

Tradesmen Essential Liability + Accident + Sickness + Tools INSURANCE QUOTE FORM

(e.g. Carpenters, Plumbers, Electricians etc.)

The Building Centre Network can assist you with obtaining Trade Liability + Accident + Sickness + Tools Insurance.

Please ensure your details are clear and correct, write in BLACK PEN and PRINT in CAPITALS, and then send to us.

Basic Insurance Needs

Public Liability: * \$5 million * \$10 million * \$20 million

Personal Cover: * Accident Only * Sickness Only * Combined Accident + Sickness

What is your preferred 'waiting period' before receiving an accident or sickness benefit? * 14 days * 21 days * 28 days

Tools

Ø Total Value of tools to be insured? \$ _____

Ø How will they be secured? _____

Ø Where are they secured when not in use? _____

Optional Higher Insurance Needs – Business Pack (This section is optional – If you require extra cover for your business)

Do you require the Optional Business Insurance Pack? * YES * NO

* Professional Indemnity (if you give advice or are a Head Contractor)

* Business Pack (if you run your business from a Commercial Unit or Factory)

Value of Building? \$ _____ Value of Equipment and Tools stored? \$ _____

Value of Contents (Computers, Phones, Fax and Office Equipment etc.): \$ _____

Value of Stock? (Stock of Trade products) \$ _____

Insurance Commencement

When would you like the 12 month policy to commence? _____

Details of Applicant

Title: _____ First name: _____ Surname: _____

ABN: _____ Trade: _____

How long have you been working in this Trade for? _____ Months / Years

State: _____ License Number: _____ Current to: _____

Date of Birth: _____ / _____ / _____ Do you carry out work greater than 5 metres in height? * NO * YES

If yes please provide details: _____

Employment Status: * Employed Full-Time * Sole Trader * Sub-Contractor

Gross Weekly Earnings? \$ _____ * Present * Estimated

Postal Address: _____ Suburb: _____

State: _____ Postcode: _____ Phone: () _____ Fax: () _____

Mobile: _____ Email: _____

Insurance Services - The Building Centre Network
P.O. Box 523, Milsons Point NSW 1565
FAX: 02 9806 2099
EMAIL: customerservice@shcorp.com.au



History Details (Standard Insurance Application Questions)

Have you had any insurance cover declined or cancelled? * NO * YES

If yes please provide details: _____

Have you made any insurance claims in the last 12 months? * NO * YES

If yes please provide details: _____

Have you had any criminal offences or convictions in the last five (5) years? * NO * YES

If yes please provide details: _____

Have you ever been declared bankrupt? * NO * YES

If yes please provide details: _____

Have you ever been involved in a Company or Business that went into Liquidation or Receivership? * NO * YES

If yes please provide details: _____

Please add me to your "Newsletter" - Ideas, News & Information.

Duty of Disclosure

By law you are required to provide all information which a reasonable person in your circumstances would 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. Failure by you to comply with your duty of disclosure may entitle the insurer to reduce its liability under the contract with respect to a claim, or to cancel the policy of insurance. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its inception. If you do not understand your Duty of Disclosure, please feel free to contact us for help.

Declaration

I/We confirm we have read the Duty of Disclosure included in this application form and confirm the answers are true and correct and that no information has been withheld which may affect the decision to accept this application or the terms and conditions.

Signed: Date: / /

Print Name:

OFFICE USE ONLY: Questions answered by Applicant over the phone and asked by _____

Day: _____ Date: _____ Time: _____

www.buildingcentre.com.au & www.showrooms.com.au

Insurance Services - The Building Centre Network
P.O. Box 523, Milsons Point NSW 1565
FAX: 02 9806 2099
EMAIL: customerservice@shcorp.com.au

