



Machinery and Electronic Policy Application

Policy No.		Client No.		Intermediary No.	
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Details of the Insured										
Name of the Insured (and no other party unless specified)										
Tax Status		Registered Business Yes <input type="checkbox"/> No <input type="checkbox"/>			ABN			Taxable		%
Address for Notices										
							State	Postcode		
Contact Numbers		Phone No. (Private) ()			Phone No. (Business) ()					
Situation of Equipment										
							State	Postcode		
Type of Business										
Particulars of Other Interested Parties										
							Interest Type: Lease <input type="checkbox"/> Mortgage <input type="checkbox"/> Other <input type="checkbox"/>			
Period of Insurance		From	/	/	to	/	/	at 4 p.m		

General Information (All questions must be answered)	
Does the equipment to be insured have any known defects?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you at present have any insurance covering this equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you in the last three years suffered loss or damage in connection with this equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had insurance refused, declined or cancelled by an insurer, or made subject to special conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" to any of the above, please give details.	
Please state the distance that repair personnel will need to travel to reach the location of the equipment.	Kms

Policy 1 – Machinery Insurance			
Indicate type of cover required:			
Blanket Cover <input type="checkbox"/>	Specify: a) the total replacement value		\$
ALL Plant and Machinery	b) the value of the major item or group of items in this replacement value. This value will be the limit of any one loss.		\$
OR			
Specified Items Cover <input type="checkbox"/>	Please give details below of the items to be covered and their replacement value.		
Item	Description	Sum Insured	
		\$	
		\$	
		\$	
		\$	
If space is insufficient, please attach a list		Total Sum Insured	\$
Is overseas airfreight and labour costs to be included?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Subject to Excess			
% With Min. \$			
Risk Premium	Stamp Duty	GST	Amount Payable
\$	\$	\$	\$

Policy 1 – Extension 1 – Third Party Liability for Boilers and Pressure Vessels

Please Note: Cover is only available on Boilers and Pressure Vessels covered under Policy 1, and which are currently certified.

If cover required, please advise the limit of liability

\$

	Risk Premium	Stamp Duty	GST	Amount Payable
	\$	\$	\$	\$

Policy 1 – Extension 2 – Deterioration of Stock in Cold Storage

If cover is required, please advise the following:

Number of cold chambers				
Type of stock stored				
Total value of stock in all chambers	\$	Limit any one loss	\$	
Subject to Excess	Risk Premium	Stamp Duty	GST	Amount Payable
% With Min. \$	\$	\$	\$	\$

Policy 1 – Extension 3 – Increased Cost of Working

If cover is required, please nominate the Indemnity Period, Time Excess and Sum Insured that you require.

Indemnity Period	Time Excess	Sum Insured	
Months	Days	\$	
Risk Premium	Stamp Duty	GST	Amount Payable
\$	\$	\$	\$

Plant and Machinery subject to cover

Item	Description

If space is insufficient, please attach list.

Policy 2 – Electronic Insurance

Indicate type of cover required:

Blanket Cover <input type="checkbox"/>	Specify: a) the total replacement value	\$
ALL Electronic Equipment	b) the value of the major item or group of items in this replacement value. This value will be the limit of any one loss.	\$

OR **Specified Items Cover** Please give details below of the items to be covered and their replacement value.

Item	Year of Commissioning	Make, Model/Type/Serial Number/Description of Equipment	Sum Insured
			\$
			\$
			\$
Software			\$

If space is insufficient, please attach a list

Total Sum Insured

\$

Is overseas airfreight and labour costs to be included?

Yes No

Scope of Cover Required (Please select your preference)

- Cover 1 Fire, associated perils, theft, malicious and accidental damage, mechanical, electronic and electrical breakdown.
- Cover 2 Fire, associated perils, theft, malicious and accidental damage.
(Note: Mechanical, electronic and electrical breakdown cover excluded).
- Cover 3 Theft, malicious and accidental damage, mechanical, electronic and electrical breakdown.
(Note: Fire and associated perils excluded).
- Cover 4 Vibration, power surge, low voltage, mechanical, electronic and electrical breakdown.

Policy 2 – Electronic Insurance (continued)

Transported Equipment Extension

Is cover required? Yes No

If "Yes", please state the item numbers, territorial limit and method of transportation of any moveable equipment cover is required on.

Security measures for computer equipment:

Deadlocks/Window Locks Yes No Local Alarm Yes No

Grills/Bars on all openings Yes No Back to Base Alarm Yes No

Fire protection measures:

Portable Fire Extinguishers Yes No Sprinklers/Fire Detectors Yes No

Is a Power Surge/Lightning protection system fitted? Yes No

Is there a maintenance agreement covering the equipment? Yes No

Note: A maintenance agreement must be current on computers in excess of \$100,000 value if breakdown cover is required.

Subject to Excess	Code	FB Area		Security Exposure	
\$					
Fire Premium	Other Premium	Fire Service Levy	Stamp Duty	GST	Amount Payable
\$	\$	\$	\$	\$	\$

Policy 2 – Extension 1 – Electronic Data and Electronic Data Media

Item	Type of Media Stored	New Value of Data Media	Estimate Cost of Reconstructing Electronic Data		
		\$	\$		
If space is insufficient, please attach list.		Total Sum Insured	\$		
How frequently are your files updated?			Daily <input type="checkbox"/> Weekly <input type="checkbox"/>		
Do you keep duplicate copies of the updated files off premises? If "Yes", advise address of places of storage			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Advise percentage:	Kept in fire proof cabinets	%	Stored off premises %		
			Subject to Excess		
			\$		
Fire Premium	Other Premium	Fire Service Levy	Stamp Duty	GST	Amount Payable
\$	\$	\$	\$	\$	\$

Policy 2 – Extension 2 – Increased Cost of Working

What arrangements have you made for use of substitute equipment in the event of failure of your equipment?

Advise the period of Indemnity you require Months

Advise the excess period you will bear Operating Days

Calculation of Sum Insured – Please advise:

(i) additional expenditure for rental of substitute equipment \$

(ii) additional personnel and transportation expenses with the use of substitute equipment \$

Sum Insured – Total of (i) and (ii) \$

Fire Premium	Other Premium	Fire Service Levy	Stamp Duty	GST	Amount Payable
\$	\$	\$	\$	\$	\$

Business Interruption Extension for Policies 1 and/or 2

Sum Insured Details

Gross Profit	Additional Expenditure	Professional Fees	Payroll/Wages	Total Sum Insured	
\$	\$	\$	\$	\$	
Indemnity Period	Time or Dollar Excess	Payroll/Wages (Dual Basis)		Payroll/Wages (Period Basis)	
Months	Days or \$	100% for	Weeks	Remainder	%
					Weeks
Uninsured Working Expenses applicable only to this extension					
Plant and Machinery subject to cover (If space is insufficient, please attach list)					
Item	Description				% Effect on Gross Profit
					%
Fire Premium	Other Premium	Fire Service Levy	Stamp Duty	GST	Amount Payable
\$	\$	\$	\$	\$	\$

Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- **You do not have to tell us about any matter**

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- which we indicate we do not want to know.

- **If you do not tell us**

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

Important Information

PREVENTING OUR RIGHT OF RECOVERY: Our liability to you for a loss under this Policy may be excluded or limited if you enter into an agreement that excludes or limits your or our rights to recover monies from any other person in respect of that loss. This applies to an agreement before or after you enter into this Policy and before or after the loss.

THIRD PARTY INTERESTS: You must inform us of the interests of all third parties (e.g. financiers, lessors) to be covered by this insurance. We will protect interests only if you have informed us of them and we have noted them on the Certificate.

UNDERINSURANCE: In respect to the Business Interruption Extension of this Policy underinsurance will apply and You must insure for the full value. If You do not do so You are underinsured. We will pay the proportion of the claims that the sum insured bears to the full insurable value. You should ensure prior to calculating the Sum Insured that You understand the basis upon which claims will be paid under the Policy to ensure that You have insured for full value.

EXCLUSIONS: You are not covered in particular for flood (unless specifically covered by the Policy wording), landslide or subsidence, nor for liability resulting from events which happened before you take out this insurance.

Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact the Compliance Manager on 02 9375 4656 or email compliance.manager@qbe.com for further information.

Declaration and Authorisation

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Product Disclosure Statement (PDS) and the Policy Terms and Conditions.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Applicant/Broker's Signature

X

Date

/ /

Please return the completed form to your Financial Services Provider.

Office Use Only

Total Premium All Sections	Risk Premium	Fire Service Levy	Stamp Duty	GST	Total Amount Payable
	\$	\$	\$	\$	\$
Accepted By					Date / /
Clauses					

