

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				Yes <input type="checkbox"/> No <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	\$
TOTAL SUM INSURED	\$

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)	\$
TOTAL SUM INSURED	\$

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	
Note: The limits below represent Public & Products Liability/Treatment risk	
Please indicate below which limit you require by ticking the appropriate box Option 1: \$10,000,000/\$1,000,000 <input type="checkbox"/> Option 2: \$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"/>
Types of Treatments Provided:	
Spa Treatments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Massage	Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>

Types of Treatments Provided: (cont)	
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"/>
Floatation 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"/>
Hair Removal Laser - IPL Treatment	Yes <input type="checkbox"/> No <input type="checkbox"/>
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:	X	Date:	/ /200
Applicants Title:			



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