



PROPOSAL FORM EXCESS BURGLARY INSURANCE

To obtain a quotation, please complete all pages. If coverage is to be bound, this form will be considered a proposal form and the Insured must sign and date this form. The signed and dated form must be returned to us prior to binding cover by email to **debbien@sua.com.au**.

Insured: _____

Occupation: _____

Industry Classification Number : _____ *As it appears on your Workers' Compensation statement*

Underlying Insurance Details:	Insurer	Policy No	Sum Insured	Expiry Date
			\$	

What are the street addresses of the premises to be Insured?

- | | | |
|----|-------|-----------------|
| 1. | _____ | Postcode: _____ |
| 2. | _____ | Postcode: _____ |
| 3. | _____ | Postcode: _____ |
| 4. | _____ | Postcode: _____ |
| 5. | _____ | Postcode: _____ |

COVERAGE REQUIRED

	Situation 1	Situation 2	Situation 3	Situation 4	Situation 5
Underlying Sum Insured	\$	\$	\$	\$	\$
Excess Sum Insured Required	\$	\$	\$	\$	\$
Total Value of all Stock	\$	\$	\$	\$	\$
Total Value of all other Contents	\$	\$	\$	\$	\$
Maximum Value any one Item	\$	\$	\$	\$	\$

Please specify what the actual item is

DETAILS OF PREMISES

Year Built				
Construction (e.g. Brick, Concrete, Wood etc)				

DETAILS OF SECURITY

Physical Security on Doors (e.g. Deadlocks, reinforcement etc)				
Physical Security on Windows (e.g. Deadlocks, Bars etc)				
Are the premises manned 24hrs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there nightly patrols?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other physical security (e.g. Bollards, night lights etc)				



DETAILS OF ALARM SYSTEMS

Is there an Alarm System installed?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

If yes, when was it installed and/or last upgraded?

If yes, is it professionally monitored?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

If yes, is it professionally maintained?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

ADDITIONAL UNDERWRITING INFORMATION

Does the Insured have any individual items with a value greater than 30% of the underlying sum insured?

Yes ☐ No ☐

If Yes, please provide a Schedule by location listing each item and its corresponding value.

Is an extension required for:

(a) Theft without Forcible and Violent Entry?

Yes ☐ No ☐

(b) Theft of Goods in the Open Air?

Yes ☐ No ☐

If yes, what is the Total Value of Goods in Open Air \$ _____

(c) Goods held in Trust or on Commission?

Yes ☐ No ☐

If yes, what is the Total Value of Goods in Trust/Commission \$ _____

Coverage available up to the Sum Insured PROVIDED the Underlying Insurer has included these extensions to the full Underlying Limit

CLAIMS HISTORY

Please provide details of any Theft and/or Burglary claims and/or losses in the last three years:

Date of Loss	Description of Claim	Amount Claimed
		\$
		\$
		\$
		\$

Has the Insured ever had any:

(a) Criminal convictions?

Yes ☐ No ☐

(b) Renewal refused?

Yes ☐ No ☐

(c) Insurance declined/cancelled?

Yes ☐ No ☐

(d) Special conditions and/or Penalty Excess imposed?

Yes ☐ No ☐

If yes is answered to any of the above, please provide details:



DECLARATION

I, the undersigned, being a Director/Executive Officer of the Insured, hereby declare that:

1. I am authorised to complete this Proposal on behalf of the Insured and all subsidiary companies/controlled entities thereof;
2. All answers to the questions contained in this Proposal are, after enquiry, true and correct to the best of my knowledge and belief; and
3. I have read and understood the notices within this Proposal; and
4. I understand that submission of this Proposal does not bind either the Insurer or the Named Organisation or any subsidiary companies/controlled entities thereof, to enter into a binding contract of insurance.

Signed: _____

Dated _____

Capacity: _____



NOTICES RELATING TO THE OPERATION OF THIS POLICY

Attention is drawn to Section 21 of the Insurance Contracts Act 1984 (Commonwealth) which provides in relation to the duty of disclosure, as follows:

- 1) Subject to this Act, an Insured has a duty to disclose to the Insurer, before the relevant contract of insurance is entered into, every matter that is known to the Insured being a matter that:
 - (a) the Insured knows to be a matter relevant to the decision of the Insurer whether to accept the risk, and if so, on what terms, or
 - (b) a reasonable person in the circumstances could be expected to know to be a matter so relevant.
- 2) The duty of disclosure does not require the disclosure of a matter:
 - (a) that diminishes the risk
 - (b) that is of common knowledge
 - (c) that the Insurer knows or in the ordinary course of business as an Insurer ought to know, or
 - (d) as to which the Insurer waives compliance with the duty of disclosure.
- 3) Where a person:
 - (a) fails to give an answer, or
 - (b) gives an obviously incomplete or irrelevant answer to a question included in a proposal form about a matter, the Insurer shall be deemed to have waived compliance with the duty of disclosure to the matter.

PRIVACY STATEMENT

Specialist Underwriting Agencies Pty Ltd (**we, us, our**) collect information about you to process, assess and verify your application and claims you may make; administer and manage the products or services we provide; and provide you with information about other products or services that may be of benefit to you. We handle all personal information we collect in accordance with the General Insurance Information Privacy Code. A copy of the Code may be obtained from the Insurance Council of Australia.

If you do not provide the information sought by us, it may affect our ability to provide you with and administer our products or services. As an Insured you have a duty under insurance law to disclose all relevant information. Please refer to your application form for further details of this duty, and the consequences of not complying with it.

If reasonable and practicable, we will only collect your personal information from you, but from time to time we may also collect it from other persons and entities. We may disclose your personal information to:

- our agents and contractors who provide financial, legal and administrative services;
- mailing houses and document service providers;
- financial institutions and reinsurers;
- claims investigators and assessors;
- insurance industry reference bodies and industry complaint tribunals;
- our local and overseas related entities;
- government agencies including the Australian Taxation Office;
- government agencies where we suspect unlawful activity;
- the Privacy Compliance Committee;

Where we collect your information from someone else, or another entity then we may disclose any of your personal information to that person or entity.

You can request access at any time to personal information we hold about you. You may ask us at any time to correct this information where you believe it is incorrect or out of date. You may be charged the reasonable expenses incurred in giving you any information you have requested (such as searching and photocopying costs).

You can request access to your personal information, a copy of our Privacy Policy or make a complaint about the privacy of your personal information by contacting the Privacy Officer at:

SUA at
PO Box 324
CLAYFIELD QLD 4011

Telephone (07) 3624 9400
Facsimile (07) 3624 9433

Email info@sua.com.au

If you have a complaint you can be assured that an officer with appropriate authority will deal with it. If you remain dissatisfied with the way in which your complaint is handled we can advise you of how to take your complaint to the Privacy Compliance Committee. If you are not satisfied with a determination of the Committee you may refer your complaint to the Privacy Commissioner.

By completing the application form you consent to us collecting, using, disclosing and handling your personal information in accordance with this Privacy Statement, whether collected via the form or any other form completed now or in the future.

You also agree that where you have supplied information (such as a name) about any other person, you will tell that other person that you have provided the information to us and show the person this document.