

# Q-SURE NEWSAGENTS INSURANCE PACKAGE PROPOSAL



## INSURED'S DETAILS

Insured Name: \_\_\_\_\_  
Entity Name: \_\_\_\_\_  
Trading Name: \_\_\_\_\_  
ABN: \_\_\_\_\_ Tax Status: \_\_\_\_\_ ITC % \_\_\_\_\_  
Are you a member of a Newsagents Association?  Nextra  newsXpress  WANA  Other \_\_\_\_\_  
How long have you been in business? \_\_\_\_\_ How long at this address? \_\_\_\_\_  
Period of Insurance From: \_\_\_\_\_ To: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Other Interested Parties (eg. financiers): \_\_\_\_\_

## POLICY OPTION

Level 1  Level 2  Level 3  Level 4  Distributor Only

## 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  Multiple locations — please complete additional store form

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: \_\_\_\_\_

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## SECURITY DETAILS

Deadlocks to External Doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Roller Shutters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motion Detectors in Shop	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Security Bars to windows	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motion Detectors in Storeroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Monitored Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motion Detectors in Roof Void	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bollards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Local Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	24hr Centre Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exterior Lighting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other, please specify _____		
CCTV	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: \_\_\_\_\_

## Money Safe

Keypad combination type?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other type, please specify: _____
Is it bolted to the floor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## FIRE PROTECTION DETAILS

Fire Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hose Reels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extinguishers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sprinklers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Smoke Detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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

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## 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: \_\_\_\_\_

## IMPORTANT INFORMATION

### Underinsurance

The Material Damage and Consequential Loss sections of this Policy each contain a co-insurance condition which means that if there is underinsurance at the time of a loss, a part of the loss will not be covered. In addition the Policy will never pay more than the Sum(s) Insured.

It is essential that all declared values for this insurance be carefully checked to ensure their adequacy at the time of completing the proposal and throughout the current of the cover.

### Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 (Cth), to disclose to the insurer every matter that you 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. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, 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 insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your nondisclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

### Privacy

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We only provide your information to the insurance companies with whom you choose to deal (and their representatives). We do not trade, rent or sell your information. You can check the information we hold about you at any time. For more information about our Privacy Policy, ask us for a copy

## DECLARATION & SIGNATURE

We hereby declare that the answers made in this online application are complete and true to the best of our knowledge and belief and we hereby agree that this application shall form the basis and be part of the Policy or Policies.

I declare that to the best of my knowledge and belief the answers given above or documents submitted represent the true position and that I have not withheld any material information from this proposal. I agree that this information above and any accompanying documents shall form or partly form the basis of the Contract Proposed.

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



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