Steadfast

Commercial Package

For

<insert client name>

**Prepared by:**

**Ken Dixon**

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Date Quotation Required: dd/mmm/yyyy

Contact(s): <insert full name(s)>

Steadfast Commercial Package

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| --- | --- |
| Name of Insured: | <insert name> and/or subsidiary and/or related Corporations as defined under Australian Corporations Law and/or financiers and all parties for whom the Insured undertakes to insure for their respective rights, interests and liabilities. |
| Insured abn / ITC: | Registered for GST?  YES  NO  ABN: <insert ABN>  ITC:  <insert number> % |
| Description of Business: | Principally <insert description of business> including, but not limited to, all associated activities. |
| Period of insurance: | From: <insert time eg. 04:00> a.m. / p.m.  To: <insert time eg. 04:00> a.m. / p.m.  Both Local Standard Time at the Insured’s head office. |
| SumS Insured: | **BUSINESS PROPERTY SECTION**   |  |  | | --- | --- | | * Buildings | $ <insert amount> | | * All contents | $ <insert amount> | | * Stock *(if separate sum insured required)* | $ <insert amount> | | * Extra cost of reinstatement | $ <insert amount> | | * Accidental damage | $ 100,000 | | * Removal of debris | $ 10,000 | | * Rewriting of records | $ 25,000 | | * Playing surfaces | $ 50,000 | |
|  | **BUSINESS INTERRUPTION SECTION**  ***Part A – Annual revenue basis:***   |  |  | | --- | --- | | * Item 1: Revenue | $ <insert amount> | | * Item 2: Additional expenditure | $ <insert amount> | | * Item 3: Accounts receivable | $ <insert amount> | | * Item 4: Claims preparation expenses | $ <insert amount> | | * Total sum insured | $ <insert amount> |   ***Part B – Weekly revenue basis:***   |  |  | | --- | --- | | * Item 1: Weekly revenue | $ <insert amount> | | * Item 2: Additional expenditure | $ <insert amount> | | * Item 3: Accounts receivable | $ <insert amount> | | * Item 4: Claims preparation expenses | $ <insert amount> | | * Total sum insured | $ <insert amount> |   ***Part C – Gross profit basis:***   |  |  | | --- | --- | | * Item 1: Gross profit | $ <insert amount> | | * Item 2: Additional expenditure | $ <insert amount> | | * Item 3: Accounts receivable | $ <insert amount> | | * Item 4: Claims preparation expenses | $ <insert amount> | | * Item 5: Wages |  | | * Item 6: Rent receivable |  | | * Total sum insured | $ <insert amount> |   **Indemnity period:**  From: dd/mmm/yyyy  To: dd/mmm/yyyy  **Uninsured working expenses:**  $ <insert amount>  **Wages (short period):**  From: dd/mmm/yyyy  To: dd/mmm/yyyy |
|  | **PUBLIC & PRODUCTS LIABILITY SECTION**  The Insured’s legal liability to third parties to pay compensation in respect of death, bodily injury and/or property damage occurring during the period of insurance as a result of an occurrence and happening in connection with the business.  **Limit of liability:**   |  |  | | --- | --- | | * Public liability (any one occurrence) | $ <insert amount> | | * Products liability/goods sold (in the aggregate) | $ <insert amount> | | * Property in physical or legal control of insured (any one occurrence) | $ <insert amount> | |
|  | **THEFT SECTION**   |  |  | | --- | --- | | * Business property including stock | $ <insert amount> | | * Stock (if separate sum insured required) | $ <insert amount> | | * Stock of tobacco & cigarettes | $ <insert amount> | | * Total sum insured | $ <insert amount> | |  |  | | * Theft (limited) without forcible/violent entry | $ 2,000 | | * Damage to premises | $ <insert amount> | | * Seasonal increase of cover | $ <insert amount> | |
|  | **MONEY SECTION**   |  |  | | --- | --- | | * Money in transit | $ <insert amount> | | * Money contained in your business premises:   - Normal business hours - Outside normal business hours  - At any time whilst contained in a locked  safe or strongroom | $ <insert amount>  $ <insert amount>  $ <insert amount> | | * Money in private residence | $ <insert amount> | | * Total sum insured | $ <insert amount> | |  |  | | * Seasonal increase of cover | $ <insert amount> | |
|  | **GLASS SECTION**   |  |  | | --- | --- | | * Breakage of glass as per policy | $ <insert amount> | | * Additional benefits (a) to (d) | $ 5,000 | | * Additional benefit (e) | $ 5,000 | | * Additional benefit (f) | $ 5,000 | | * Additional benefit (g) | $ <insert amount> | |
|  | **GENERAL PROPERTY SECTION**  Property insured:   |  |  | | --- | --- | | * <insert text> | $ <insert amount> | |
|  | **MACHINERY & ELECTRONIC SECTION**  ***Part 1 - Machinery cover***  Insured items:   |  |  | | --- | --- | | * <insert text> | $ <insert amount> | | * Inflation protection | $ <insert amount> | | * Underground pumps and well castings exclusion | $ <insert amount> | | * Extension 1 – Deterioration of stock in cold storage | $ <insert amount> | | * Extension 1 – Seasonal increase of cover | $ <insert amount> | | * Extension 2 – Increased cost of working | $ <insert amount> |   Extension 2 – Indemnity period:  From: dd/mmm/yyyy  To: dd/mmm/yyyy  ***Part 2 - Electronic cover***  Insured items:   |  |  | | --- | --- | | * <insert text> | $ <insert amount> |   Terms of cover   |  |  | | --- | --- | | * Extension 1 – Electronic data and media option | $ <insert amount> | | * Extension 2 – Additional increased cost of working | $ <insert amount> |   Extension 2 – Indemnity period:  From: dd/mmm/yyyy  To: dd/mmm/yyyy |
|  | **TRANSIT SECTION (RESTRICTED)**  Goods insured :  <insert text>   |  |  | | --- | --- | | * Limit any one conveyance | $ <insert amount> |   Geographic limit  <insert text>  **TRANSIT SECTION (MULTI-PERILS)**  Goods insured :  <insert text>   |  |  | | --- | --- | | * Limit any one conveyance | $ <insert amount> | |
|  | **DISHONESTY BY EMPLOYEES SECTION**  Limits:   |  |  | | --- | --- | | * Single | $ <insert amount> | | * Any one loss | $ <insert amount> | | * Aggregate for period of insurance | $ <insert amount> | |
|  | **TAX AUDIT SECTION**   |  |  | | --- | --- | | * Limit any one loss and in the aggregate | $ <insert amount> | |
|  | **ACCIDENT & ILLNESS SECTION**   |  |  | | --- | --- | | * Accident only cover | $ <insert amount> | | * Weekly benefits (per week) | $ <insert amount> | | * Capital benefits | $ <insert amount> | | * Indexed 5 year benefit | $ <insert amount> | |
| Basis of Loss Settlement: | **Business Property Section**  Defined events cover  OR  Accidental damage cover  Reinstatement and/or replacement  OR  Indemnity  **Business Interruption Section**  Revenue basis  OR  Weekly revenue basis  OR  Gross profit basis  **General Property Section**  Reinstatement & replacement  OR  Indemnity |
| Deductible: | |  |  | | --- | --- | | Earthquake, subterranean fire or volcanic eruption: | $20,000 or an amount equal to 1% of the sum insured at the damaged premises, whichever is the lesser | | **Business property section:** |  | | Storm, wind, rain, hail or snow damage | $ 250 | | All other losses | $ <insert amount> | |  |  | | **Business interruption section:** |  | | <insert text> | $ <insert amount> | |  |  | | **Public & products liability section:** |  | | Bodily injury | $ <insert amount> | | Property damage | $ <insert amount> | |  |  | | **Theft section:** | $ <insert amount> | | **Money section:** | $ <insert amount> | | **Glass section:** | $ <insert amount> | | **General property section:** | $ <insert amount> | | **Machinery & electronic section:** |  | | Part 1: |  | | * Time excess | <insert text> | | * Extension 1 | $ <insert amount> | | * Extension 2 | $ <insert amount> | | Part 2: |  | | * Electronic plant | $ <insert amount> | | * Extension 2 | $ <insert amount> | | **Transit section:** |  | | * (Restricted) | $ <insert amount> | | * (Multi-perils) | $ <insert amount> | |  |  | | **Dishonesty of employees section:** | $ <insert amount> | | **Tax audit section:** | $ <insert amount> | | **Accident & illness section:** |  | | <insert text> | $ <insert amount> | |
| Policy Wording: | Steadfast Commercial Package Policy Wording and agreed extensions/endorsements |
| Underwriting Information: | |  |  | | --- | --- | | * Construction: | <insert text> | | * Fire Protection: | <insert text> | | * Security: | <insert text> | | * Turnover: | $ <insert amount> | | * Payroll: | $ <insert amount> | | * Number of goods carrying vehicles: | <insert number> | |  |  | |
| Extensions and/or optional benefits required | |  |  | | --- | --- | | **Business property section** | $ <insert amount> | | Flood | $ <insert amount> | |  |  | | **Business interruption section** |  | | Penalties and damages | $ <insert amount> | | Goodwill | $ <insert amount> | |  |  | | **Theft section** |  | | Theft without forcible & violent entry | $ <insert amount> | |  |  | | **Money section** |  | | Transit/customer’s premises | $ <insert amount> | |  |  | | **General property section** |  | | Theft without forcible and violent entry | $ <insert amount> | |  |  | | **Machinery & electronic section** |  | | (Part 1 – Machinery cover) |  | | Business interruption extension | $ <insert amount> | | Payroll – dual basis *(if selected)* | $ <insert amount> | | Payroll – short period *(if selected)* | $ <insert amount> | |  |  | | (Part 2 – Electronic cover) |  | | Malicious or Accidental Erasure extension | $ <insert amount> | | Failure of Data Transmission Network extension | $ <insert amount> | | Business interruption extension | $ <insert amount> | | Payroll – dual basis *(if selected)* | $ <insert amount> | | Payroll – short period *(if selected)* | $ <insert amount> | |
| Claim Experience: | As at dd / mmm / 20yy |

| Date of Loss | Paid | Outstanding | Incurred | Brief details |
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| Premium Quotation: | **Business property section:**  Rate: <insert number> % (Gross / Net)  **Business interruption section:**  Rate: <insert number> % (Gross / Net)  **Public & products liability section:**  Premium: $ <insert amount> (Gross / Net)  **Theft section:**  Rate/Premium: <insert number % or $amount> (Gross / Net)  **Money section:**  Rate/Premium: <insert number % or $amount> (Gross / Net)  **Glass section:**  Premium: $ <insert amount> (Gross / Net)  **General property section:**  Rate: <insert number> % (Gross / Net)  **Machinery & electronic section:**  Rate/Premium: <insert number % or $amount> (Gross / Net)  **Transit section:**  Rate: <insert number> % (Gross / Net)  **Dishonesty of employees section:**  Premium: $ <insert amount> (Gross / Net)  **Tax audit section:**  Premium: $ <insert amount> (Gross / Net)  **Accident & illness section:**  Premium: $ <insert amount> (Gross / Net)  Brokerage: <insert number> %  Capacity: <insert number> % | |
| underwriter: | <insert name> | |
| signed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| stamped: |  | **DATED:** dd/mmm/yyyy |