

ACCOUNT MANAGER:		DATE:		TIME:	
-------------------------	--	--------------	--	--------------	--

INSURED INFORMATION					
Name of Insured					
Master Builders Member No.		ABN			
Email Address		Contact Person			
Postal Address					
City		State		Postcode	
Telephone		Mobile		Fax Number	
Website					

POLICY DETAILS			
When would you like cover this cover to commence?			
Do you currently have a policy?	Yes	No	Who is your current Insurer?
When is your current policy due?			Have renewal terms been offered?
What is your current premium?	\$		What is your current policy excess?
			\$

BUSINESS DETAILS			
Occupation			
Number of years in business		Estimated Annual Turnover	\$

LEGAL LIABILITY		Sum Insured	
Public Liability Limit	\$	Do you Import or Export Goods?	Yes No
Product Liability Limit	\$	If yes, detail which countries and type of products below;	
Goods in Care, Custody & Control	\$		
Do you expect to engage Labour Hire or subcontractors?			Yes No
Estimated annual payments to labour hire?	\$	Estimated annual payments to sub-contractors?	\$
Are you a labour hire company other than for secretarial purposes?			Yes No
Do you engage labour hire or subbies on any individual project or contract exceeding \$75,000?			Yes No
Do you engage labour hire or subbies in S.A. where payments are greater than 15% of annual turnover?			Yes No
Does the business undertake work at any of the following sites?			
Airports	Railway Stations	Oil Rigs	Gas Rigs
Quarries	Mines	Oil refineries	Shipyards
			Chemical Refineries
			Computer Mainframes

TOOLS OF TRADE			
Total Value of Tools		\$	
Any item worth more than \$2,500 must be specified below;			
Description	Value	Description	Value
1.	\$	2.	\$
3.	\$	4.	\$

MOTOR VEHICLE 1								MOTOR VEHICLE 2											
Year			Make					Year			Make								
Model								Model											
Trans.		Cyl.		Fuel		Ltrs.		Trans.		Cyl.		Fuel		Ltrs.					
Accessories &/or Modifications Description						Value		Accessories &/or Modifications Description						Value					
1.						\$		1.						\$					
2.						\$		2.						\$					
3.						\$		3.						\$					
Type of Cover								Type of Cover											
		Comprehensive						Market Value				Comprehensive					Market Value		
		Third Party, Fire & Theft						Agreed Value				Third Party, Fire & Theft					Agreed Value		
		Third Party Only			L			\$				Third Party Only			L			\$	
Optional Cover								Optional Cover											
		Windscreen excess waiver								Windscreen excess waiver									
		Hire car after accident								Hire car after accident									
		Protected no claim bonus (NCB)								Protected no claim bonus (NCB)									
Drivers Name				DOB		NCB %		Drivers Name				DOB		NCB %					
1.								1.											
2.								2.											

UNDERWRITING INFORMATION During the last 5 years;		
Has any owner/director or officer of the business ever been declared bankrupt or been involved with a business that has gone into receivership, or liquidation?	Yes	No
Has any owner/director/officer of the business or the business itself been convicted of a criminal offence?	Yes	No
Has the owner/director or officer of the business, or the business itself had any insurance policy cancelled, declined or refused in the last 5 years?	Yes	No
If You have answered Yes to any of the above questions, please give full details .		

CLAIMS INFORMATION			
Have you sustained any loss or damage to property, whether or not you made an insurance claim, or had any claims made against You in the last 5 years?			
Description of loss or incident	Date of Loss	Amount of Claim	Excess/Deductible incurred
		\$	\$
		\$	\$
		\$	\$
		\$	\$