Steadfast

Commercial Package

For

<insert client name>

**Prepared by:**

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Date Quotation Required: dd/mmm/yyyy

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

Steadfast Commercial Package

|  |  |
| --- | --- |
| 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 [ ]  NOABN: <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/yyyyTo: dd/mmm/yyyy**Uninsured working expenses:**$ <insert amount>**Wages (short period):**From: dd/mmm/yyyyTo: 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 coverOR Accidental damage coverReinstatement and/or replacementORIndemnity**Business Interruption Section** Revenue basisORWeekly revenue basisORGross profit basis**General Property Section**Reinstatement & replacementORIndemnity |
| 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 |