



HSB AUSTRALIA

**EQUIPMENT BREAKDOWN INSURANCE – PROPOSAL / QUESTIONNAIRE**

Please contact one of our office's if you need a questionnaire to cover a specialist business area, which this form does not cover. If there is insufficient space on this form, please attach extra pages.

**Duty of Disclosure**

Before you enter into this policy with HSB Australia, you have a duty, under the Insurance Contracts Act, to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate this policy.

Your duty however does not require the disclosure of a matter:

- that diminishes the risk undertaken by HSB Australia;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know; or
- as to which compliance with your duty is waived by us.

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under your policy in respect of a claim or we may cancel the policy or do both. If your non-disclosure is fraudulent, we may also have the option of voiding the policy from it's inception.

1. **Name of Insured:** \_\_\_\_\_

2. **ABN:** \_\_\_\_\_

% of GST payable on your premium that you are entitled to claim as an input tax credit: \_\_\_\_\_%

3. **Postal address:** \_\_\_\_\_

\_\_\_\_\_  
Postcode

4. **Location of Equipment:** \_\_\_\_\_

\_\_\_\_\_  
Postcode

5. **Contact Name:** \_\_\_\_\_

6. **Telephone Number:** (\_\_\_\_) \_\_\_\_\_

7. **Fax Number:** (\_\_\_\_) \_\_\_\_\_

8. **Mobile Number:** \_\_\_\_\_

9. **Email address:** \_\_\_\_\_

10. **Website:** \_\_\_\_\_

11. **Interested Parties:** \_\_\_\_\_

12. **Nature of the Business:** \_\_\_\_\_

13. **Owner or Tenant ?**      **OWNER / TENANT**

14. **Period of Insurance:**      **From:** \_\_\_\_\_ **to 4.00pm on:** \_\_\_\_\_  
**Requested**



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15. Total Buildings Replacement Value: \$ \_\_\_\_\_

16. Total Contents Replacement Value: \$ \_\_\_\_\_

17. Total Stock Replacement Value (excluding Refrigerated Stock): \$ \_\_\_\_\_

18. Total Refrigerated Stock Replacement Value: \$ \_\_\_\_\_

18.1. Are the Refrigerated Stock compartments fitted with Back to Base temperature alarms ? YES / NO

18.2. Type of Refrigerated Stock: \_\_\_\_\_

19. Annual Gross Profits: \$ \_\_\_\_\_

20. Describe any unusual equipment or equipment valued greater than \$ 50,000: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Is the Equipment in a satisfactory working condition ? YES / NO  
If NO, what are the problem areas ?  
\_\_\_\_\_  
\_\_\_\_\_

22. Existing / previous Insurance history – please attach additional pages if required:

22.1 Name of current Insurer: \_\_\_\_\_

22.2 Renewal / expiry date: \_\_\_\_\_

22.3 List any breakdowns during the past 3 years of a nature which would or could have been a claim under a policy of the type requested – detail the amount paid, the excess applied, the cause of the loss and the date of the loss. For Business interruption, also show the period of loss (time) and approximate % effect on the business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22.4 Has any Insurer ever declined to Insure or Renew a policy with you ? YES / NO  
If YES, provide details:  
\_\_\_\_\_  
\_\_\_\_\_

22.5 In the last 12 months, have you been bankrupt or had a receiver or administrator appointed ? YES / NO  
If YES, provide details:  
\_\_\_\_\_  
\_\_\_\_\_

23. What is the general age of the equipment and or the building if applicable ?  
\_\_\_\_\_

I / we authorise HSB Australia to give to, or obtain from, other insurers' or an insurance or credit reference bureau, any information relating to this insurance and any other insurance held by me / us now or in the past, including claims under those insurances.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_