

Licensed Post Office Insurance Application

Completed questionnaires are to either be emailed or faxed to Willis Towers Watson; on:

Fax: (03) 8681 9888 or email WTW.Post.Insurance@WillisTowersWatson.com For any queries, please call 1800-335-014

General Details			
Company and/or Trading Name(s):		LPO Group Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Activities and percentage of your overall turnover :		<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	
Insured Address:		No. & Street Name: _____ Suburb: _____ State: _____ Postcode: _____	
Postal Address:(If different)		No. & Street Name: _____ Suburb: _____ State: _____ Postcode: _____	
Contact Person:		Email Address: _____	
Contact Number:		ABN: _____	
Period Of Insurance:		From: / / (please insert date you would like this policy to begin – "dd/mm/yyyy" format) To: 01/07/2022 at 4pm (this facility has a common due date of 1 July– premiums will be pro-rata to this date)	

Premises Details and Cover			
Back to Base Alarm Installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Fire Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have CCTV?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the property construction consist of Brick/Concrete Walls, Tile/Iron Roof, and Concrete Floors?	
Total Business Turnover (Excl. Lotto)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Turnover for Lotto Sales only	\$	Type of Lotto Sales	<input type="checkbox"/> Online <input type="checkbox"/> Instant Only

Your Cover Required			
Buildings (Replacement Value)	\$	Machinery Breakdown	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contents (Replacement Value)	\$	Glass Cover Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stock (Replacement Value)	\$	Public/Products Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Profit (Turnover less stock purchases)	\$	Management Liability (Complete Separate Proposal)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Burglary / Theft	\$	Professional Indemnity (Lotto Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money	\$	General Property (Max \$5,000 any one item)	\$
Personal Accident Insurance?	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.
1.			/ /
2.			/ /
			Sickness Cover *
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<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.	
Signature of Proposer:	Date: / /

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 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 1800-335-014.

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Guidelines for signing the NSW Small Business Stamp Duty Exemption Declaration

What is the small business exemption?

From 1 January 2018, small businesses will be exempt from paying NSW stamp duty on certain types of insurance.

Where the exemption does not apply, stamp duty is otherwise payable on the premium and GST inclusive amount.

What is a small business?

As defined by Revenue NSW: "You are a small business if you are an individual, partnership, company or trust that is carrying on a business, and the business has an aggregated turnover of less than \$2 million. Aggregated turnover is your annual turnover plus the annual turnovers of any business entities that are your affiliates or are connected with you."

Which insurance types does the exemption apply to?

This exemption can be applied for small businesses with one of the following insurance types:

- Commercial Vehicle
- Commercial Aviation
- Occupational Indemnity*
- Product and Public Liability

How do I apply for the exemption?

To receive the exemption, please complete the below declaration declaring that you / your company are a small business.

Email the completed declaration to your Account Manager.

Please note:

- If you are uncertain whether you classify as a small business, please speak to your financial adviser.
- Willis Towers Watson will place reliance on your declaration in charging the applicable insurance duty.
- False declarations may result in penalties up to \$11,000 by Revenue NSW plus the insurance duty not paid and penal interest on that balance.
- Revenue NSW may also be able to clarify your queries relating to the law and your obligations.

NSW Small Business Stamp Duty Exemption Declaration

I hereby declare that I am a Capital Gains Tax small business entity (within the meaning of section 152-10(1AA) of the *Income Tax Assessment Act 1997* Cth). I am a small business individual / partnership / company and/or trust, which is carrying on a business, and the business has **an aggregated turnover of less than \$2 million***.

In addition, I declare that at the time that the contract of insurance is effected or renewed (as applicable) I am/will be a small business eligible for the exemption from the requirement to pay insurance duty under section 259B of *the Duties Act 1997* (NSW).

Signed

Name

Date Signed

Name of Insured
(if different from above)

ABN of Insured

Contact details

Mobile		Email	

*Aggregated turnover is your Australia wide annual turnover plus the annual turnovers of any business entities that are your affiliates or are connected with you.

**A fraudulent declaration may invalidate your insurance contract.

Disclaimer: The purpose of these guidelines is to provide guidance only. The content of these guidelines does not constitute legal, tax, accounting or other advice and should not be relied upon as such. We recommend that you seek independent legal, tax and / or accounting advice if you are unsure of whether you are eligible for the small business exemption. Willis Towers Watson accepts no liability for reliance upon these guidelines or if an exemption is claimed for in error or a small business fails to claim for the exemption. These guidelines do not constitute financial advice and Willis Towers Watson has not taken into account your financial needs in providing these guidelines.