

JIM'S SKIP BINS 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	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 (Note: Exclusion applies to On Hook Liability – Refer Motor Vehicle extension)	\$10,000,000 \$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)	\$8,000 \$250
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 	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).	\$ 825.00

PLEASE PROCEED TO STEP TWO ON THE FOLLOWING PAGE

STEP TWO: Section B

ADDITIONAL COVER OPTIONS SELECTION TABLE

<p><u>LIABILITY INSURANCE</u> Upgrade your Limit of Liability from \$10,000,000 to \$20,000,000. <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$100.00</p> <p><u>ADDITIONAL EMPLOYEES</u> Include Coverage for additional Employees under this section. Number of Additional Employees (in addition to the two automatically Insured under Section A) :</p> <p><input type="checkbox"/> Yes, please include coverage for _____ employees under my Liability Coverage. Extra Annual Premium: \$90.00 Per employee</p>	<p><u>COMMERCIAL MOTOR VEHICLE</u> 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.</p> <p><input type="checkbox"/> Yes, add to my cover All States Excluding VIC Metro & NSW Metro areas: refer to office for quote</p> <p><input type="checkbox"/> Yes, add to my cover VIC Metro: refer to office for quote</p> <p><input type="checkbox"/> Yes, add to my cover NSW Metro: refer to office for quote</p>
<p><u>GENERAL PROPERTY INSURANCE</u> Upgrade your Sum Insured from \$8,000 to:</p> <p>\$10,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$45.00</p> <p>\$15,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$105.00</p> <p>\$20,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$175.00</p> <p>\$25,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$245.00</p> <p>\$30,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$315.00</p>	<p><u>TRAILER INSURANCE</u> Include Coverage for my Trailer. Please nominate your Sum Insured:</p> <p>\$ 5,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$85.00</p> <p>\$ 8,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$105.00</p> <p>\$10,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$130.00</p> <p>\$12,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$150.00</p> <p>\$15,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$160.00</p>
<p><u>ADDITIONAL PERSONAL ACCIDENT ONLY INSURANCE</u> Include Coverage for a Second Person under the Personal Accident Only Section of Coverage for \$500 nett per week:</p> <p><input type="checkbox"/> Yes, include cover for an additional person under my Personal Accident Only Coverage Extra Annual Premium: \$280.00</p> <p>Please complete the Personal Accident Details for Applicant 2 on the document called "About Me And My Franchise"</p>	<p><u>ADDITIONAL TRAILER</u> Include Coverage for an additional Trailer valued up to \$5,000 under this section. Please complete the Trailer Details for Trailer 2 on the document called "About Me And My Franchise"</p> <p><input type="checkbox"/> Yes, please include coverage for my second trailer Extra Annual Premium: \$85.00</p>
<p><u>PERSONAL ACCIDENT ONLY INSURANCE</u> Please complete the following if you wish to increase your Weekly Benefit from \$500 to:</p> <p><u>Applicant 1</u></p> <p>\$600 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$75.00</p> <p>\$700 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$110.00</p> <p>\$800 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$150.00</p> <p>\$900 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$195.00</p> <p>\$1,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$285.00</p> <p><u>Applicant 2 (if applicable)</u></p> <p>\$600 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$75.00</p> <p>\$700 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$110.00</p> <p>\$800 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$150.00</p> <p>\$900 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$195.00</p> <p>\$1,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$285.00</p> <p>All pre-existing medical conditions and past injuries are excluded under this Policy.</p>	<p><u>PERSONAL ACCIDENT & ILLNESS INSURANCE</u> Please complete the following if you wish to include Illness Coverage:</p> <p><u>Applicant 1</u></p> <p>\$500 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$285.00</p> <p>\$600 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$380.00</p> <p>\$700 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$460.00</p> <p>\$800 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$545.00</p> <p>\$900 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$625.00</p> <p>\$1,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$710.00</p> <p><u>Applicant 2 (if applicable)</u></p> <p>\$500 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$285.00</p> <p>\$600 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$380.00</p> <p>\$700 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$460.00</p> <p>\$800 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$545.00</p> <p>\$900 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$625.00</p> <p>\$1,000 <input type="checkbox"/> Yes, upgrade my cover Extra Annual Premium: \$710.00</p> <p>All pre-existing medical conditions and past injuries are excluded under this Policy.</p>

RIDE-ON MOWER / GRINDER / CHIPPER / OTHER MACHINERY INSURANCE

Please nominate your Sum Insured:

- \$ 5,000 Yes, add to my cover Extra Annual Premium: \$80.00
- \$ 8,000 Yes, add to my cover Extra Annual Premium: \$90.00
- \$10,000 Yes, add to my cover Extra Annual Premium: \$115.00
- \$15,000 Yes, add to my cover Extra Annual Premium: \$165.00
- \$20,000 Yes, add to my cover Extra Annual Premium: \$220.00
- \$25,000 Yes, add to my cover Extra Annual Premium: \$270.00
- \$30,000 Yes, add to my cover Extra Annual Premium: \$330.00
- \$35,000 Yes, add to my cover Extra Annual Premium: \$380.00

**NEED LARGER SUMS INSURED OR
ADDITIONAL INSURANCE PRODUCTS?
CONTACT BARKER MEIER INSURANCE
BROKERS PTY LTD
ON 1800 662 288 FOR ASSISTANCE.**

STEP THREE

Additional Covers Premium (Section B)

Please total all above Additional Covers required and insert to calculate your Total Annual Premium. If no additional covers are required please write 0.00 in the space provided.

\$ _____

Total Annual Premium (Section A + Section B)

Total Annual Premium is calculated by adding the Standard Annual Premium (Section A) to the Additional Covers Premium (Section B) as selected by You. Should you have any queries or concerns please contact our office on 1800 662 288.

\$ _____

Yes, please insure this package

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.

TRAILER &/OR RIDE-ON MOWER / GRINDER / CHIPPER / OTHER MACHINERY INSURANCE

If your selected insurance requirements include cover for a Trailer &/or a Ride-On Lawn Mower, Grinder, Chipper and other Machinery please complete the following information:

Trailer 1 Details

Year of Manufacture: _____

Make: _____

Model No: _____

Registration No: _____

Dollar Value: \$ _____

Ride-On Lawn Mower / Grinder / Chipper / Other Machinery Details (1)

Year of Manufacture: _____

Make: _____

Model No: _____

Registration No: _____

Dollar Value: \$ _____

Trailer 2 Details

Year of Manufacture: _____

Make: _____

Model No: _____

Registration No: _____

Dollar Value: \$ _____

Ride-On Lawn Mower / Grinder / Chipper / Other Machinery Details (2)

Year of Manufacture: _____

Make: _____

Model No: _____

Registration No: _____

Dollar Value: \$ _____

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
- _____
- _____
- _____

APPLICANT'S DECLARATION & SIGNATURE

I/We have read and understood the Barker Meier Insurance Brokers Financial Services Guide (FSG) along with the QBE Insurance (Australia) Ltd Policy Wording and Product Disclosure Statement (PDS).

I/We understand that no insurance is in force until such time as the Insurer has confirmed acceptance of the proposed insurance in writing.

I/We hereby appoint Barker Meier Insurance Brokers Pty Ltd to act as my/our Insurance Broker and Consultant.

By signing this application form, I/We consent to the uses of my/our personal information as disclosed by QBE Insurance (Australia) Ltd in the Product Disclosure Statement and Barker Meier's Financial Services Guide (FSG).

I/We authorise Barker Meier and the Insurer's to obtain or supply details of insurance claims and other relevant information. I/We authorise Barker Meier and the Insurer's to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We authorise the insurance companies named within this proposal form to give to, obtain from, other insurers or credit reference bureau's any information relating to this insurance now or in the past including claims under those insurances.

I/We declare that:

- (a) The information in this application is true and correct and I/We have not withheld any relevant information.
(b) I/We agree to accept the insurance subject to the terms, conditions, exclusions and limitations of the policies.

Applicant 1:

Name: _____

Signature: _____

Date: ____/____/____

Applicant 2:

Name: _____

Signature _____

Date: ____/____/____

**NEED ADVICE OR HAVE A QUESTION?
CALL US TODAY ON**

1800 662 288



