

BUSINESS PLAN APPLICATION FORM

Contact Details:

Name of Insured			
Postal Address			
Telephone No:	Bus:	Private:	Mobile:
Email:			

Please tick sections required and specify a sum insured:

Fire **Sums Insured**

Building	\$.....
Contents	\$.....
Stock	\$.....
Removal of Debris	\$.....

- Gold Cover is a full accidental damage wording, based on declared value of specific category of property.
- Silver Cover is a defined events wording, based on the insured perils shown.

Business Interruption **Sums Insured**

Loss of Income	\$.....
Payroll	\$.....
Annual Turnover	\$.....
Cost of Goodwill	\$.....
Additional Claims Preparation	\$.....
Book Debts	\$.....
Increased Cost of Working	\$.....

Covers loss of weekly income for your business as a result of insured damage that happens at the insured premises.

Burglary **Sums Insured**

Contents	\$.....
Stock	\$.....

Cover provides the cost of replacing or repairing property that is lost or damaged by theft at the premises.

<input type="checkbox"/>	Money	Sums Insured
	Money In Transit	\$.....
	On Premises (Business Hours)	\$.....
	On Premises (Locked Safe)	\$.....
	Money In Your Custody	\$.....

Cover provides loss of money on the premises or in a locked safe or locked strongroom, money in transit or whilst in your custody.

<input type="checkbox"/>	Glass	Sums Insured
	Internal Glass	\$.....
	External Glass	\$.....

Covers the cost of replacing and fixing internal or external glass located at the premises.

<input type="checkbox"/>	Liability	Limit of Liability	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000
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Your legal liability to pay compensation for personal injury or property damage to a third party. Not required if your club is a financial member of an Equine Association with current Liability insurance.

<input type="checkbox"/>	Employee Fraud	Sum Insured	\$.....
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Covers the value of property that is lost as a direct result of employee fraud.

<input type="checkbox"/>	Electronic Equipment	Sums Insured	
		Option A	Option B
	Item 1.....	\$.....	\$.....
	Item 2.....	\$.....	\$.....
	Item 3.....	\$.....	\$.....
	Item 4.....	\$.....	\$.....

Option A - Material Loss or Damage covers the cost of replacing or repairing insured property that is accidentally damaged.

Option B - Breakdown covers the actual breaking, seizing, deformation or melting of any part of the property while it is in use that results in sudden and total loss of operation that requires repair or replacement before the property can resume normal operation.

<input type="checkbox"/>	Engineering Plant	Sum Insured
	Covers the cost of repairing or replacing damaged plant & other property hit by flying fragments of plant.	
	No. of units.....	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000

Option A - Deterioration of stock - deterioration of perishable stock after damage to plant, stock sum insured increased by 50% during seasonal or festive periods noted or up to a maximum number of 110 days selected. \$.....

Option B - Increased cost of working - covers costs that are incurred by you to avoid or diminish a reduction in income after plant is damaged. \$.....

<input type="checkbox"/> Business Special Risks	Sums Insured
Item 1.....	\$.....
Item 2.....	\$.....
Item 3.....	\$.....
Item 4.....	\$.....
Item 5.....	\$.....
Item 6.....	\$.....

Primarily designed for property which is moved around such as professional equipment, laptops etc. Covers the cost of repairing or replacing insured items that are accidentally damaged.

Motor Vehicle - Cover Options Available

Comprehensive: Accidental damage of any kind to your insured vehicle, and third party property damage.

Third Party Property Damage: Damage you cause to other people's property using your vehicle.

Third Party, Fire & Theft: Loss or damage to your vehicle caused by fire or theft & Third Party property damage.

Own Damage: Accidental damage of any kind to your insured vehicle.

Vehicle 1 Details

Make..... Model..... Year..... Reg.....

Engine No..... Chassis No..... Sum Insured \$.....

Cover Type: Comprehensive 3rd Party Property 3rd Party Fire & Theft Own Damage

Vehicle 2 Details

Make..... Model..... Year..... Reg.....

Engine No..... Chassis No..... Sum Insured \$.....

Cover Type: Comprehensive 3rd Party Property 3rd Party Fire & Theft Own Damage

Vehicle 3 Details

Make..... Model..... Year..... Reg.....

Engine No..... Chassis No..... Sum Insured \$.....

Cover Type: Comprehensive 3rd Party Property 3rd Party Fire & Theft Own Damage

Vehicle 4 Details

Make..... Model..... Year..... Reg.....

Engine No..... Chassis No..... Sum Insured \$.....

Cover Type: Comprehensive 3rd Party Property 3rd Party Fire & Theft Own Damage

Vehicle 5 Details

Make..... Model..... Year..... Reg.....

Engine No..... Chassis No..... Sum Insured \$.....

Cover Type: Comprehensive 3rd Party Property 3rd Party Fire & Theft Own Damage

GENERAL DETAILS

1. If Property (Fire & Perils) is insured, please include a description of the building/s, security and fire safety details:

Deadlocks	YES / NO	Window Locks	YES / NO
Alarm	YES / NO	Back to Base	YES / NO
Sensor Light	YES / NO	Security Patrol	YES / NO
Sprinklers	YES / NO	Fire Extinguishers	YES / NO

Building Construction: Walls:

Floors:

Roof:.....

Age of Building: No. of Hours p/wk Building is Occupied:.....

2. Please provide a description of business activities.

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3. Estimated turnover for the business \$.....

4. Have there been any claims made on this policy? If yes, please provide details.

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4. Do you store member's saddlery, equipment etc. on the Insured grounds/premises?

YES / NO

Should you require further room to answer any of the questions above (such as to list more vehicles, or additional items than space allowed) please provide details and sums insured below:

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DUTY OF DISCLOSURE

Important Information – for more detail you should read the policy wording carefully

Your duty of disclosure: 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 proposal 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 don't 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, or we indicate we do not want to know. If you are not sure that something is relevant, it is best to disclose it anyway.

PRIVACY

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We only provide your information to the insurance company. We do not trade, rent or sell your information. You can check the information we hold about you at any time. For more information about our Privacy Policy, ask us for a copy or visit our website www.ebminsur.com.au

DECLARATION

- **I/We also declare that the information provided in this Proposal Form by me/us is correct in every particular.**
- **I have read and understood the Product Disclosure Statement and Policy Wording.**
- **I have read and understood EBM's Financial Services Guide (FSG).**

Applicant's Signature: _____ Date: ____ / ____ / ____

EBM CONTACT DETAILS

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