

Jewellers Block Proposal Form

Please complete and return this proposal form via post or email using the contact details on page thirteen. Answer all questions in full. Before completing this form you must read pages eleven and twelve as a requirement of the Insurance Contracts Act.

Duty of Disclosure

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (ICth) to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance. You do not need to tell the insurer anything that:

- Reduces the risk that is insured
- Is common knowledge
- Your insurer knows or should know as an insurer, or
- The insurer waives compliance with your duty of disclosure

If you are uncertain about whether or not a matter should be disclosed to the insurer, please contact your Aon client manager.

Non-Disclosure

If you do not tell your insurer anything you are required to, the insurer may cancel your contract, or reduce the amount it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Subrogation and Non-Admission

The policy/policies contain provisions which have the effect of excluding or limiting the insurer's liability in respect of a loss, where you have admitted liability or prejudiced the insurer's rights of subrogation. This may occur where you are a party to an agreement which excludes or limits an insurer's rights to recover the loss from another party.

Company Details

1. Company and Premises

a. Company name, including any subsidiaries and/or affiliated companies to be covered by this insurance:

ABN

Full Business Description

b. Name(s) of Principal(s)

c. Number of Years in This Line of Business

Postal Address (if different from above)

Suburb

State

Postcode

d. Premises Addresses (continue on separate page if necessary)

Premises 1:

Suburb

State

Postcode

How many years have you been at these premises?

On which floor of the building is the premises?

Normal business hours:

Premises 2:

Suburb

State

Postcode

How many years have you been at these premises?

On which floor of the building is the premises?

Normal business hours:

Premises 3:

Suburb

State

Postcode

How many years have you been at these premises?

On which floor of the building is the premises?

Normal business hours:

e. Are any of your premises shared with or occupied by another party?

If "yes," please provide details:

2. Nature of Your Business

What percentage of your sales over the past 12 months was derived from the following:

Retail

 %

Wholesale

 %

Manufacturing

 %

Pawnbroking

 %

3. Employees

a. How many employees do you have?

b. What is the minimum number of employees, including principals, in the sales section of your premises at any time, including lunchtime?

Exposures and Coverage Required

4. Basis of Valuation

On what basis do you require claims to be settled, e.g., cost price, and so on?

Please note: Unless otherwise agreed, the policy claims in respect of your own stock will be settled on the basis of cost price. All figures completed on this proposal must reflect the basis of valuation required.

5. Stock Values

a. The last physical stock take of your own stock was taken and recorded on (give date) and was exactly:

Date

\$

b. The previous physical stock take of your own stock at least six months prior to above was taken and recorded on (give date) and was exactly:

Date

\$

c. The maximum value of your own stock during the last 12 months did not exceed:

\$

d. The estimated average daily value of property in your custody or control during the last 12 months from:

Others in the jewellery trade was:

\$

Customers for repair was:

\$

Other customers was:

\$

Nature of Stock

a. What percentage of your stock as set forth in question 5(a) was made up of the following:

i. Unset diamonds and other precious stones and pearls

\$

ii. Unset semi-precious and imitation stones

\$

iii. Gold and gold chains

\$

iv. Jewellery mounted with diamonds and/or precious stones

\$

v. Other jewellery

\$

vi. Costume jewellery

\$

vii. Watches

\$

viii. Clocks, silverware, plateware and other similar goods

\$

b. Values out of Safe	Outside Business Hours	During Temporary Closing (e.g., lunchtime if applicable)
a. What will be the maximum total value of items i), iii), iv) and vii) above (including those in windows and/or display showcases) out of a locked safe or strongroom?	\$	\$
b. What will be the maximum total value of all (including those in windows and/or display showcases) out of a locked safe or strongroom?	\$	\$

8. Display Windows

a. How many display windows do you have?

b. How many outside showcases do you have?

c. Give the maximum values which will not be exceeded:

	During Business Hours	Outside Business Hours
i. In any one window	\$	\$
ii. In any one outside showcase	\$	\$
iii. By any one item within a window or showcase	\$	\$
iv. By any one pad or tray of items within a window or showcase	\$	\$
v. In total in all windows and outside showcases	\$	\$

9. Travel and Personal Transit Risk

For each of the following sections give the names of all principals, employees, representatives, travellers, agents, messengers and delivery hands — but not brokers — who have carried insured property (inclusive of amounts carried to and from bank or safe deposit) during the last 12 months:

	No. of Days Each Person per Annum	Average Amount Each	Maximum Amount Each
a. Within the city or town in which your premises are situated	\$	\$	\$
b. Elsewhere in the country in which your premises are situated	\$	\$	\$
c. Elsewhere (list countries in each case)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

10. Home Risk

Does any principal, employee, representative, traveller or agent take stock to their private residence for any purpose?

If so, please provide the following information:

1. Name

Address

Suburb

State

Postcode

Maximum value taken (\$)

Full details of safe and any other protections

2. Name

Address

Suburb

State

Postcode

Maximum value taken (\$)

Full details of safe and any other protections

3. Name

Address

Suburb

State

Postcode

Maximum value taken (\$)

Full details of safe and any other protections

14. Sums to be Insured

What limits do you require on:

a. Stock (including goods in trust and bank notes)

\$

b. Trade and office furniture, fixtures and fittings, machinery, plant, safes, alarm systems, tenants' decorations and improvements and all other contents (except as defined in a) above) at your premises

\$

Security and Protections

15. Display Window and Showcase Protections

a. Please give full details of the type of glass in all your display windows and/or outside showcases:

b. Are all sections of the windows containing jewellery, gold, silver, platinum, pearls, precious stones and/or watches substantially partitioned of from the remainder of the display?

Yes No

c. What precautions do you take to protect the rear of your display windows?

d. Are your display windows and/or outside showcases kept permanently locked with the keys removed?

Yes No

e. Are interior showcases similarly locked with keys removed?

Yes No

f. At night, and at all other times when the premises are not open for business:

Yes No

i. Are all display windows and/or outside showcases protected externally by either shutters or by a grille?

Yes No

Please give full particulars of such protections and state how they are secured:

ii. Does this protection cover the entire front of your premises?

Yes No

If not, please give details:

iii. During business hours, how are all your display windows and/or outside showcases containing jewellery, gold, silver, platinum, pearls, precious stones and/or watches protected internally?

iv. Can these protections be reached under or over or around?

Yes No

16. Burglar Alarms

a. Is there a burglar alarm? Yes No

If so, please confirm the make and model:

b. Is the alarm connected to a central station? Yes No

c. Does the system incorporate fixed hold-up and/or panic buttons? Yes No

d. Does the system incorporate mobile hold-up and/or panic buttons? Yes No

e. Is the alarm system maintained under contract? Yes No

17. Safes and Strongrooms

a. Make and model of safe:

i. Approximate size: X X cm Weight: kg Age: Year

ii. Is the safe illuminated and visible from the street at night? Yes No

iii. Is there a strong room? Yes No

If "yes," please give full details:

18. Closed-Circuit Television

a. Do you have CCTV? Yes No

b. Do the cameras cover the entire interior of your premises? Yes No

If not, please give details of coverage:

c. Are CCTV cameras connected to video recorders with images recorded on video cassettes? Yes No

d. Do you keep a library of tapes? Yes No

If "yes," for how long?

19. General Protection of Premises

a. Are the premises occupied at night?

Yes

No

If "yes," please provide details:

b. Are there any openings leading to the cellar or basement from outside the shop?

Yes

No

If "yes," please give details and protections:

c. How many public entrances do you have?

Please give details of their manufacture and how they are protected:

d. How many private entrances do you have?

Please give details of their manufacture and how they are protected:

e. How many windows, other than display windows, do you have?

Please give details of their manufacture and how they are protected:

f. Are there any skylights, fanlights or roof openings?

Yes

No

Please give details of their manufacture and how they are protected:

g. Are all the keys (including your alarm, safe and strongroom keys) removed from the premises outside business hours?

Yes

No

h. Are there any other special means of protection?

Yes

No

If so, please give details:

20. Insurance History

a. List all losses (insured or uninsured) incurred by you, your business, all the persons named in 1(b) above, and all jewellery businesses of which such persons are or have been individual owners, partners, directors or officers, which occurred during the past five years involving property of this type:

Business Name/Assured	Circumstances of Loss	Amount of Loss	Amount Paid	Insurer
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

b. Has any insurer ever cancelled or refused to issue or continue any insurance for you? Yes No
 If so, please give full details:

c. Have you previously been insured for this type of property? Yes No
 If "yes," please give the name of the insurer:

21. Declaration and Signature

Signing this form does not bind the proposer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued.

I/We have read the above and agree that to the best of my/our knowledge and belief it represents a true and complete statement.

I/We agree that if this insurance is completed, the protections and/or safeguards mentioned herein shall not be withdrawn or varied to the detriment of the interests of the underwriters without their consent.

Signature

Date

Your Premium Calculation

The key factors that affect your premium are reflected in the questions asked in this document and the information sought at the time of taking out your insurance.

Terms of Credit

Our terms of credit for clients are indicated on the invoice provided upon entering into the insurance contract. Aon is conscious of occasional hardship and understands the need to refer clients, if appropriate, to the Australian Financial Counsellors and Credit Reform Association. Aon acts in accordance with the requirements of ACCC and ASIC debt collection guidelines for collectors and creditors to arrange for the collection of outstanding amounts.

Complaint and Dispute Resolution

Any enquiry or complaint relating to your policy or a claim should be address to your client relationship manager in the first instance. If your complaint is not satisfactorily resolved within five working days, please contact Aon's national complaints manager, who will attempt to resolve it in accordance with our complaints and disputes-handling policy. You may obtain a copy of this policy from the national complaints manager or from our website: aon.com.au.

If you are still not satisfied with the outcome determined within 10 working days, you should contact Lloyd's Australia Limited:

02 8298 0783
ldraustralia@lloyds.com
Suite 1603 Level 16
1 Macquarie Place
Sydney NSW 2000

If your concern is with the insurer, you may contact the Australian Financial Complaints Authority by calling 1800 931 678.

General Insurance Code of Practice

Aon is bound by the General Insurance Code of Practice and have processes in place to adhere to the requirements of the code. All details relating to the code can be found at www.codeofpractice.com.au.

Privacy

Aon has always valued the privacy of personal information. If you would like a copy of our privacy policy, you can contact us or access it from our website at aon.com.au.

Aon is committed to protecting your personal information in accordance with the Australian privacy principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer the many financial services and products we and our group of companies are involved in as set out in the Aon Privacy Notice, provided to you or available at www.aon.com.au.

In order to do this, we may also share your information with other persons or entities who assist us in providing or promoting our services as set out in the Aon Privacy Notice. Further information about our privacy practices can be located in the Aon Australia Group Privacy Policy Statement, which can be viewed on our website at aon.com.au. You can also request a copy be sent to you by your Aon representative.

You may also gain access to your personal information or modify your privacy preferences by contacting your Aon representative or our privacy officer:

privacyofficer@aon.com.au
Level 33, 201 Kent Street
Sydney NSW 2000
02 9253 7000

Form Submission

Please return this proposal form using the following contact information:

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