

Tradespack Insurance

Application Form



Thank you for your interest in our Tradespack Insurance Policy. Please answer the questions below so we can provide a formal quotation for your Public & Products Liability and Tools Insurance.

SECTION 1: APPLICANT DETAILS

Name of Business / Applicant

Preferred Contact Person

Trading Name(s)

ABN

Full Description of Business Activities

Postal Address

		State:	P/code:

Email

Phone

Fax

Mobile

Policy Period

From: ____/____/____ at 4pm aest

To: ____/____/____ at 4pm aest

Limit of Liability Required

\$5,000,000 \$10,000,000 \$20,000,000

Total Estimated Turnover

\$ _____

Number of Employees

General Property

No Cover Fire & Theft Only Accidental Damage

Value of General Property

Tools: \$ _____ Electronic Equipment: \$ _____

Please List any Tools that are Valued at over \$2,500 per item: (include year, make, model, value)

Personal Accident

(complete only if cover is required)

Personal Accident Cover Only

Personal Accident AND Sickness Cover

Personal Details

Date of Birth: ____/____/____

Weight: ____ kgs Height: ____ cms

Self Employed Employment Status:

More than 12 months Less than 12 months

Gross Weekly Income: (Max benefit 85% of Sum Insured)

\$ _____

Benefit Period: (maximum length of time the payments will continue)

52 weeks 104 weeks

Waiting Period: (length of time you will need to wait before lodging a claim)

7 days 14 days 28 day

Capital Benefits Lump Sum Payment (Extra Premium Applies)

\$ _____

What are your Trade Qualifications:

SECTION 2: GENERAL INFORMATION

Do you engage Sub-Hontractors or use Labour Hire? If so, - How much would you expect to pay Sub-Contractors/Labour Hire annually? \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you undertake any other activities other than your main occupation or do you sell, distribute or handle any products of any type not normally associated with your business?:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you do external work over 5m in height?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you undertake any work to public infrastructure including roads & footpaths?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you (in the past five (5) years):

1 Made any claim(s) on an insurance Policy for loss or damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 Suffered any loss or damage which would have been covered by the proposed insurance policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you or any partner(s), shareholder(s) or director(s) of the business:

1 Ever been declared bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (eg Liquidation or receivership)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4 Been liable for any civil offence or pecuniary (exceeding \$5,000)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered YES to any of the previous questions, please provide detailed information below:

SECTION 3: DECLARATION & SIGNATURE

Duty of Disclosure

By law you are required to provide all information which a reasonable person in your circumstances would know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and if so, on what terms. Failure by you to comply with your duty of disclosure may entitle the insurer to reduce its liability under the contract with respect to a claim, or to cancel the policy of insurance. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its inception. If you do not understand your duty of disclosure, please feel free to contact us for help.

I/We confirm we have read the Duty of Disclosure included in this application form and confirm the answers are true and correct and that no information has been withheld which may affect the decision to accept this application or the terms and conditions.

Declared By (Name)

Date

Signature



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