

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 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.

Quantum Underwriting Agencies Pty Ltd
Suite 2, Eaton House, 10 Cassowary Bend, Eaton, WA 6232
PO Box 7163, Eaton, WA 6232
Telephone: (08) 9724 1555
Facsimile: (08) 9725 2901
ABN 68 131 910 542
Corporate Authorised Representative of Quantum Insurance Holdings Pty Ltd
ABN 71 163 019 485
AFS Licence No: 451 134



PART 1 – GENERAL INFORMATION

1. PROPOSER DETAILS

Proposer's Name: _____

Trading Name: _____

Premises Address: _____

Name of Principal(s): _____

Postal Address: _____

Telephone: _____ Mobile: _____

ABN Number: _____

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

On what basis do you require claims to be settled (e.g. cost price etc.)?

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

Do you use electronic equipment / micro processors / computers in your recording system? Yes No

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

7. HISTORICAL STOCK VALUES

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

	Average	Maximum
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?	\$ _____	\$ _____
Totals	\$ _____	\$ _____

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>

PART 1 – PROTECTIONS

8. GENERAL PROTECTIONS OF THE PREMISES

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

Additional Information:

9. 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:

10. BURGLARY PROTECTIONS

Is there an alarm system installed? Yes No

If yes, please state type:

Dedicated Landline: Mobile System: Dialler System: Other (please describe below)

Is the alarm system monitored? Yes No

If yes, please state the name of monitoring company: _____

Is the system maintained under a regular service and testing contract? Yes No

If yes, how regularly: _____

Does the system have line security? Yes No

Is it a GSM system? Yes No

Is it a GPRS system? Yes No

Type of detectors installed:

Passive Infra Red: Yes No

Break Glass Detection: Yes No

Door Contacts: Yes No

Window Contacts: Yes No

Does the system have hold-up / panic buttons? Yes No

If yes, how many: _____

What type (eg portable, under counter) _____

11. SAFES

Safe No 1

Make: _____ Model: _____

Approximate size: _____

Approximate weight: _____ 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

12. 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

13. DISPLAY WINDOW PROTECTIONS

Do you have display windows at your premises? Yes No

If yes, please give details below:

Number of display windows: _____

Type of glass:

Plate	Laminated	Bandit Proof	Other (please describe)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Thickness of the glass: _____ mm

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

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:

14. 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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Thickness of the glass: _____ mm

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:

15. BUILDING

a) Is the building totally constructed of brick/concrete?

Yes No

If no please advise: _____

b) Are premises on Ground Floor?

Yes No

If no please advise: _____

16. 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 2 – INSURED STOCK AND SUBLIMITS

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.

17. STOCK, GOODS IN TRUST, CASH AND NEGOTIABLE DOCUMENTS

On your own stock, merchandise and cash; and on customers goods for repair and valuation; and on goods on approval of consignment from third parties.

Sum insured: _____ \$ _____

18. 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:	\$ _____	\$ _____

Note:

Outside showcase/s applies to any display showcase/window which cannot be physically stocked from inside the premises.

19. 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?	\$ _____	\$ _____

Note: Values out of safe comprises of *Precious Stock only*

Non Precious Stock comprises of clocks, plateware, crystal, giftware and silverware (excluding jewellery)

20a. 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 Name of each person	No. of Days Per annum	Average Amount	Maximum Amount
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

20b. OUTDOOR RISK (TRAVEL)

Elsewhere within Australia

Name of each person

_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Overseas (Please state Countries visited below)

Name of each person

_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Countries visited:

Unattended vehicles: Is cover required in respect of unattended vehicles? Yes No

*If "Yes", a separate proposal form must be completed

21. HOME RISK (ONLY APPLICABLE IF OUTDOOR RISK / TRAVEL IS TAKEN)

Does any principal, employee, traveller or agent take stock to their private dwelling for any purpose, other than in connection with travel shown in Q20? 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

22. OUTWARD ENTRUSTMENTS

What was the estimated value entrusted to dealers, customers, repairers, cutters, setters and brokers 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

23. SENDINGS			
AUSTRALIA	Average Any one Parcel	Max. Any one Parcel	Annual Total
Parcel Post, Express Post (without signature)	\$	\$	\$
Platinum Post, Express Post (with signature)	\$	\$	\$
Courier Post	\$	\$	\$
Commercial Couriers	\$	\$	\$
Failsafe / Fast Couriers / Toll Secure / Star Track Security / Express TNT Secure	\$	\$	\$
Armoured Car	\$	\$	\$
OVERSEAS			
Express Courier International, Registered Airmail, EMS	\$	\$	\$
Commercial Couriers	\$	\$	\$
Airfreight Shipped as Valuable	\$	\$	\$
Armoured Car	\$	\$	\$
Please specify overseas countries: _____			

24. CONTENTS	
On trade and office furniture, fixtures and fittings, machinery, plant, safes, alarm systems and tenant decorations and improvements, and/or other contents.	
Sum insured:	\$ _____

25. DAMAGE TO PREMISES BY THIEVES	
On the premises at which the insured's business is carried out and/or landlord's fixtures and fittings which you are legally responsible for.	
Sum insured:	\$ _____

26. PUBLIC AND PRODUCTS LIABILITY	
Your legal liability to third parties for personal injury or property damage caused by an occurrence during the period of insurance which arises out of the business activities and products.	
Limit of Liability:	\$5,000,000 <input type="checkbox"/> \$10,000,000 <input type="checkbox"/> \$20,000,000 <input type="checkbox"/>

27. BUSINESS INTERRUPTION

Gross Income Business Interruption:

\$ _____

Payroll

\$ _____

Increased Cost of Working

\$ _____

Reinstatement of Documents

\$ _____

Book Debts

\$ _____

Gross Rentals

\$ _____

Accountants' Fees

\$ _____

Indemnity Period:

_____ Months

28. PEAK SEASON INCREASE FOR STOCK

Additional Amount:

\$ _____

Period from: _____ to _____ and from _____ to _____

29. EXTENSIONS

Fusion and Machinery Breakdown

\$ _____

Home Risk

\$ _____

Removal of Debris

\$ _____

Internal / External Glass and Signs

\$ _____

Entrustments to Photographers

\$ _____

Media Loans

\$ _____

Wearing Risk

\$ _____

Trade and Public Authority Exhibitions

\$ _____

Contents away from Premises

\$ _____

Re-writing of Records

\$ _____

Property of Employees

\$ _____

Employee Fidelity

\$ _____

Processing Risk

\$ _____

Claims Preparation Costs

\$ _____

Replacement Locks

\$ _____

PART 3 – ADDITIONAL INFORMATION AND DECLARATION

30. 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
		\$
		\$
		\$
		\$
		\$

31. 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:

32. PERIOD OF INSURANCE

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

From: ____ / ____ / ____ To: ____ / ____ / ____ at 4.00 p.m. Local Time.

33. ADDITIONAL INFORMATION

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

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

35. 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: _____