	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reflexology	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reiki	Yes <input type="checkbox"/> No <input type="checkbox"/>
Caci	Yes <input type="checkbox"/> No <input type="checkbox"/>
Facials	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electrolysis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eyebrow Tinting	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lash Tinting & Eyebrow Shaping	Yes <input type="checkbox"/> No <input type="checkbox"/>
Manicure	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nail Extensions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pedicure	Yes <input type="checkbox"/> No <input type="checkbox"/>
Make up	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hairdressing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Acid Peels and Microdermabrasion	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spray Tanning	Yes <input type="checkbox"/> No <input type="checkbox"/>
Epilation (Non Laser)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Podiatry (Non Surgical)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Skin Analysis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Flootation Tank	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lymphatic Drainage (Massage)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Saunas	Yes <input type="checkbox"/> No <input type="checkbox"/>
Steam Treatment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Epidermabrasion	Yes <input type="checkbox"/> No <input type="checkbox"/>
Skin Photo Rejuvenation	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Hair Removal Laser – Intense Pulsed Light (IPL) Treatment</p> <p>Percentage of Turnover relating to IPL/Laser Treatment:</p> <p>Source of IPL machine(s)? If manufactured in China, is it designed and manufactured in accordance with strict European or American parent company requirements?</p> <p>Clarify compliance practices with regard to relevant legislation for treatment provided.</p> <p>Have you completed an accredited laser &amp; waxing course?</p> <p>Have you completed the applicable treatment practitioner’s training required to operate IPL machinery?</p> <p>Please advise experience and confirm measures taken to avoid exposing unacceptable people or body areas to bodily injury/skin damage?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>%</p>
Other (Please specify eg: Solarium, Naturopathy)	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 9. OTHER INSURANCE PRODUCTS

Please note that various other insurance products are available including the following:	
Machinery Breakdown	Cost to repair following mechanical or electrical breakdown of plant and equipment.
Electronic Equipment Breakdown	Material damage and loss of data following breakdown or malfunction.
Workers’ Compensation	Providing cover for employers’ liability for injury to employees, Act benefits and at Common Law.
Special Contingency/General Property	Loss or damage to property such as tools, equipment, laptops and other portable property whilst away from the premises.
Income Protection *	Protection of up to 75% of your gross income in the event you are unable to work due to illness or injury (non cancelable contract) with premiums usually tax deductible.
If you would like a quotation or more information in regards to these or any other Insurance product please note below or contact EBM on 1300 INSURE.	

## 10. CO-INSURANCE AVERAGE CLAUSE

A co-insurance (average) clause applies to the Property, Business Interruption and Electronic Equipment Sections of this Policy.

This means that if the Sum Insured for any items insured under those Sections mentioned above is less than 80% of its value at the time you take out this policy and at each renewal of the Policy, then for any loss or damage You will be Your own insurer for the difference. That is, You will bear a ratable proportion of each claim in accordance with the following formula.

$$\text{Sum Insured} \times \text{Amount of loss or damage} \div 80\% \text{ of value} = \text{Amount payable by CGU Insurance (up to Sum Insured)}$$

## 11. 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.

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.

## 12. SIGNATURE AND DECLARATION

**I/WE HEREBY DECLARE AND WARRANT** that the answers given above are in every respect true and correct, and I/we have not withheld any information likely to affect the acceptance of this Insurance; and I/WE AGREE that any person filling in completing or assisting in the completion of this Application Form wholly or in part does so as my/our Agent and not that of the EBM; and I/WE further agree that this Application Form and Declaration shall be the basis of the Contract between the Insurer and myself/ourselves; and I/WE agree to render EBM and the Insurer all assistance in the event of a claim occurring.

**I ACKNOWLEDGE** that I have carefully read every part of this Application Form which was filled in by someone other than myself. I further acknowledge that each such part is true and correct, and is to be taken as having been filled in by myself.

I acknowledge you reserve the right to decline any application.

Applicants Signature:	<b>x</b>	Date:	/ /20
Applicants Title:			

**Either fax to 1300 365 822 or email to**

Vic/Tas & SA: [vic@spacoverplus.com.au](mailto:vic@spacoverplus.com.au)  
Qld: [qld@spacoverplus.com.au](mailto:qld@spacoverplus.com.au)  
NSW & ACT: [nsw@spacoverplus.com.au](mailto:nsw@spacoverplus.com.au)  
WA & NT: [wa@spacoverplus.com.au](mailto:wa@spacoverplus.com.au)