FACT FINDER – Business interuption insurance

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| --- | --- | --- | --- |
| **Date:** | dd/mmm/yyyy | | |
| **Advice Required:** | Specific  General | | |
| **Source:** | Yellow Pages  Counter  Internet  Referred by: <insert name> | | |
| **Insured name:** | <insert name> | | |
| **Trading Name / Subsidiaries:** | <insert name> | | |
| **ABN:** | <insert ABN number> | | |
| **Contact Name:** | <insert name> | | |
| **Postal Address:** | <insert Address with Postcode> | | |
| **Email address:** | <insert email address> | | |
| **Website:** | www.<insert website> | | |
| **Contact Numbers:** | Business Hour: <insert tel no. including area code>  After Hour: <insert tel no. including area code>  Mobile: <insert mobile no> | | |
| **Occupation/Profession:** | <insert text> | | |
| **Experience (Business):** | <insert text> | | |
| **Interested Parties:** | <insert text> | | |
| **Current Insurer:** | <insert text> | | |
| **Current Broker:** | <insert text> | | |
| **Expiry Date:**  **Details of previous business (if applicable)** | dd/mmm/yyyy  <insert text> | | |
| Has any insurer in respect of any insurance policy held by you, your partners and/or directors ever: | | | |
| 1. Refused to renew / cancelled or terminated a policy | | | Yes  No |
| 1. Refused a claim or required an increased premium under the policy? | | | Yes  No |
| 1. Imposed special conditions under the policy? | | | Yes  No |
| 1. Have you been convicted on any criminal offence or been declared bankrupt? | | | Yes  No |
| 1. Have you had any claims in the past 5 Years? | | | Yes  No |
| If YES to any of the above, give details below: | | |  |
| <insert text> | | | |
| Who are your suppliers (ie key suppliers)? | | <insert company name of supplier and % of supply of turnover>  <insert company name of supplier and % of supply of turnover>  <insert company name of supplier and % of supply of turnover> | | |
| Who are your customers (ie key customers)? | | <insert company name of customer and % of supply of turnover>  <insert company name of customer and % of supply of turnover>  <insert company name of customer and % of supply of turnover> | | |
| What are your key location(s) and assets (from a BI perspective)? | | <insert text> | | |
| What is your estimated time frame for relocation options in regards to disaster recovery? | | <insert text> | | |
| What is the time frame for “re-equip” options? | | <insert text> | | |
| What are other relevant factors to their business (eg Additional Benefits such as Public Utilities, Prevention of Access etc)? | | <insert text> | | |
| What is your turnover (ex GST)? | | <insert $ amount> | | |
| What are your Uninsured Working Expenses (UWEs) (ex-GST)? | | <insert $ amount> | | |
| What is the trend? (Client’s business plan / forecast / budget should be used to determine this). | | <insert $ amount> | | |
| What your Payroll? (Include the total cost of both Full-time and Part-time/ Casual staff). | | <insert $ amount> | | |

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|  | **Situation 1** | **Situation 2** | **Situation 3** |
| Gross Profit | $ | $ | $ |
| Claim preparation costs | $ | $ | $ |
| Uninsured working expenses | $ | $ | $ |
| Additional Increase in Costs of Working | $ | $ | $ |
| Payroll | $ | $ | $ |
| Other | $ | $ | $ |
| Indemnity period | $ | $ | $ |