

Electronic Equipment Policy Proposal



Wesfarmers General Insurance Limited, trading as Lumley Insurance, A.B.N. 24 000 036 279

Please read carefully before completing

“you” “your” where used in this Proposal means the Proposer and if more than one, each of them.

“we” “us” “our” and “Lumley Insurance” means Wesfarmers General Insurance Limited, trading as Lumley Insurance, A.B.N. 24 000 036 279.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the insurer anything that you could reasonably be expected to know is relevant to the insurer’s decision whether to accept the risk of 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 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 business, ought to know;
- as to which compliance with your duty is waived by the insurer.

If your fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Proposal Included in “Policy”

Anything you state in this Proposal will form a part of the Policy document unless we tell you otherwise. Before you complete this Proposal, you should read the Policy because it will tell you about the insurance you are Proposing we provide and contains definitions of words used in this Proposal.

Average

The Policy contains a condition of average for the sums insured. This means that if the sums insured are inadequate at the time of Loss, part of the claim may not be insured.

GST

All sums insured exclude GST.

Confirming Transactions

You may contact us or your adviser, in writing (which is always required if you are advising cancellation) or by phone, to confirm any transaction under the Policy. Any transaction will be documented by us as quickly as possible.

Privacy

Lumley Insurance respects your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of our Policy Statement is available at any of our offices.

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291	Phone (02) 9248 1111 Phone (02) 4925 7500	Fax (02) 9248 1122 Fax (02) 4940 0295
VIC	Level 3, 99 King Street, Melbourne 3000	Phone (03) 8627 4333	Fax (03) 8627 4312
ACT	Level 4, 10 Rudd Street, Canberra City 2601	Phone (02) 6279 0333	Fax (02) 6279 0330
TAS	Level 11, 27 Paterson Street, Launceston 7250	Phone (03) 6345 4700	Fax (03) 6345 4711
SA	465 Pulteney Street, Adelaide 5000	Phone (08) 8228 1700	Fax (08) 8228 1777
WA	Level 9, 50 St George’s Terrace, Perth 6000	Phone (08) 9220 8222	Fax (08) 9220 8251
QLD	Level 2, 99 Melbourne Street, South Brisbane 4101 Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone (07) 3307 4800 Phone (07) 4722 6000	Fax (07) 3307 4899 Fax (07) 4724 4398
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800	Phone (08) 8946 4600	Fax (08) 8946 4666

Proposer to complete all sections in full

Proposer

Contact Phone No.

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Lessor or Other Interested Party

 Postcode

Period of Insurance

Commencement date	/	/	Expiry	/	/	at 4:00pm local standard time
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Postal Address

 Postcode

Goods and Services Tax (G.S.T.)

To ensure that you do not incur any unnecessary GST Liabilities on claim settlements please advise:

(a) Your Australian Business Number (A.B.N.) if applicable:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(b) Any entitlement you have to an Input Tax Credit %

Trade or Business

Location of Items

COMPLETE SECTIONS FOR WHICH COVER IS REQUIRED.

SECTION 1. ELECTRONIC EQUIPMENT (HARDWARE AND SOFTWARE). List all items to be insured.

ITEM, MAKE & MODEL	YEAR	DESCRIPTION	SUM INSURED
(If insufficient space, attach list)			SECTION 1. TOTAL \$

Note: A full remedial maintenance agreement must be in place for any item (which is not a personal computer system or its peripherals) where the value of any single item exceeds \$50,000.

SECTION 2. DATA RESTORATION

DATA DESCRIPTION	SUM INSURED
(If insufficient space, attach list)	SECTION 2. TOTAL \$

SECTION 3. INCREASED COST OF WORKING

INSURANCE REQUIRED	SUM INSURED
Increased in Cost of Working	\$ _____
Indemnity Period _____ months	
Time Excess _____ working days	

OPTIONS

(a) Business Interruption	SUM INSURED
Gross Profit (plus wages)	\$ _____
Additional Expenses (over and above icow)	\$ _____
Claim Preparation Costs	\$ _____
Other (specify) _____	\$ _____
_____	Total \$ _____
Indemnity Period _____ months	
Time Excess _____ working days	
(b) Exclusion of mechanical and electrical malfunction.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Exclusion of fire, perils, burglary and theft.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Questions

Please below

1. Are separate accounts kept for departments contributing to your Gross Profit? Yes No
 If **Yes**, which one(s) _____

2. Has your Business (or any department) commenced operations within the last 12 months? Yes No
 If **Yes**, which one(s) _____

3. Has your Business been interrupted by electronic failure within the past 3 years? Yes No
 If **Yes**, please give details of machine, failure and duration of interruption

4. Is your turnover seasonally affected? Yes No
5. What are your average working hours/week? _____

QUESTIONS TO BE COMPLETED BY PROPOSER (please tick)

1. Is term covered by a remedial maintenance agreement? Yes No
 If **Yes**, please attach a copy to this proposal.

2. Has any Insurer ever declined to insure or refused to renew or imposed special conditions for the insurance
 Now proposed? If **Yes**, please give details of machine, failure and duration of interruption Yes No

3. Are there any apparent or known defects in the items now proposed for insurance? Yes No
 If **Yes**, please give particulars

4. Has proposer or any other person interested in this insurance ever suffered loss or damage which would be
 Insurable under this Policy to any item of the type now proposed? If **Yes**, please give particulars Yes No

YEAR	PARTICULARS	COST OF REPAIR OR ESTIMATE
(If insufficient space, attach list)		

5. Please describe alarm system at premises, or other physical security.

6. **PREMIUM AND EXCESSES**

Section One Excess	\$	Premium	\$
Section Two Excess	\$	F.S.L	\$
Section Three Excess	\$/working days	GST	\$
		Stamp Duty	\$
		TOTAL	\$

Declaration and Signature

You declare that the answers given herein are in every respect true and correct and that you have not withheld any information likely to affect the acceptance of this Proposal and that you have read and understood the Proposal and the Policy wording.

You acknowledge that we may give to, and obtain from, other insurers and/or insurance reference bureaux, personal information relating to this proposal as well as insurance claims information obtained during the course of this contract.

You acknowledge that we may not accept the sums insured or any aspects of the insurance cover you have requested in this proposal form. However, if this is the case, we will contact you, or your insurance representative, prior to issuing any insurance certificate or the Policy.

Signature

Date