

# NTAA Office Pack Insurance



## Questionnaire

### Insured Details

Insured Name:	
Trading Name:	
Business Address:	
State:	
Postcode:	
ABN:	Business website:
Contact Person:	Email:
Phone:	Mobile:
Interested Parties:	

Describe all activities undertaken by the business to be insured:

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What is the total number of Proprietors / Partners and Staff? \_\_\_\_\_

What is the estimated annual turnover? \$

Do you consent to receiving your documents by email? Yes / No

### Important Information

#### Claims History

In the past five (5) years, have you or anyone else insured by this policy:

Lodged more than three (3) claims for loss? Yes / No

Had any claims made against you? Yes / No

Lodged claim/s totalling more than \$10,000? Yes / No

If you have answered 'Yes', to any of these questions, please provide full details below:

Year	Details of Loss	Insurance Company	Claim Amount

### Other Underwriting Information

In the past five (5) years, have you or anyone else insured by this policy:

Ever been declared bankrupt, or been placed in liquidation, receivership or voluntary administration? Yes / No

Ever been convicted of a criminal offence? Yes / No

Had any insurance policy cancelled, declined or refused; special terms or conditions imposed; or claim declined. Yes / No

If you have answered 'Yes', to any of these questions, please provide full details below:

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Please provide details of your current policy.

Insurer:	
Broker:	
Policy expiry date:	
Policy excess:	<input type="radio"/> \$250 <input type="radio"/> \$500 <input type="radio"/> \$1000 <input type="radio"/> \$2,500 <input type="radio"/> \$5000 <input type="radio"/> \$10,000

## Policy Excess Risk Details

Risk Address:		
	State:	Postcode:
Is this situation serviced by a town water supply?	Yes / No	
Occupation description:		

### Construction

Item description	Please tick
Walls	<input type="radio"/> Aluminium/Fibro/Iron/Steel (on steel frame) <input type="radio"/> Brick/Concrete <input type="radio"/> Glass/Canvas <input type="radio"/> Other <input type="radio"/> Polystyrene
Roof	<input type="radio"/> Concrete <input type="radio"/> Glass, Canvas <input type="radio"/> Other <input type="radio"/> Polystyrene <input type="radio"/> Tile, Iron, Fibro/Asbestos (on steel frame) <input type="radio"/> Tile, Iron, Fibro/Asbestos (on timber frame)
Floor	<input type="radio"/> Concrete <input type="radio"/> Other
Approximate year built	

### Fire Protection and Security

Item description	Please tick
Fire Alarms	<input type="radio"/> Automatic fire alarms <input type="radio"/> No Alarms <input type="radio"/> Smoke Detectors
Fire Sprinklers	<input type="radio"/> Dual water supply <input type="radio"/> No sprinklers <input type="radio"/> Single water supply
Opening ground level windows	<input type="radio"/> No locks/bars/grilles on ground level opening windows <input type="radio"/> Locks/bars/grilles on SOME ground level opening windows <input type="radio"/> Locks/Bars/grilles on ALL ground level opening windows <input type="radio"/> Locks/bars/grilles on ALL ground level opening windows/fixed plates <input type="radio"/> No ground level opening windows
External doors	<input type="radio"/> No deadlocks <input type="radio"/> Deadlocks
Burglary alarm	<input type="radio"/> No alarm <input type="radio"/> Local alarm <input type="radio"/> Monitored alarm with security patrol response <input type="radio"/> Monitored alarm with line interrogation and security patrol

## Coverage

### Property

Item description	Sum Insured
Building/s	\$
Contents (inc. stock)	\$
Removal of Debris	\$
Rewriting of Records	\$
Specified Item/s (not included in above limits)	\$

### Business Interruption

Item description	Sum insured
Indemnity period	<input type="radio"/> 3 months <input type="radio"/> 6 months <input type="radio"/> 9 months <input type="radio"/> 12 months <input type="radio"/> 18 months <input type="radio"/> 24 months
Gross income Or	\$
Weekly amount	\$
Number of weeks	\$
Sum insured	\$
Increased costs of working	\$
Book debts	\$
Gross rentals	\$
Accountants fees	\$

### Money

Item description	Sum Insured
In Transit	\$
On Premises:	
During business hours	\$
Outside business hours	\$
In safe	\$
In Private custody	\$
Damage to safe	\$

## Glass

Item description	
Internal / External glass cover required	Yes / No
External glass frontage	<input type="radio"/> Single front <input type="radio"/> Double front <input type="radio"/> Multi front
Floor level	<input type="radio"/> Ground floor only <input type="radio"/> Above ground floor only <input type="radio"/> Ground floor plus one or more additional floors <input type="radio"/> Two or more floors above ground

## Computer / Electronic Equipment

Item description (include year of manufacture)	Sum Insured

## Machinery & Pressure Equipment

Item description	Sum Insured

## Liability

Item description	Sum Insured
Limit of Liability	<input type="radio"/> \$10,000,000 <input type="radio"/> \$15,000,000 <input type="radio"/> \$20,000,000
Property in physical and legal control	\$100,000

## General Property

Coverage: Fire, Theft and Accidental Damage upon collision and overturning of a conveying vehicle.

Territorial Limits: Anywhere within Australia.

## List of Insured Property

Item description	Sum Insured

Please return completed form to:

InterPrac Ltd

Attention: JOHN PLIM

Email: [insurance@interprac.com.au](mailto:insurance@interprac.com.au)

Fax: 03 5444 4895

For further queries, please contact our office on **1800 086 666**