

Business Package: Fact Finder**SITUATION (LOCATION) OF PROPERTIES:****SITUATION ONE**

CONSTRUCTION

Walls: Brick Timber Other _____Roofs: Tiled Iron Other _____Floors: Concrete Timber Other _____

Age: _____

If older than 35 years, has it been replumbed and/or rewired in the last 10 years? Yes No Renovations: Yes No Details: _____Number of Storeys: _____ Present state of repair: Poor Average Good

Other occupancies: _____

Details of any fire protection & hazardous goods: _____

Alarm: Yes No If yes: Local Monitored Dialer Securitel Other

Other security: _____

General Comments: _____

SITUATION TWO

CONSTRUCTION

Walls: Brick Timber Other _____Roofs: Tiled Iron Other _____Floors: Concrete Timber Other _____

Age: _____

If older than 35 years, has it been replumbed and/or rewired in the last 10 years? Yes No Renovations: Yes No Details: _____Number of Storeys: _____ Present state of repair: Poor Average Good

Other occupancies: _____

Details of any fire protection & hazardous goods: _____

Alarm: Yes No If yes: Local Monitored Dialer Securitel Other

Other security: _____

General Comments: _____

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SITUATION THREE
CONSTRUCTION

Walls: Brick Timber Other _____

Roofs: Tiled Iron Other _____

Floors: Concrete Timber Other _____

Age: _____

If older than 35 years, has it been replumbed and/or rewired in the last 10 years? Yes No

Renovations: Yes No Details: _____

Number of Storeys: _____ Present state of repair: Poor Average Good

Other occupancies: _____

Details of any fire protection & hazardous goods: _____

Alarm: Yes No If yes: Local Monitored Dialer Securitel Other

Other security: _____

General Comments: _____

FIRE AND SPECIFIED PERILS	Situation 1	Situation 2	Situation 3
Building(s)	\$	\$	\$
Removal of Debris	\$	\$	\$
Stock including work in progress	\$	\$	\$
Customer Goods	\$	\$	\$
All other Contents	\$	\$	\$
BUSINESS INTERRUPTION	Situation 1	Situation 2	Situation 3
Annual Gross Profit	\$	\$	\$
Claims Preparation Costs	\$	\$	\$
Additional cost of working	\$	\$	\$

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BUSINESS INTERRUPTION	Situation 1	Situation 2	Situation 3
Gross Loss of Rent	\$	\$	\$
Wages and Salaries	\$	\$	\$
Other	\$	\$	\$
Indemnity Period	\$	\$	\$
BURGLARLY/THEFT OF PROPERTY	Situation 1	Situation 2	Situation 3
Stock in trade	\$	\$	\$
Customers Goods	\$	\$	\$
Tobacco, cigars and/or ciagarettes	\$	\$	\$
All contents	\$	\$	\$
Theft without forcible entry	\$	\$	\$
Damages to premises	\$	\$	\$
MONEY	Situation 1	Situation 2	Situation 3
Money in transit	\$	\$	\$
Money on premises - business hours	\$	\$	\$
Money on premises - outside business hours	\$	\$	\$
Money on premises - in locked safe	\$	\$	\$
Money in private residence	\$	\$	\$

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MONEY	Situation 1	Situation 2	Situation 3
Damage to safes/strongrooms	\$ _____	\$ _____	\$ _____
GLASS BREAKAGE	Situation 1	Situation 2	Situation 3
External Glass/Internal Glass (replacement value)	Yes [] No []	Yes [] No []	Yes [] No []
Advertising signs/Damage to stock	\$ _____	\$ _____	\$ _____

PUBLIC LIABILITY

 Full description of business activities: _____

Limit of Indemnity: \$ _____

Annual Turnover: _____

Number of staff: _____

PRODUCTS LIABILITY

Limit of Indemnity: \$ _____

Do you require tenants/lease liability? Yes [] No []

Goods care custody and control: \$ _____

Do you import/export goods? Yes [] No []

If yes, do you import/export goods to/from the USA or Canada? Yes [] No []

Do you: Manufacture [] Wholesale [] Retail []

Other extension: _____

Size of premises: _____

Welding: Yes [] No [] Sub contractors (work away): Yes [] No []

Estimated Wages: \$ _____

PERSONAL ACCIDENT & ILLNESS/INCOME PROTECTION - Weekly Benefit max 80%

NAME	DOB	Height/Weight	Gender	Death	Accident	Illness	Smoker
				\$ _____	\$ _____	\$ _____	
				\$ _____	\$ _____	\$ _____	
				\$ _____	\$ _____	\$ _____	

Period of Benefit: 52 weeks [] 104 weeks []

Waiting Period: 7 days [] 14 days [] 30 days []

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MACHINERY BREAKDOWN: BLANKET	Situation 1	Situation 2	Situation 3
Description, Number of Items & H/P			
Maximum any one loss	\$	\$	\$
MACHINERY BREAKDOWN: SPECIFIED ITEMS	Situation 1	Situation 2	Situation 3
Description & H/P			
Value	\$	\$	\$
MACHINERY BREAKDOWN: SPOILAGE OF STOCK	Situation 1	Situation 2	Situation 3
Description of Stock			
Value	\$	\$	\$
ELECTRONIC BREAKDOWN	Situation 1	Situation 2	Situation 3
Description			
Value	\$	\$	\$

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ELECTRONIC EQUIPMENT	Situation 1	Situation 2	Situation 3
Fire & Perils	Yes [] No []	Yes [] No []	Yes [] No []
Theft (following violent entry)	Yes [] No []	Yes [] No []	Yes [] No []
Accidental Damage	Yes [] No []	Yes [] No []	Yes [] No []
Breakdown	Yes [] No []	Yes [] No []	Yes [] No []
SPECIFIED ITEMS	Situation 1	Situation 2	Situation 3
Description			
Value	\$	\$	\$
PORTABLE ITEMS (Outside Premises)	Situation 1	Situation 2	Situation 3
Description			
Value	\$	\$	\$
Cost of Restoring Data	\$	\$	\$
Increased Cost of Working	\$	\$	\$
WORKERS' COMPENSATION	Situation 1	Situation 2	Situation 3
Wages	\$	\$	\$

OTHER GENERAL INSURANCE

Travel / Contract Works / Life / Motor / Goods in Transit / Director & Officers / Super / Tax Audit / Fraud / Professional Indemnity / Key Man / Other

Business Package: Fact Finder**CUSTOMER'S DECLARATION:**

I have read and understood the adviser's Financial Services Guide and Statement of Advice prior to obtaining advisory services and/or recommendations.

1. The information provided in this Fact Finder is complete and accurate to the best of my knowledge (except where I have indicated that I have chosen not to provide the information).
2. I understand and acknowledge that by either not fully or accurately completing the Fact Finder, any recommendation or advice given by the adviser in these circumstances may be inappropriate to my needs and that I risk making a financial commitment to a general insurance policy that may be inappropriate for the needs identified.
3. I understand that the information provided to the adviser (including any sensitive information such as health information, membership of professional organisations and sexual preferences and practices) is being collected primarily for the purpose of addressing my protection insurance needs.
4. I consent to the collection of my personal information for the purpose of my adviser preparing a recommendation to address my general insurance needs. This consent also relates to my sensitive information.
5. I also consent to the disclosure of my personal information (including my sensitive information):
 - a) to organisations involved in providing my adviser with marketing services and to their service providers (for example posting services), so that my adviser may offer me products and services that might meet my financial needs; and
 - b) to other organisations in connection with the sale or proposed sale of all or part of the adviser's business and to the use of that personal information by those organisations for those purposes.

Delete any item or consent in paragraphs 1 to 6 above, which you do not agree with.

CLIENT NAME: _____

CLIENT SIGNATURE: _____

DATE: ____ / ____ / ____

Business Package: Fact Finder**LETTER OF APPOINTMENT**

This notification confirms my request to appoint Insurance House Pty Ltd to manage my current insurance. Insurance House is appointed to manage all existing policies, to negotiate all insurances on my behalf, and to negotiate any claims settlements. I confirm that I have read and understand the consequences of my decision to change brokers

I understand that my "existing" adviser:

1. Gave me the original advice which resulted in me taking out this contract(s);
2. Will no longer be remunerated for this contract (s) following this decision;
3. Will no longer have access to my information and will therefore be unable to proactively look after my changing needs.

I understand that my "appointed" adviser will:

1. Give me the advice relating to this contract (s) in the future;
2. Will be responsible for educating me about this contract (s) and any changes which effect it;
3. Will be remunerated through this contract (s) for reviewing it's appropriateness to my needs on an annual basis;
4. Will have access to my information and will therefore be responsible for looking after my changing needs;
5. Will have the authority to obtain all relevant policy data and claims information form my present insurers.

NEW BROKER DETAILS

Name: _____

Company: INSURANCE HOUSE PTY LTD.

CONTRACT DETAILS TO BE TRANSFERRED (Number(s))

CLIENT SIGNATURE: _____

CLIENT 2 SIGNATURE (IF JOINT POLICY OWNERS): _____

DATE: ____ / ____ / ____