

## IMPORTANT INFORMATION

### COMPLETING THE PROPOSAL FORM

Firstly we ask that you read the Important Notices below, as this is required under the "Insurance Contracts Act 1984". It will also assist you in the completion of this proposal form.

- Please answer all questions fully
- Please complete a separate proposal for each location to be covered
- If insufficient space is provided to give a complete answer, please give your answer on a separate sheet of paper

If you have any difficulties completing this form, please contact your broker or insurance advisor for assistance.

### IMPORTANT NOTICES

#### Your Rights and Obligations

The Duty of Utmost Good Faith: The Insurance Contracts Act 1984 states the following: "A contract of insurance is a contract based on utmost good faith and there is implied in such a contract a provision requiring each party to it to act towards the other party, in respect of any matter arising under or in relation to it, with the utmost good faith.

#### Your Duty of Disclosure

Before you enter in to a contract of general insurance with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk, and if so, on what terms.

You have this duty until we agree to insure you. You have the same duty to disclose such matters before you renew, extend, vary or reinstate a contract of insurance.

Your duty, however, does not require you to disclose a matter:

- That diminishes the risk to be undertaken by the insurer;
- That is common knowledge;
- That the insurer knows, or in the ordinary course of business as an insurer, ought to know;
- As to which compliance with your duty is waived by the insurer.

#### Non-Disclosure

If you fail to comply with your duty of disclosure, the insurers may be entitled to reduce their liability under the contract in respect of any claim, or may cancel the contract. If your non-disclosure is fraudulent, the insurers may also have the option of avoiding the contract from its beginning.

#### Cancellation

You may cancel the policy at any time by notifying us in writing

Subject to the provisions of the Insurance Contracts Act 1984, the underwriters may cancel the policy by giving you thirty (30) days notice in writing of the date on which cancellation is to take effect. Such notice is to be delivered personally or posted by certified mail to your address last notified to us. Proof of mailing is sufficient proof of notice.

#### Privacy

Quantum Underwriting Agencies respects your privacy and complies with the Privacy Act and the National Privacy Principles.

Any personal information you provide may be held by us, our representatives or your insurer(s). It may be used by relevant staff in making a decision concerning your insurance application. It may also be used for the purposes of arranging and servicing any cover that may be issued and administering any claims. Information may be passed to overseas insurers, loss adjusters and surveyors for these purposes. In signing this proposal form or otherwise seeking insurance through us, you are agreeing to these terms. Under privacy legislation, you can request access to your personal information by contacting us at any of our offices during normal business hours.



**PART 1 – GENERAL INFORMATION**

**1. PROPOSER DETAILS**

Proposer's Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Premises Address: \_\_\_\_\_

Name of Principal(s): \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

ABN Number: \_\_\_\_\_

On what floor(s) are you premises located: \_\_\_\_\_

How long have you carried on business:

At these premises? \_\_\_\_\_

Elsewhere in Australia or New Zealand? \_\_\_\_\_

**2. NATURE OF YOUR BUSINESS**

Retail \_\_\_\_\_% Wholesale \_\_\_\_\_% Manufacturing \_\_\_\_\_% Pawnbroking \_\_\_\_\_%

Other \_\_\_\_\_% Please describe: \_\_\_\_\_

**3. EMPLOYEES**

How many employees do you have? \_\_\_\_\_

What will be the minimum number of employees, including principals or directors, in the sales section of your premises at all times during business hours, including lunchtime? \_\_\_\_\_

**4. SALES**

Estimated Annual Sales / Turnover for the next 12 months? \$ \_\_\_\_\_

**5. VALUATION BASIS**

What basis of valuation do you require?

Stock and Merchandise \_\_\_\_\_

Contents: \_\_\_\_\_

**Note: All figures in this proposal must reflect the basis of valuation shown above.**

**6. STOCK RECORDS**

When was your last annual stock take? \_\_\_\_\_

Do you keep proper records of all sales, purchase transactions, approvals, inward and outward entrustments? Yes  No

**Note: Policy conditions may preclude your rights to indemnity if proper records are not kept.**

## 7. STOCK VALUES

What were the **Average and Maximum Total Values** at any time during the last 12 months of:

	<b>Average</b>	<b>Maximum</b>
Your own stock, merchandise and banknotes?	\$ _____	\$ _____
Goods in trust (other than for safe custody), goods on approval or consignment or for repair and the like?	\$ _____	\$ _____
<b>Totals</b>	\$ _____	\$ _____

The totals above comprise, approximately:

Jewellery, gold and platinum goods, precious stones and pearls:	_____ %
Watches:	_____ %
Clocks, silverware, plateware, giftware and crystal:	_____ %
Other goods (please describe below)	_____ %
	<u>100%</u>

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**8. SUMS INSURED AND LIMITS OF LIABILITY REQUIRED**

Stock (including customers' goods, goods in trust or on approval or consignment):

\$ \_\_\_\_\_

Contents:

\$ \_\_\_\_\_

Landlord's fixtures and fittings (against damage caused by burglars or thieves)

\$ \_\_\_\_\_

Debris Removal

\$ \_\_\_\_\_

Public and Products Liability:

\$ \_\_\_\_\_

Gross Income Business Interruption:

\$ \_\_\_\_\_

Indemnity Period:

\_\_\_\_\_ Months

Payroll

\$ \_\_\_\_\_

Increased Cost of Working

\$ \_\_\_\_\_

Reinstatement of Documents

\$ \_\_\_\_\_

Book Debts

\$ \_\_\_\_\_

Gross Rentals

\$ \_\_\_\_\_

Accountants' Fees

\$ \_\_\_\_\_

Unattended Motor Vehicles (a separate proposal form will be required):

\$ \_\_\_\_\_

Exhibitions:

\$ \_\_\_\_\_

Fixed internal and external glass

\$ \_\_\_\_\_

Peak Season Increase for Stock – Additional Amount:

\$ \_\_\_\_\_

Period from: \_\_\_\_\_ to \_\_\_\_\_ and from \_\_\_\_\_ to \_\_\_\_\_

**PART 2 – LIMITS AND EXPOSURES**

**IMPORTANT NOTE**

The sums given in Part 2 of the proposal are limits, which will be applied as special conditions in the policy. Exceeding these limits may endanger your rights to indemnity by the underwriters. It is therefore imperative that you select these limits with greatest possible care, and notify us beforehand if they are to be increased or varied during the period of any policy or certificate that may be issued.

**9. VALUES OUT OF SAFE**

What will be the **maximum total value** of all jewellery, watches, gold and platinum, precious stones and pearls (including those in display windows, inside and outside showcases) out of a locked safe or strong room:

	Maximum Value	Limit any one item
Outside business hours?	\$ _____	\$ _____
During temporary closings (e.g. lunchtime) if applicable?	\$ _____	\$ _____

**10. DISPLAY WINDOWS AND OUTSIDE SHOWCASES**

Give the maximum values displayed, **which will not be exceeded**:

	During business hours	Outside business hours
In any one display window:	\$ _____	\$ _____
In all display windows:	\$ _____	\$ _____
In any one outside showcase:	\$ _____	\$ _____
In all outside showcases:	\$ _____	\$ _____

**11. OUTDOOR RISK (TRAVEL)**

Please give the following information in respect of all insured property (inclusive of amounts carried to and from Bank or Safe Deposit Vault) carried outside your premises by you, your representatives, travellers, agents and messengers (but not brokers) during the last 12 months:

Within your State	No. of Days	Average Amount	Maximum Amount
Name of each person (other than messengers)	Per annum		
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Number of messengers _____	_____	\$ _____	\$ _____
<b>Elsewhere within Australia</b>			
Name of each person			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
<b>Overseas (Please state Countries visited below)</b>			
Name of each person			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Countries visited:			
_____			

## 12. HOME RISK

Does any principal, employee, traveller or agent take stock to their private dwelling for any purpose, other than in connection with travel shown in Q11?

Yes  No

If yes, please give the following information for each person:

1. Name: \_\_\_\_\_ Maximum Value: \$ \_\_\_\_\_

Address: \_\_\_\_\_

Full details of safes, alarms and any other protections:

Is the property ever left unattended at the private dwelling? Yes  No

2. Name: \_\_\_\_\_ Maximum Value: \$ \_\_\_\_\_

Address: \_\_\_\_\_

Full details of safes, alarms and any other protections:

Is the property ever left unattended at the private dwelling? Yes  No

## 13. SENDINGS

What was the **annual total value** of all insured property sent during the past 12 months by:

	Registered Mail	General Courier	Security Courier	Other	State Other Conveyance
In Australia?	\$ _____	\$ _____	\$ _____	\$ _____	_____
Elsewhere?					
<b>Countries</b>					
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	\$ _____	_____

Please name main couriers used:

\_\_\_\_\_

## 14. OUTWARD ENTRUSTMENTS

What was the estimated value entrusted to dealers, repairers, cutters, setters, brokers and trade customers during the last 12 months?

Average amount *at any one time*: \$ \_\_\_\_\_

Maximum amount *at any one time*: \$ \_\_\_\_\_

Do you use entrustment / approbation notes in respect of all outwards entrustments? Yes  No

Do you ever entrust stock to private customers? (*note: cover does not apply to such entrustments without prior approval*) Yes  No

## 15. EXHIBITIONS

During the past 12 months did you exhibit any portion of your stock at any Exhibition, other than one promoted or financially assisted by any Public Authority or by any Trade Association, or entrust goods for any display or performance?

Yes  No

If yes, please give details including values displayed

\_\_\_\_\_

**PART 3 – PROTECTIONS**

**16. GENERAL PROTECTIONS OF THE PREMISES**

Are you the owner of the premises?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are your premises located:				
(a) At Street Front in a main street or thoroughfare?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(b) At Street Front in a Pedestrian Mall (with restricted or no vehicular access)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(c) Within an Arcade?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(d) Within a Shopping Centre?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes' to (c) or (d) is the Arcade or Centre closed to the public at night?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you, or an employee or caretaker occupy the premises at night?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your main entrance protected by:				
Electronic Buzzer Entry / Exit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Double Door Interlocking Mantrap	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Additional Information:	_____			

**17. BURGLARY PROTECTIONS**

Is there an alarm system installed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please state type:				
Securitel: <input type="checkbox"/>	Dedicated landline: <input type="checkbox"/>	Dialler System: <input type="checkbox"/>	Other (please describe below)	<input type="checkbox"/>
_____				
Is the alarm system monitored?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please state the name of monitoring company:				
_____				
Is the system maintained under a regular service and testing contract?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, how regularly:				
_____				
Does the system have line security?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Type of detectors installed:				
Passive Infra Red:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Break Glass Detection:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Door Contacts:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Window Contacts:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the system have hold-up / panic buttons?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, how many: _____				
What type (eg portable, under counter)				
_____				

## 18. CLOSED CIRCUIT TV PROTECTIONS

Do you have CCTV in operation at your premises? Yes  No

If yes:

How many cameras are there? \_\_\_\_\_

Are cameras recorded by:

Time-lapse video? Yes  No

Digital recording? Yes  No

How long are the tapes or digital records kept? \_\_\_\_\_

Additional information:

\_\_\_\_\_

## 19. SAFES

Please provide details of your safe(s):

### Safe No 1

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Approximate size: \_\_\_\_\_

Approximate weight: \_\_\_\_\_ Kgs Approximate year of manufacture: \_\_\_\_\_

Is this safe connected to the alarm system? Yes  No

If yes:

Does it have door contacts? Yes  No

Seismic/vibration sensors? Yes  No

Is this safe equipped with time locks? Yes  No

Is this safe torch and drill resistant? Yes  No

Is this safe illuminated and visible from the street at night? Yes  No

### Safe No 2

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Approximate size: \_\_\_\_\_

Approximate weight: \_\_\_\_\_ Kgs Approximate year of manufacture: \_\_\_\_\_

Is this safe connected to the alarm system? Yes  No

If yes:

Does it have door contacts? Yes  No

Seismic/vibration sensors? Yes  No

Is this safe equipped with time locks? Yes  No

Is this safe torch and drill resistant? Yes  No

Is this safe illuminated and visible from the street at night? Yes  No

## 20. STRONGROOMS

Is there a strongroom at your premises? Yes  No

If yes, please give the specification / construction of:

Door \_\_\_\_\_

Walls \_\_\_\_\_

Is the strongroom equipped with time locks? Yes  No



## 21. DISPLAY WINDOW PROTECTIONS

Do you have display windows at your premises? Yes  No

If yes, please give details below:

Number of show windows: \_\_\_\_\_

Type of glass:

Plate Laminated Bandit Proof Other (please describe)

\_\_\_\_\_

Thickness of the glass: \_\_\_\_\_ mm

If display windows have varying types or thickness of glass, please give details:

\_\_\_\_\_

Are the rear of your display windows protected by locked doors, shutters or grilles?

Yes  No

If yes, are they kept permanently locked with keys removed?

Yes  No

During business hours, are the front of your display windows protected by:

Fixed grilles covering the whole of the display?

Yes  No

Hanging glass or Perspex between window glass and display?

Yes  No

Outside business hours are the front of your display windows protected by shutters or grilles?

Yes  No

If yes, please give details and how they are secured:

\_\_\_\_\_

Does this protection cover the entire front of your premises?

Yes  No

Additional Information:

\_\_\_\_\_

## 22. SHOWCASE PROTECTIONS

Do you display stock in showcases at or away from your premises? Yes  No

If yes, please give details below:

Number of inside showcases at your premises? \_\_\_\_\_

Number of outside showcases at your premises? \_\_\_\_\_

Type of glass in showcases:

Plate Laminated Bandit Proof Other (please describe)

\_\_\_\_\_

Thickness of the glass: \_\_\_\_\_ mm

If showcases have varying types or thickness of glass, please give details:

\_\_\_\_\_

Are showcases kept permanently locked with the keys removed, except when items are being taken out or put back in to them?

Yes  No

Do you exhibit any goods in showcases in hotels, clubs or elsewhere away from your premises?

Yes  No

If yes, please give full details, including where the showcases are, values displayed and what protections are employed, e.g. type of glass, locks and other security arrangements:

\_\_\_\_\_

Additional Information:

\_\_\_\_\_

**PART 4 – ADDITIONAL INFORMATION AND DECLARATION**

**23. CLAIMS HISTORY**

In the last 5 years have you sustained any loss or damage (insured or not) of a type that would be covered under the jewellers insurance being proposed? Yes  No

If yes, please provide details below:

DATE	DETAILS	AMOUNT PAID
		\$
		\$
		\$
		\$
		\$

**24. INSURANCE HISTORY**

Has Lloyd’s or any other insurer ever cancelled, refused to issue or continue or refused to invite renewal of any insurance for you? Yes  No

If yes, please give details:

\_\_\_\_\_

**25. PERIOD OF INSURANCE**

What period of insurance do you require? (dd/mm/yy)

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ at 4.00 p.m. Local Time.

**26. ADDITIONAL INFORMATION**

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

**27. REFERENCES (not required if this proposal is for renewal)**

Please provide two references from your trade (Contact, Company Name and Phone Number)

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

**28. DECLARATION**

Signing this proposal does not bind you or the Underwriters to complete the insurance, but it is agreed that this proposal shall be the basis of the contract should a policy be issued.

I/We have read this proposal and agree that to the best of my/our knowledge and belief it represents a true and complete statement.

I/We agree that if this Insurance is completed the protections and/or safeguards mentioned above shall not be withdrawn or varied to the detriment of Underwriters’ interests without their prior consent.

Signature of Proposer: \_\_\_\_\_

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

Quantum Underwriting Agencies Pty Ltd  
 ABN 68 131 910 542 | AR No 328372  
 Quantum Underwriting Agencies (VIC) Pty Ltd  
 ABN 78 601 944 763 | AR No 468712  
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