



AIB INSURANCE BROKERS BEAUTY THERAPISTS & HAIRDRESSERS



INSURANCE APPLICATION FORM

AFS No: 246282
ABN: 87 009 635 527

PARTICIPATING BROKER

Name:			
A/C Exec:			
Phone:		Fax:	
Email:		FSRA Licence No.:	

THE APPLICANTS

Name(s) in full			
Postal Address			State: Post Code
Location	<input type="checkbox"/> If same as postal address		
			State: Post Code
Contact Numbers	Phone No. Private ()	Phone No. (Business) ()	
	Fax No. ()	Email:	
Other interested Persons (e.g. Mortgagees or Lessors)			
Period of Insurance	From: / /	To: / /	at 4 pm

YOUR DUTY OF DISCLOSURE

What you must tell us
The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your application and also each time before you alter or renew the Policy. Each person named as the Insured has the same duty.

PENALTY FOR NON-DISCLOSURE
 If you do not tell us everything necessary, we may:

- reduce or refuse to pay a claim, or
- cancel your Policy.

If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.

You do not need to tell us anything which:

- reduces the risk,
- is common knowledge,
- we already know, or ought to know in the ordinary course of our business,
- we indicate we do not want to know.

If you are not sure if something is relevant, it is best to disclose it anyway.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your duty of Disclosure, please attach a separate piece of paper to this application giving full details of the additional information.

PRIVACY

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. QBE has developed a privacy policy which explains what sort of personal information is held about you and what is done with it. You can obtain a copy of the QBE Privacy information brochure from any QBE Commercial office or at www.qbecommercial.com

AIB Insurance Brokers complies with the Federal Privacy Act and its National Privacy Principles (NPPs), which set out standards for the collection, use, disclosure and handling of personal information. For further information relating to our NPPs please refer to <http://www.aibinsurance.com.au/privacy.htm>

CO-INSURANCE AVERAGE CLAUSE

A co-insurance (average) clause applies to the Property, Business Interruption and Electronic Equipment Sections of this policy. This means that if the Sum Insured for any items insured under those Sections mentioned above is less than 80% of its value at the time you take out this policy and at each renewal of the Policy, then for any loss or damage You will be Your own insurer for the difference. That is, You will bear a rateable proportion of each claim in accordance with the following formula.
 Sum Insured x Amount of loss or damage ÷ 80% of value = Amount payable by QBE Commercial (up to Sum Insured)

Underwritten by: QBE Insurance (Australia) Limited – ABN 78 003 191 035 of 82 Pitt Street Sydney.
 AIB Insurance Brokers – 78 Primary School Court, Maroochydore QLD 4558. P.O. Box 2082, Sunshine Plaza QLD 4558.
 Phone 07 5409 4600 Fax 07 5479 2082

1. GENERAL INFORMATION

	Please <input checked="" type="checkbox"/> correct answer
a) Have you (in the past 5 years) <ol style="list-style-type: none"> 1. made any claim(s) on an insurer for loss or damage? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or excess imposed by any insurer? Yes <input type="checkbox"/> No <input type="checkbox"/> 3. suffered any loss or damage which would have been covered by the proposed insurance policy? Yes <input type="checkbox"/> No <input type="checkbox"/> 	
b) Have you or any partner(s) or director(s) of the business <ol style="list-style-type: none"> 1. ever been declared bankrupt? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. ever been involved in a company or business which became insolvent or subject to any insolvency administration (e.g. liquidation or receivership)? Yes <input type="checkbox"/> No <input type="checkbox"/> 3. been convicted of any criminal offence within the past 5 years (other than minor traffic offences)? Yes <input type="checkbox"/> No <input type="checkbox"/> 4. been liable for any civil offence or pecuniary penalty (exceeding \$5,000)? Yes <input type="checkbox"/> No <input type="checkbox"/> 	
If "Yes" to any question below, please provide full details including name of insurer, dates, amount in \$'s, reason for cancellation:	

2. THE BUSINESS/PREMISES

Type of Business					
Number of Years	In This Business:		At This Location?: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Type of Construction:	Walls	Floors	Roof	No. of Storeys	Year Built
Fire & Theft Protection	Is the section of the premises occupied solely by you protected by:				
	Fire Sprinkler System?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Installed and maintained at the Premises	Are you connected to Mains Water Supply?				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Deadlocks on all External doors?				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Bars/Grills on all External Windows or Local Burglar Alarm System?				Yes <input type="checkbox"/> No <input type="checkbox"/>
	Back to Base Burglar Alarm System?				Yes <input type="checkbox"/> No <input type="checkbox"/>

3. PROPERTY SECTION

Building	\$
Contents including Stock	\$
Removal of Debris (please indicate if you require a higher limit than the \$25,000 provided by the policy)	\$

4. BUSINESS INTERRUPTION SECTION

Gross Income (money payable to you for goods sold/services rendered or rentals, less purchase cost of stock.	Indemnity period _____ months	\$
OR		
Weekly Income	Indemnity period _____ months	\$
Claims Preparation Costs (please indicate if you require a higher limit than the \$5,000 provided by the policy)		\$
Outstanding Accounts Receivable		\$
Additional Increased Cost of Working		\$
TOTAL SUM INSURED		\$

5. THEFT SECTION

Contents	\$
Stock in Trade	\$
Other (specify):	\$
TOTAL SUM INSURED	\$

6. GLASS SECTION

If you wish to insure internal and external glass please indicate the size of largest pane of Glass	_____ Sq metres
Additional Cover in excess of \$5,000 for Temporary Protection and Shuttering, Signwriting, Shopfronts, Damage to property and Damage to Illuminated Signs	\$

7. MONEY SECTION

Blanket Cover - In transit, in building during business hours, in the building outside business hours (max \$500 unless in a locked safe or strongroom), in the building whilst in a locked safe or strongroom, at your employees residence and damage to safe or strongroom. Minimum blanket cover is \$2,500.	\$
Employee Dishonesty – not included in Blanket cover above – (please indicate if you require a higher limit than the \$2,500 provided by the policy)	\$
Taxation Audit Costs – not included in Blanket cover above	\$

8. MACHINERY SECTION

Note: This Section does not provide cover for losses caused by fire & perils or theft – (Refer to Questions 3 & 5 above)			
Do you require cover for:			Sum Insured
1. Breakdown of Machinery, Plant, Boilers and Pressure vessels?	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$5,000
2. Deterioration of Refrigerated Goods (maximum sum insured \$5,000)	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$
Note: i) If Machinery Breakdown Insurance required, please complete the following list by showing the number of each type of equipment at the location to be insured. ii) No item of plant must exceed 4Kw/5hp.			
Plant List	Number	Plant List	Number
Air Conditioning Systems		Hair dryer/s (not hand held)	
Washing/drying machine/s		Cash Register/s	
Dishwasher/s		Other (please specify):	
Freezers/Refrigerator/s			
Microwave oven/s			
Sauna/Spa motor/s			

9. ELECTRONIC EQUIPMENT SECTION

Note: * This Section does not provide cover for losses caused by fire & perils or theft – (Refer to Questions 3 & 5 above). * Maximum limit \$30,000 any one item and \$250,000 in total. * Indemnity Period 3 months. Excess - 2 working days applies to Increased Cost of Working cover.	
List items (including make, model and serial numbers)	Sum Insured
1.	\$
2.	\$
3.	\$
Restoration of Data (Max \$30,000)	\$
Increased Cost of Working (Max \$30,000)	\$

10. GENERAL PROPERTY SECTION

List items (including make, model and serial numbers) for which (Australia wide) Accidental Loss or Damage cover is required.	SUM INSURED
	\$
	\$
TOTAL SUM INSURED	\$

11. BROADFORM LIABILITY SECTION

How many people, including working partners, are employed in the business at any one time:		
Estimated Annual turnover: (For details of those activities included in each Schedule please see below) The estimated annual turnover must be declared for the Schedule/s you require.		
Schedule A treatments and activities		\$
Schedule B treatments and activities		\$
Schedule C treatments and activities		\$
Schedule D treatments and activities		\$
Retail Sales		\$ _____
Total Estimated Annual Turnover		\$ _____

Please indicate if you require cover for treatments and services shown in Schedules A, and/or B, and/or C and/or D. If you indicate 'Yes' for Schedule A and/or B and/or C, all treatments and services listed in those respective schedules will be included. Schedule D will only include the specific activities which you select below.

Basic Cover - Schedule A Limit of liability \$10,000,000	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Aromatherapy
Yes <input type="checkbox"/> No <input type="checkbox"/>	Colour implants (excluding tattooing)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Eyebrow Tinting
Yes <input type="checkbox"/> No <input type="checkbox"/>	Eye lash Tinting
Yes <input type="checkbox"/> No <input type="checkbox"/>	Eyebrow Plucking and Shaping
Yes <input type="checkbox"/> No <input type="checkbox"/>	Ear, nose, eyebrow piercing but only when gold, gold plated, silver, platinum or surgical sleepers or studs are used.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Face or Scalp Massage
Yes <input type="checkbox"/> No <input type="checkbox"/>	Full Body massage
Yes <input type="checkbox"/> No <input type="checkbox"/>	Hair Drying
Yes <input type="checkbox"/> No <input type="checkbox"/>	Hair Dressing
Yes <input type="checkbox"/> No <input type="checkbox"/>	Hair Cutting
Yes <input type="checkbox"/> No <input type="checkbox"/>	Manicure
Yes <input type="checkbox"/> No <input type="checkbox"/>	Nail Treatments
Yes <input type="checkbox"/> No <input type="checkbox"/>	Navel Piercing but only when gold, silver, platinum or surgical sleepers or studs are used.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Pedicure
Yes <input type="checkbox"/> No <input type="checkbox"/>	Perming
Yes <input type="checkbox"/> No <input type="checkbox"/>	Shampooing
Yes <input type="checkbox"/> No <input type="checkbox"/>	Shaving
Yes <input type="checkbox"/> No <input type="checkbox"/>	Skin Analysis
Yes <input type="checkbox"/> No <input type="checkbox"/>	Spray on Tanning
Yes <input type="checkbox"/> No <input type="checkbox"/>	Sugaring and Threading (hair removal)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Waxing
Yes <input type="checkbox"/> No <input type="checkbox"/>	Tinting or dyeing
Yes <input type="checkbox"/> No <input type="checkbox"/>	Waving

Schedule B Yes/No Limit of liability \$10,000,000	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Acid Peels and Micro dermabrasion
Yes <input type="checkbox"/> No <input type="checkbox"/>	Electrolysis
Yes <input type="checkbox"/> No <input type="checkbox"/>	Epilation
Yes <input type="checkbox"/> No <input type="checkbox"/>	Glycolic Peel
Yes <input type="checkbox"/> No <input type="checkbox"/>	Lymphatic Massage
Yes <input type="checkbox"/> No <input type="checkbox"/>	Facials including epiderm abrasion and paraffin masque
Yes <input type="checkbox"/> No <input type="checkbox"/>	Oxygen Treatment (non-inhalation)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Steam treatments
Yes <input type="checkbox"/> No <input type="checkbox"/>	Teeth Whitening

Schedule C Yes/No Limit of liability \$5,000,000	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Flotation Tanks
Yes <input type="checkbox"/> No <input type="checkbox"/>	Laser Therapy (hair removal only)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Oxygen Treatment (inhalation)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Red Vein removal (non-injection)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Spas and Saunas
Yes <input type="checkbox"/> No <input type="checkbox"/>	Tattooing (cosmetic and/or other)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Intense Pulse Light
Yes <input type="checkbox"/> No <input type="checkbox"/>	Infra Red Body Wraps
Yes <input type="checkbox"/> No <input type="checkbox"/>	De Tox Box

Schedule D Yes/No Limit of liability \$2,000,000	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Body Piercing (other than nose, ear and navel) but only when gold, silver or platinum or surgical sleepers or studs are used.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Laser Therapy (other than hair removal)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Solariums
_____	Number of solariums

Please state other Treatments/Services not indicated in Schedules A, B, C or D for which you require cover.

Do you Wholesale any products?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please supply list.
Do you Import any products for Wholesale or Retail?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please supply list.

12. SIGNATURE AND DECLARATION

The Duty of Disclosure, Non-Disclosure, Co-Insurance and Inadequate Space to Answer notices set out above have been read by me/us. All answers and statements made in connection with this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance. I acknowledge you reserve the right to decline any application.			
Applicant's Signature:	X	Date:	/ /
Applicant's Title:			