

## A. Notice to the proposed insured

### Disclosure of relevant facts - your duty of disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. This includes facts which are not subject to questions in this proposal.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

### Non-Disclosure / Misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

### Inadequate space to answer

If there is inadequate space to answer our questions or you need to disclose something to us because of your duty of disclosure, please attach a separate sheet of paper to this proposal giving full details of additional information.

### Important

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick appropriate box to indicate answer.
- The applicant will be referred to in this proposal as “You” or “Your”.

### Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your proposal.

MARKET	BUSINESS NAME	PLEASE TICK
Fiji	QBE Insurance (Fiji) Limited	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Pty Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

Note: For any other markets please contact the local QBE office.

### Jurisdiction

The content and use of this proposal form or any policy entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:

- a. the laws of the country of the QBE office which issues the policy/ies arising from this proposal; unless
- b. the policy/ies refer to the laws of a different country applying, in which case the laws of that country,

and in relation to those matters, the parties submit to the exclusive jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English law as applicable within Vanuatu immediately before 30 July 1980 and shall be exclusively justiciable before the Supreme Court of Vanuatu.

### Note

Values, Sums Insured, Limits and Deductibles further marked as \* are in the currency of the country in which a policy will be issued, upon the approval of this proposal.

### Protect Your Assets from Inadequate Insurance

It is your responsibility to ensure adequacy of sums insured both during the currency of any policy and prior to renewal each year. You should ensure that the sums insured reflect the full value of the insured property. If you have elected to insure your building and contents (excluding stock) on a Reinstatement and Replacement Basis, the sum(s) insured should represent the current full replacement value. If you have insured for Business Interruption, the sum insured should represent expected annual consequential losses including future trends.

Your Policy may contain a co-insurance (average) condition, which may take effect if the property is underinsured when a loss occurs. If you suffer a loss and the sums insured are inadequate then the amount you can recover from your claim may be reduced in same proportion as the sum insured bears to the full value of the insured property or item.

**B. Details of the proposed insured**

Name(s) in full

Phone no  Fax no  Mobile no  email

Postal address

Name and address of other interested persons (eg. mortgagees or lessors)

Type of interest (eg. mortgagee, bill of sale holder)

Period of insurance: from  to

**C. Details of business premises**

1. Type of business

2. Activities or processes involved

3. Number of years: In this business  At this location

4. Number of employees:

5. Locations Note: Please use the numbers below to refer to each of these locations in the following questions 6 to 8.

1)

2)

3)

4)

6. Details of premises (refer to locations listed in Q5)

	Construction			No of storeys	Floor area	Year built	Years at this situation	Trading hours
	Location	Wall	Roof					
1)								
2)								
3)								
4)								

7. Occupancy - Locations (refer to Q5)

	Location 1	Location 2	Location 3	Location 4
Are you the owner/owner occupier/ tenant?				
Who occupies the adjoining premises?				
Approx. separation (metres) between you and the neighbouring/adjoining premises				
What is the percentage of vacant portion of premises, if any?				
Do you store flammables? If "Yes", please advise quantity in litres.				

8. Fire and theft protection - Is the section of premises occupied solely by you protected by:

	Location 1	Location 2	Location 3	Location 4
a) Fire sprinkler system?				
If "Yes" at a) above, please provide details below:				
Water supply?	<input type="checkbox"/> Single <input type="checkbox"/> Dual	<input type="checkbox"/> Single <input type="checkbox"/> Dual	<input type="checkbox"/> Single <input type="checkbox"/> Dual	<input type="checkbox"/> Single <input type="checkbox"/> Dual
If "Yes" is there a maintenance agreement				
b) Fire extinguishers?				
If "Yes" at b) above, please provide details below:				
Type?				
How many?				
Is there a maintenance agreement?				
c) Fire hoses?				

	Location 1	Location 2	Location 3	Location 4
<b>d) Burglar alarm system?</b>				
If "Yes", please provide details:				
Local?				
Dialer?				
Landline?				
Monitored, if "Yes" by whom?				
<b>e) Deadlocks on all external doors?</b>				
<b>f) Are doors solid wood and/or protected by grill gates?</b>				
<b>g) Are skylights protected by bars and/or security grills?</b>				
<b>h) Fully enclosed security fence?</b>				
<b>i) Bars on all external windows?</b>				
<b>j) Security guard?</b>				
If "Yes", please provide details:				
24 hr, 7 day basis?				
Part time?				
Patrol?				
<b>k) Survey required?</b>				

If more than four premises, please provide details per this section C on a separate schedule.

## D. Claims details

### 1. Have you (in the past 5 years)

**1.1 made any claim(s) on an insurer for loss or damage?** If "Yes", please provide details  Yes  No


**1.2 had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected or special conditions or excess imposed by an insurer?** If "Yes", please provide details  Yes  No


**1.3 suffered any loss or damage which would have been covered by the proposed insurance policy?**  Yes  No

If "Yes", please provide details


### 2. Have you or any partner(s), shareholder(s) or director(s) of the business

**2.1 ever been declared bankrupt?** If "Yes", please provide details  Yes  No


**2.2 ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)?** If "Yes", please provide details  Yes  No


**2.3 been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?**  Yes  No

If "Yes", please provide details


2.4 been liable for any civil offence or pecuniary penalty? If "Yes", please provide details

Yes  No


**E. Declared values - Section 1 Material damage**

1. Location(s) - refer to locations listed in Q5 - and sum insured

Locations	Buildings	Contents excl. stock	Stock-in-trade	Other	Basis (see below)
1)					
2)					
3)					
4)					

If more than four premises, please provide details per this section C on a separate schedule.  
Insurance for Building, Contents excl. stock and Other are on a Replacement (R) or Indemnity (I) basis. Insurance for Stock-in-trade is on an Indemnity basis.

2. Describe the interest insured under 'Other':


**F. Declared values - Section 2 Consequential loss of profit**

	Sum insured *
1. Gross profit	
2. Gross profit (including 100% Payroll)	
3. Wages and salaries <input type="text"/> weeks	
4. Wages and salaries: 100% for <input type="text"/> weeks then <input type="text"/> % for <input type="text"/> weeks	
5. Additional increased cost of working	
6. Fines and penalties	
7. Rents receivable	
8. Accountants fees to prepare claim	
9. Book debts	
10. Other (specify)	
11. Uninsured working expenses:	
12. Indemnity period <input type="text"/> months	

**G. Limits of liability - (maximum limit at any one situation)**

Section 1 - Material Loss Damage

Section 2 - Consequential Loss

Please ensure declared values are accurate and adequate (Notice to proposed insured) to avoid underinsurance.

**H. Optional covers and sublimits of liability**

If you require to cover any or all of the following risks please tick Yes, specify the sub-limit and fill in the relevant supplementary proposal.

	Yes	Sublimit
1. Do you wish to cover burglary / theft?	<input type="checkbox"/>	<input type="text"/>
2. Do you wish to cover money?	<input type="checkbox"/>	<input type="text"/>
3. Do you wish to cover plate glass?	<input type="checkbox"/>	<input type="text"/>
4. Do you wish to cover fidelity guarantee?	<input type="checkbox"/>	<input type="text"/>

Note: Not all covers are available in all markets and supplementary questionnaire may be required.

## I. Extensions

### Suppliers'/Customers' premises

Name of supplier/customer	Situation	% Limit or gross profit

### Cyclone

Yes

No

Please note that if cyclone cover is required, an engineer's cyclone certificate confirming that the building(s) meet AS1170.2 is to be provided. Cyclone cover is not applicable in PNG.

### Other (eg. prevention of access)


## J. Signature and declaration

I/We the undersigned authorised proposed insured person(s), after enquiry declare as follows:

1. I/we are authorised by each of the other applicants to make this proposal.
2. I/We have read and understood the Notice to the proposed insured on the front of this proposal form.
3. I/We have read and understood this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/We understand that, up until a contract of insurance is entered into, I/we are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal or in any accompanying documents.

If accepted by QBE, this proposal form and declaration, and any other material which I/we have provided to QBE shall be incorporated into and form the basis of the contract of insurance.

### Policyholder 1

Name	
Position	
Signature	
Date	

### Policyholder 2

Name	
Position	
Signature	
Date	

### Fiji

#### QBE Insurance (Fiji) Limited

QBE Centre, 33 Victoria Parade  
Suva  
Tel: + 679 331 5455  
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### Papua New Guinea

#### QBE Insurance (PNG) Limited

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### Solomon Islands

#### QBE Insurance (International) Pty Limited

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### Vanuatu

#### QBE Insurance (Vanuatu) Limited

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