

# Q-SURE NEWSAGENTS

## ADDITIONAL LOCATIONS PROPOSAL



This form forms part of your Proposal and is subject to the Important Information and Declaration of the original Proposal.

### INSURED'S DETAILS

Insured Name: \_\_\_\_\_

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

### CONTENTS/FIXTURES & FITTINGS

Contents/Fixtures & Fittings Replacement Cost \$ \_\_\_\_\_ Stock Average Replacement Cost \$ \_\_\_\_\_

Please note that stock is increased by 50% for peak trading periods as per policy schedule

### TURNOVER

Lotto Sales incl Scratchies \$ \_\_\_\_\_ All other Sales \$ \_\_\_\_\_

### LOCATION DESCRIPTION

Newsagency  Kiosk

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

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Major Shopping Centre\*  Other Shopping Centre  Strip Shop  Stand Alone Property  
\*(ie. Department Store as Major Tenant)

Does your store have street front?  Yes  No

Are you contractually responsible for damage to Plate Glass?  Yes  No

Has your premises been flooded in the past 10 years?  Yes  No

If 'Yes' please specify which year(s): \_\_\_\_\_

### CONSTRUCTION DETAILS

Number of Floors / Levels? \_\_\_\_\_

Floor  Timber  Concrete  Other, please specify: \_\_\_\_\_

Walls  Timber  Concrete  Brick  Other, please specify: \_\_\_\_\_

Roof  Tile  Concrete  Metal  Other, please specify: \_\_\_\_\_

Approx Age: \_\_\_\_\_

### SECURITY DETAILS

Deadlocks to External Doors  Yes  No Roller Shutters  Yes  No

Motion Detectors in Shop  Yes  No Security Bars to windows  Yes  No

Motion Detectors in Storeroom  Yes  No Monitored Alarm  Yes  No

Motion Detectors in Roof Void  Yes  No Bollards  Yes  No

Local Alarm  Yes  No 24hr Centre Security  Yes  No

Exterior Lighting  Yes  No  Other, please specify: \_\_\_\_\_

CCTV  Yes  No

CCTV areas covered: \_\_\_\_\_ Image Retention Period: \_\_\_\_\_

If tobacco products stocked, please describe specific security: \_\_\_\_\_

Is security equipment serviced annually?  Yes  No If 'No', please explain: \_\_\_\_\_

continued over »

**Money Safe**

Keypad combination type?  Yes  No Other type, please specify: \_\_\_\_\_

Is it bolted to the floor?  Yes  No

**FIRE PROTECTION DETAILS**

Fire Alarm  Yes  No Hose Reels  Yes  No

Extinguishers  Yes  No Sprinklers  Yes  No

Smoke Detectors  Yes  No  Other \_\_\_\_\_

Who is responsible for annual service of above equipment? \_\_\_\_\_

**EQUIPMENT BREAKDOWN**

Do you have power surge protection?  Yes  No

**ADDITIONAL BUSINESS ACTIVITIES**

Do you operate a bank, credit union, building society, financial institution or Western Union Agency?  Yes  No

Do you have an ATM within your Newsagency?  Yes  No

If 'Yes' to either of the above, please provide full details and attach copies of all agreements.

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

Do you offer Nparcel or Parcel Point?  Yes  No

Do you offer a Dry Cleaning service?  Yes  No

Do you operate a Post Office?  Yes  No

Do you offer newspaper delivery?  Yes  No

Do you sell tobacco products?  Yes  No

**CONTRACTUAL LIABILITY**

Have you entered into any agreement which changes the terms of your liability policy?  Yes  No

If Yes, to the above, please provide full details and attach copies of all agreements

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

**CLAIMS AND/OR LOSS EXPERIENCE**

Have you had any insured and/or uninsured claims in the last five years?  Yes  No

If yes, please provide details below

Date of Loss	Claims Details	Amount Paid/Payable
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

After investigation, is the Proposer aware of any circumstances which could give rise to a claim?  Yes  No

If 'Yes' please provide details: \_\_\_\_\_

Has any Insurer ever refused to provide terms or offer renewal terms to the Proposer or has any insurance held by the Proposer ever been voided or cancelled by an Insurer?  Yes  No

If 'Yes' please provide details: \_\_\_\_\_

Has the Proposer ever had any entitlement to indemnity under any Insurance Policy declined or otherwise affected due to non-disclosure, misrepresentation or breach of a policy provision?  Yes  No

If 'Yes' please provide details: \_\_\_\_\_