

# Licensed Post Office Insurance Application

Completed questionnaires are to either be emailed or faxed for the attention of **Brett Batson** or **Magdalena Roslon** at Willis Towers Watson; on Fax: (03) 8681 9881 or email [brett.batson@willistowerswatson.com](mailto:brett.batson@willistowerswatson.com) or [magdalena.roslon@WillisTowersWatson.com](mailto:magdalena.roslon@WillisTowersWatson.com) For any queries, please call 1300 733 873

General Details				
<b>Company and/or Trading Name(s):</b>				
<b>Business Activities and percentage of your overall turnover :</b>	<input type="checkbox"/> Post Services %	<input type="checkbox"/> Newsagent %	<input type="checkbox"/> Lotto %	<input type="checkbox"/> Other %
If you have marked 'other' please provide details: & Australia Post for their respective rights and interests in regards to the LPO and/or Franchise Agreement				
<b>Insured Address:</b>	<b>No. &amp; Street Name:</b>			
	<b>Suburb:</b>	<b>State:</b>	<b>PostCode:</b>	
<b>Postal Address:(If different)</b>	<b>No. &amp; Street Name:</b>			
	<b>Suburb:</b>	<b>State:</b>	<b>PostCode:</b>	
<b>Contact Person:</b>	<b>Email Address:</b>			
<b>Contact Number:</b>	<b>Fax/Mobile Number:</b>			
<b>Period Of Insurance:</b>	<b>From:</b> / / (please insert date you would like this policy to begin – "dd/mm/yyyy" format)		<b>To: 01/07/2018 at 4pm</b> (this facility has a common due date of 1 July– premiums will be pro-rata to this date)	

Premises Details and Cover				
<b>Back to Base Alarm Installed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you have a Fire Alarm?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you have CCTV?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Does the property construction consist of Brick/Concrete Walls, Tile/Iron Roof, and Concrete Floors?</b>		
<b>Total Business Turnover</b>	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Cover Required				
<b>Buildings (Replacement Value)</b>	\$	<b>Machinery Breakdown / Electronic Equipment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Contents (Replacement Value)</b>	\$	<b>Glass Cover Required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Stock(Replacement Value)</b>	\$	<b>Public/Products Liability</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Gross Profit (Turnover less stock purchases)</b>	\$	<b>Management Liability</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Burglary / Theft</b>	\$	<b>General Property (Max \$5,000 any one item)</b>	\$	
<b>Money</b>	\$	<b>Other (Please specify)</b>	\$	
<b>Personal Accident Insurance?</b>	Provide details below, Capital Benefit \$150,000, Weekly Injury benefit \$1,000			<input type="checkbox"/> Yes <input type="checkbox"/> No
No.	First Name	Surname	D.O.B.	Sickness Cover *
1.			/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Additional questions and underwriting information will be required should sickness cover be requested.

## Declaration

### Has any insurer ever:

- Declined, Cancelled or refused to renew your insurance or Imposed special terms in order to insure you?
- Imposed special terms in order to insure you?
- Suffered any claims totaling \$10,000 or more in the last 3 years or occurrences known to the proposer that might give rise to a claim?

<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered "Yes" to any of the above questions, please provide details:

I/We, the undersigned, declare that to the best of my knowledge and belief the statements set forth herein are true and correct, and agree that these statements shall form the basis of and be incorporated into any contract of insurance which may be conducted between the Proposer and the insurer. I/We acknowledge that I/We have read and understood the section accompanying this Proposal headed "Your Privacy". Statements made on this proposal by one person are to be treated as made by all the people insured.	
<b>Signature of Proposer:</b>	<b>Date:</b> / /

This declaration MUST be signed by or on behalf of all parties who are making the proposal for insurance.

In order to arrange insurance for you or handle a claim for you, Willis Towers Watson needs to collect your personal information. If you would like more information on the way your personal information is handled by Willis Towers Watson, please refer to Willis Towers Watson' Privacy Policy which is available online at visit [www.willistowerswatson.com.au/privacy](http://www.willistowerswatson.com.au/privacy) or upon request

Full terms, conditions, limitations, exclusions and benefits are set out in the policy documents, copies of which are available by calling our office on 1300 733 873.