

Freeman McMurrick Winery Insurance Proposal Form

Broker details

Name
Phone
Company
AFSL No.

Insured

Contact name Position/title
Email Mobile
Years in business Company name Winery name

Location Address

Street
Suburb City State Postcode

Postal Address

Street
Suburb City State Postcode

Wine region Winery phone

Website

Full description of business

Is this a registered business? Yes No ABN

Are there any other Interested Parties associated with this business? Yes No

If Yes, please provide details.

Period of Insurance to at 4pm.

Property

Building 1

Building Type Age years months

Wall construction

Brick Concrete Concrete (tilt slab) Corr Asbestos cement
 Timber Metal Open sided Polystyrene (EPS)

Roof construction

Brick Concrete Concrete (tilt slab)
 Corr Asbestos cement Timber Metal

Floor construction

Concrete Timber

Smoke detector Yes No If Yes, how many?

Building 2

Building Type Age years months

Wall construction

Brick Concrete Concrete (tilt slab) Corr Asbestos cement
 Timber Metal Open sided Polystyrene (EPS)

Roof construction

Brick Concrete Concrete (tilt slab)
 Corr Asbestos cement Timber Metal

Floor construction

Concrete Timber

Smoke detector Yes No If Yes, how many?

Building 3

Building Type Age years months

Wall construction

Brick Concrete Concrete (tilt slab) Corr Asbestos cement
 Timber Metal Open sided Polystyrene (EPS)

Roof construction

Brick Concrete Concrete (tilt slab)
 Corr Asbestos cement Timber Metal

Floor construction

Concrete Timber

Smoke detector Yes No If Yes, how many?

If you would like to insure additional buildings under this section of the policy, please attach a separate signed and dated sheet containing the relevant information.

Fire and Alarm protection

Extinguishers Yes No Serviced every 6 months? Yes No

Fire hose reels Yes No Serviced every 6 months? Yes No

Fire alarm Yes No Monitored by

Nearest fire brigade Distance away km

Fire brigade attendance Part time Full time Volunteer

Water supply Town Mains Tanks Bore Private Dam None

Security

Owner on site Yes No Security patrols Yes No Security fencing Yes No

Site & Surrounds

Acreage Bush/Country Commercial Industrial Retail Residential

Alarm system

None Digital Dialler Local Radio GSM Digital Dialler GSM Securitel Securitel GSM

Detection type

None Movement Doors only Perimeter Perimeter doors Movement perimeter

Claims History over the last 5 years

Date of incident	Value	Description
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Industrial Special Risks

Declared values

Buildings	\$ <input type="text"/>	Vintage wine stock	\$ <input type="text"/>
Plant and machinery	\$ <input type="text"/>	Museum wine stock	\$ <input type="text"/>
Contents excl stock	\$ <input type="text"/>	Customers wine stock	\$ <input type="text"/>
Unregistered vehicles	\$ <input type="text"/>	Other stock	\$ <input type="text"/>

Business Interruption

Declared values

Gross profit	\$ <input type="text"/>	Payroll	\$ <input type="text"/>
Claims preparation costs	\$ <input type="text"/>	Rents payable	\$ <input type="text"/>
Additional increased cost of working	\$ <input type="text"/>	Indemnity period	<input type="text"/> months

Limits of Liability

Section 1 – Material Damage \$

Section 2 – Consequential Loss \$

Home Building and Contents

Home Building 1

Building Declared Value \$

Contents Declared Value \$

Wall construction

- Brick Concrete Concrete (tilt slab) Corr Asbestos cement
 Timber Metal Open sided Polystyrene (EPS)

Roof construction

- Brick Concrete Concrete (tilt slab)
 Corr Asbestos cement Timber Metal

Occupied as

- Winery owner Winery family member Winery manager
 Winery worker Winery tenant Unoccupied

Year Constructed

Cover required, please choose one: Cover 1 – Insured Events Cover 2 – Accidental Damage

Deadlocks on all doors Yes No Keylocks on all windows Yes No

Alarms Yes No Smoke detectors Yes No

Home Building 2

Building Declared Value \$

Contents Declared Value \$

Wall construction

- Brick Concrete Concrete (tilt slab) Corr Asbestos cement
 Timber Metal Open sided Polystyrene (EPS)

Roof construction

- Brick Concrete Concrete (tilt slab)
 Corr Asbestos cement Timber Metal

Occupied as

- Winery owner Winery family member Winery manager
 Winery worker Winery tenant Unoccupied

Year Constructed

Cover required, please choose one: Cover 1 – Insured Events Cover 2 – Accidental Damage

Deadlocks on all doors Yes No Keylocks on all windows Yes No

Alarms Yes No Smoke detectors Yes No

If you would like to insure additional home buildings under this section of the policy, please attach a separate signed and dated sheet containing the relevant information.

Special Contents item

Declared Value

	\$	
	\$	
	\$	
	\$	
	\$	

Please note, the amount claimable on some contents is limited (see policy for full details).

Valuables

There are 2 insurance options to cover valuables that are removed from your client's home. Please choose one:

- \$750 for any one item and \$3,000 Total Cover – for any one event
- \$1,250 for any one item and \$5,000 Total Cover – for any one event

Machinery Breakdown

Description of item	Size KW/HP	Replacement Cost
		\$
		\$
		\$
		\$

Electronic Equipment

Description of item	Replacement Cost
	\$
	\$
	\$
	\$

General Property

Description of item	Replacement Cost
	\$
	\$
	\$
	\$

Public & Products Liability

Limit of liability – please choose one:

\$10,000,000

\$20,000,000

Cover is automatically provided for claims in respect of goods in your physical and legal control to a limit of \$100,000 for Property excluding wine and grape stock in storage or undergoing any process of manufacture and vehicles. \$150,000 in aggregate during any one Period of Insurance.

How many Employees are employed by you?

Do you employ sub-contractors? Yes No

Do you utilise labour hire? Yes No

Employee, Sub Contractor/Labour Hire payment details

	Current Year (Estimate)	Last Year (Actual)
Employees	\$ <input type="text"/>	\$ <input type="text"/>
Sub-Contractors	\$ <input type="text"/>	\$ <input type="text"/>
Labour Hire	\$ <input type="text"/>	\$ <input type="text"/>

Commercial Turnover

	Current Year (Estimate)	Last Year (Actual)
Total Annual Turnover all activities	\$ <input type="text"/>	\$ <input type="text"/>
Value of Wine Exports to USA/Canada	\$ <input type="text"/>	\$ <input type="text"/>
Value of Wine exports to rest of the world	\$ <input type="text"/>	\$ <input type="text"/>
Value of Wines Sales – in Australia	\$ <input type="text"/>	\$ <input type="text"/>
Turnover – Restaurant/Function Centre	\$ <input type="text"/>	\$ <input type="text"/>
Turnover – Accommodation	\$ <input type="text"/>	\$ <input type="text"/>
Turnover – Contract wine making	\$ <input type="text"/>	\$ <input type="text"/>
Turnover – Third Party wine storage	\$ <input type="text"/>	\$ <input type="text"/>
Turnover – Third Party bottling services	\$ <input type="text"/>	\$ <input type="text"/>
Turnover – Other contracting services	\$ <input type="text"/>	\$ <input type="text"/>

Do you provide overnight accommodation for paying guests? Yes No

Optional Cover Extension

USA Canada Exports – do you require this cover? Yes No

If Yes, please complete the following section.

Details of Products (description and value) exported to USA/Canada in each of the past 7 years

Details of quality control compliance with USA/Canada Requirements

[Empty text box for compliance details]

Any office assets or power of attorney in USA? Yes No

Any contracts entered into with USA distributor stating USA law or jurisdiction to apply, or hold harmless clause in favour of distributor, or hold harmless clause in favour of distributor? Yes No

Do any of your products undergo any further processing in USA/Canada? Yes No

Do you have any domiciled operations in USA/Canada? Yes No

Motor Vehicle

Motor Vehicle 1

Cover Required Comprehensive Third Party Only Third Party Fire & Theft Own Damage

Type of vehicle Car Truck Ute Motorcycle Other

Year of manufacture [text box]

Make (e.g. Holden, Ford) [text box]

Model (e.g. Commodore SS) [text box]

Type of body Ute Sedan

Transmission Manual Automatic Semi-automatic

Engine capacity (litres) 2 4 6 8 10 12

Registration Number [text box]

Current Value \$ [text box]

No Claim Bonus Nil 10% 20% 30% 40% 50% 60%

Accessories \$ [text box]

Modifications [text box]

Driver Details

Name [text box]

Date of Birth [text box]

Convictions Yes No

If Yes, please provide details

[Empty text box for driver details]

Motor Vehicle 2

Cover Required Comprehensive Third Party Only Third Party Fire & Theft Own Damage

Type of vehicle Car Truck Ute Motorcycle Other

Year of manufacture [text box]

Make (e.g. Holden, Ford) [text box]

Model (e.g. Commodore SS) [text box]

Type of body Ute Sedan

Transmission Manual Automatic Semi-automatic

Engine capacity (litres) 2 4 6 8 10 12

Registration Number Current Value \$

No Claim Bonus Nil 10% 20% 30% 40% 50% 60%

Accessories \$

Modifications

Driver Details

Name Date of Birth

Convictions Yes No

If Yes, please provide details

If you would like to insure additional motor vehicles under this section of the policy, please attach a separate signed and dated sheet containing the relevant information.

Personal Accident

Person 1

Full name Date of Birth

Height Weight kg

Cover required Accident Illness Accident & Illness

Benefits required: Capital Sum \$ Weekly Sum \$

If you answer "yes" to any questions below, please give details including description of injury or illness, duration dates, the cause, nature of treatment and results, current condition, name and address of doctors and hospitals consulted.

Has this person ever been Insured against injury or Illness, now or before? Yes No

If Yes, please provide details of the current Insurer

Do you currently, or do you intend to engage in any hazardous pursuits or pastimes including but not limited to motor sports, rock climbing, water skiing or horse riding? Yes No

If Yes, please provide details.

Is this person engaged in work other than Winery Operations? Yes No

If Yes, please provide details.

Have special terms ever been imposed for life or disability Insurance or has such an Insurance ever been declined? Yes No

If Yes, please provide details.

Has this person received medical advice, consulted a doctor, undergone any medical treatment or investigations for high blood pressure or cholesterol; heart complaint or problem; HIV, AIDS or AIDS related conditions; stroke; kidney; bowel, bladder or liver disease; cancer or tumour of any type; diabetes; asthma or any lung complaint; mental; nervous or depressive disorder; epilepsy; alcohol or drug abuse, nervous system disorder? Yes No

If Yes, please provide details below.

In the last 5 years, has this person suffered from any health problem or physical impairment not mentioned above or have you taken prescribed medication of any kind? (It is not necessary to answer "yes" if only for cold & flu). Yes No

If Yes please provide details below.

If you would like to insure an additional Person under this section of the policy, please attach a separate signed and dated sheet containing the relevant information.

Other Comments

Declaration

We acknowledge that we have read and understand the Important Notices contained in this proposal. We agree that this proposal, together with any other information or documents supplied to QBE, will form the basis of any contract of insurance. We acknowledge that if this proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by QBE. We declare after enquiry that the statements, particulars and information contained in this proposal and in any documents accompanying this proposal are true and correct in every detail and are complete. We undertake to comply with our duty of disclosure and inform QBE of any material alteration to those facts before the contract of insurance is entered into.

Signed

Title

Dated

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Please return your completed proposal form to your broker manager or:

Meg Michell

t 03 9211 3706

f 03 9211 3740

e mmichell@freemanmcmurrick.com.au

Alison Smith

t 02 9253 7709

f 02 9253 7106

e asmith@freemanmcmurrick.com.au

Alf DeThomasis

t 07 3223 7405

f 07 3223 7497

e adethomasis@freemanmcmurrick.com.au

Important Notices

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

It is important that all information contained in this proposal is understood by you and is true, correct and complete, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it. Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

Change of Risk or Circumstances

You should advise ACE as soon as practicable of any change to your normal business as disclosed in the Proposal, such as changes in location, acquisitions and new overseas activities.

Inadequate space to answer

If you have insufficient space to complete your answers, please attach a separate signed and dated sheet and identify the question number concerned.

Privacy

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. Freeman McMurrick and QBE have developed a privacy policy which explains what sort of personal information we hold about you and what we do with it. You can obtain a copy of the Freeman McMurrick or QBE Privacy Policy on our respective websites.

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