



HSB AUSTRALIA

EQUIPMENT BREAKDOWN (EB) QUOTATION REQUEST

Please email completed form to quotes@hsbaustralia.com or Fax to 1 300 852 472

---CLIENT INFORMATION---

| Insured: | | Date: | |
|---|----------------------|--|---|
| Insured ABN: | | % of GST payable on premium eligible to be claimed as an input tax credit: % | |
| Insured Mailing Address: | | | |
| Insured Contact Name: | | Phone No. | () |
| May HSB Australia contact Insured to survey for underwriting purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| LOCATION(S)*: (Street/City/State/Postal Code) | Occupancy of Insured | Property Damage Values | Business Interruption Values |
| | | Building: (if insured) \$ | Gross Profit (incl. standing charges): \$ |
| | | Refrigerated Stock: \$ | Ordinary Payroll: \$ # of days: days |
| | | Other Stock/ Inventory: \$ | Gross Rentals: \$ |
| | | All Other Contents: \$ | Extra Expense (AICOW): \$ Indemnity Period: Months |
| | | Building: (if insured) \$ | Gross Profit (incl. standing charges): \$ |
| | | Refrigerated Stock: \$ | Ordinary Payroll: \$ # of days: days |
| | | Other Stock/ Inventory: \$ | Gross Rentals: \$ |
| | | All Other Contents: \$ | Extra Expense (AICOW): \$ Indemnity Period: Months |

* If more than 2 locations, please enter in Risk Information section.

---INSURANCE INFORMATION---

| | |
|--------------------------|----------------------------------|
| Anniversary Date: | Quote Required by (Date): |
| Existing Broker: | |
| Existing EB Insurer: | Expiring EB Premium: \$ |
| Property Insurer: | |

---EXPIRING EQUIPMENT BREAKDOWN COVERAGE INFORMATION---

| | EXPIRING COVERAGE | 3 Year Equipment Breakdown History (whether or not claimed) |
|---------------------------------------|-------------------|--|
| Property Damage Limit | | |
| Property Damage Excess | | |
| Business Interruption Limit | | |
| Business Interruption Excess | | |
| Deterioration of Stock Limit | | |
| Deterioration of Stock Excess | | |
| Additional Increased Cost of Working: | | |
| | | |

---BROKER INFORMATION---

| | |
|------------------------|-------------------------|
| Broker: | |
| Broker Cluster: | HSB Broker Code: |
| Contact Person: | Email: |
| Telephone: | Fax: |



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---RISK INFORMATION---

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| FOR HSB USE ONLY | |
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| FILES CHECKED | |
| File No./Name: | Date: |
| Completed By: | Date Quoted: |