

JIM'S COMPUTER SERVICES INSURANCE APPLICATION FORM

Name of Applicant(s)									
Trade Name									
Business Address					State			Post Code	
Postal Address					State			Post Code	
Business Phone	()		Mobile				Fax	()	
E-mail Address									
Occupation			ABN	/ /			Taxable GST	%	
Who is your Franchisor?				Franchise ID Number				Number of People Involved in Your Franchise	

INSURANCE PERIOD: ___ / ___ / _____ to 30/04/2011 at 4.00pm

STEP ONE: Section A

INSURANCE PRODUCT	Package A SUM INSURED	Package B SUM INSURED
LIABILITY INSURANCE (provides coverage for up to 2 people / please complete Section B if you require coverage for additional employees) <ul style="list-style-type: none"> Public & Products Liability Limit Excess (Includes Goods in Control - \$ 250,000)	\$10,000,000 \$ 500	\$10,000,000 \$ 500
PROFESSIONAL INDEMNITY INSURANCE (up to \$200,000 Turnover) ** PI Application Form must also be completed before acceptance *** <ul style="list-style-type: none"> Indemnity Limit Excess 	\$1,000,000 \$ 500	\$1,000,000 \$ 500
GENERAL PROPERTY (eg. Tools and Equipment) <ul style="list-style-type: none"> Sum Insured (\$2,000 limit per item, unless specified) Excess (Please refer to the General Property section of this declaration form)	NIL	\$2,000 \$150
PERSONAL ACCIDENT ONLY INSURANCE – (includes coverage for one person / does not include illness) <ul style="list-style-type: none"> Weekly Benefit Capital Benefits (Death & Permanent Total Disability) Scope of Cover Benefit Period Waiting Period / Excess All Pre-Existing Medical Conditions and Past Injuries Excluded 	Nil	up to \$500 \$100,000 24 Hours 104 Weeks 7 Days
<u>Standard Annual Premium (Section A)</u> The Standard Package includes what you see above. Any additional covers are to be completed on page 2 under Additional Cover (Section B).	\$ 1,390.00	\$ 1,820.00

PLEASE PROCEED TO STEP TWO ON THE FOLLOWING PAGE

STEP TWO: Section B

ADDITIONAL COVER OPTIONS SELECTION TABLE

<p>LIABILITY INSURANCE Upgrade your Limit of Liability from \$10,000,000 to \$20,000,000. <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$80.00</p> <p>PROFESSIONAL INDEMNITY Upgrade your limit to \$2,000,000 or \$5,000,000 <input type="checkbox"/> Yes, upgrade my cover Refer to Office for Quote</p> <p>ADDITIONAL EMPLOYEES <input type="checkbox"/> Yes, please include coverage for _____ employees under my Liability Coverage. Extra Annual Premium: \$75.00 per employee</p>	<p>COMMERCIAL MOTOR VEHICLE Include comprehensive coverage for your Business Use Motor Vehicle. If you select this option, please complete the Commercial Motor Vehicle Application Form. This provides coverage for vehicles up to \$50,000. Drivers must have a Rating 1 No Claim Bonus. Subject to satisfactory driving history. <input type="checkbox"/> Yes, add to my cover : Refer to office for quote</p>
<p>GENERAL PROPERTY INSURANCE Upgrade your Sum Insured from \$2,000 to: \$ 5,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$150.00 \$10,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$300.00 \$20,000 <input type="checkbox"/> Yes, upgrade my cover Refer to Office</p>	<p>ADDITIONAL PERSONAL ACCIDENT ONLY INSURANCE Include Coverage for a Second Person under the Personal Accident Only Section of Coverage for \$500 nett per week: <input type="checkbox"/> Yes, include cover for an additional person under my Personal Accident Only Coverage Extra Annual Premium: \$280.00 Please complete the Personal Accident Details for Applicant 2 on the document called "About Me And My Franchise"</p>
<p>PERSONAL ACCIDENT ONLY INSURANCE Please complete the following if you wish to increase your Weekly Benefit from \$500 to: Applicant 1 \$600 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$75.00 \$700 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$110.00 \$800 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$150.00 \$900 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$195.00 \$1,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$285.00 Applicant 2 (if applicable) \$600 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$75.00 \$700 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$110.00 \$800 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$150.00 \$900 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$195.00 \$1,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$285.00 All pre-existing medical conditions and past injuries are excluded under this Policy.</p>	<p>PERSONAL ACCIDENT & ILLNESS INSURANCE Please complete the following if you wish to include Illness Coverage: Applicant 1 \$500 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$285.00 \$600 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$380.00 \$700 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$460.00 \$800 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$545.00 \$900 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$625.00 \$1,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$710.00 Applicant 2 (if applicable) \$500 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$285.00 \$600 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$380.00 \$700 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$460.00 \$800 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$545.00 \$900 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$625.00 \$1,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$710.00 All pre-existing medical conditions and past injuries are excluded under this Policy.</p>
<p align="center">NEED LARGER SUMS INSURED OR ADDITIONAL INSURANCE PRODUCTS? CONTACT BARKER MEIER INSURANCE BROKERS PTY LTD ON 1800 662 288 FOR ASSISTANCE.</p>	

STEP THREE

<p align="center"><u>Additional Covers Premium (Section B)</u></p> <p>Please total all above Additional Covers required and insert to calculate your Total Annual Premium for 2008/2009. If no additional covers are required please write 0.00 in the space provided.</p>	<p align="center">\$ _____</p>
<p align="center"><u>Total Annual Premium (Section A + Section B)</u></p> <p>Total Annual Premium is calculated by adding the Standard Annual Premium (Section A) to the Additional Covers Premium (Section B) as selected by You.</p>	<p align="center">\$ _____</p>

ABOUT ME AND MY FRANCHISE

Please complete this section in order for us to update your Insurance Information. This document will be retained as an Application Form for future reference.

GENERAL PROPERTY ITEMS

If your selected insurance requirements include cover for General Property (eg. Tools and Equipment), an individual item limit of \$2,000 exists unless specified below. To ensure any individual item worth more than \$2,000 is covered under your proposed policy, please complete the following information. Each item listed below will be included within your selected sum insured (ie. if you are taking the Standard Package under Section A, your selected Sum Insured is \$8,000).

Type of Item	Make	Model No.	Serial No.	Item Dollar Value
<i>Example: Cylinder Mower</i>	<i>Dwyer & Felton</i>	<i>PS 768</i>	<i>4698 7580 632PA</i>	<i>\$3,000.00</i>
Item 1	_____	_____	_____	\$ _____ . _____
Item 2	_____	_____	_____	\$ _____ . _____
Item 3	_____	_____	_____	\$ _____ . _____
Item 4	_____	_____	_____	\$ _____ . _____
Item 5	_____	_____	_____	\$ _____ . _____
Item 6	_____	_____	_____	\$ _____ . _____
Item 7	_____	_____	_____	\$ _____ . _____
Item 8	_____	_____	_____	\$ _____ . _____

PERSONAL ACCIDENT &/OR ILLNESS INSURANCE*

If your selected insurance requirements include Personal Accident or Personal Accident & Illness cover, please complete the following information:

Applicant 1:

Name: _____

Date of Birth: ____/____/____

Height: _____ cm's

Weight: _____ kg's

Please specify all pre-existing illnesses or injuries below*:

Applicant 2:

Name: _____

Date of Birth: ____/____/____

Height: _____ cm's

Weight: _____ kg's

Please specify all pre-existing illnesses or injuries below*:

*It is important to note that all pre-existing conditions will be excluded under the proposed policy.

DUTY OF DISCLOSURE QUESTIONNAIRE

Please answer the following Duty of Disclosure questions. If you do not understand a question or require assistance, please phone 1800 066 900. If you answer yes, please provide full details (if additional space is required for your answers, please attach a separate piece of paper).

1) In the last 5 years, have you been convicted of any criminal offence, made any insurance claims, suffered and losses which would have been covered under the proposed insurance policy(s), had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions imposed or excesses imposed by an insurer? YES NO

2) In the last 5 years, have you had a driver's licence cancelled, suspended or reduced to a lesser grade or had special conditions imposed or any driving offence, infringement, conviction or have any of these pending? YES NO

3) Are you currently or have you previously been declared bankrupt or been involved in a company or business which became insolvent or subject to any form of insolvency administration? YES NO

