

HOME BASED BUSINESS INSURANCE APPLICATION FORM SERVICE

IMPORTANT NOTICE: PLEASE READ & RETAIN IN YOUR FILE

Terms provided will be based on information provided on this application.

For the purpose of this application the term **You / Your** means the:

- the person(s) named in the Schedule as the insured, Your family including a defacto who normally lives with You. If You live with people who are not part of Your family they must be named in the Schedule as defined in the **HomeBiz Wording – Service**
- Insured persons named in the Schedule as defined in the **Amazon Underwriting Individual Personal Accident and/or Sickness Policy**
- Insured named in the Schedule as defined in the **HomeBiz Combined Liability Insurance Policy**.

For the purpose of this application the term **We / Our / Us** Amazon Underwriting and/or certain Underwriters at Lloyd's.

Your Duty of Disclosure

Before you enter into an insurance contract, You have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

This duty applies until (as applicable) We first agree to insure You, or We agree to any variations, extensions, reinstatements or renewal.

Duty of disclosure when applying for this policy

If We ask You questions that are relevant to Our decision to insure You and on what terms, You must tell Us anything that You know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until We agree to insure You.

You have the same duty before you renew, extend, vary or reinstate an insurance contract. We may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If We do this, You must tell us about any change or tell us that there is no change.

If You do not tell us about a change to something You have previously told us, You will be taken to have told us that there is no change.

You do not have to tell Us about any matter

- a) that reduces the risk we insure You for; or
- b) is of common knowledge; or
- c) We know or should know as an Insurer; or
- d) we waive Your duty to tell us about.

If You do not tell us something

If You do not tell us anything You are required to, we may cancel Your contract or reduce the amount We will pay You if You make a claim, or both. If Your failure to tell us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

Reminder - Your duty of disclosure

You have previously been given notice informing You of Your duty of disclosure in relation to a general insurance contract. This is a duty to tell Us about anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

You have this duty until we agree to insure You.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

Surrender or Waiver of Any Right of Contribution or Indemnity

Where another person or company would be liable to compensate the Insured or hold the Insured harmless for part or all of any Loss or damage covered by the policy, but the Insured has agreed with that person or company either before or after the inception of the policy that recovery of any Loss or damage from that person or company would not be sought, the Insured will not be covered under this policy for any such Loss or damage.

Contracts by Insured Affecting Rights to Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because the Insured is a party to an agreement which excludes or limits rights to recover damages from a third party in respect of that Loss, signature of any such agreement may place the indemnity under the proposed contract of Insurance at risk.

Privacy Policy

At Amazon Underwriting, we and the Insurer are committed to protecting your privacy in accordance with the Privacy Act, 1998 (Cth). This Privacy Policy describes our/the Insurers' current policies and practices in relation to the handling and use of Personal Information.

What information do we collect and how do we use it?

At Amazon Underwriting, we collect personal information that is necessary to provide and manage the products or services we offer on behalf of an insurer, develop and identify products and services that may interest you and to conduct market or customer satisfaction research. As an agent of an insurer, we may collect the personal information on behalf of an insurer, which may sometimes be located overseas.

Generally, we will collect both personal and sensitive information. Insurers may pass on personal and sensitive information to their reinsurers or other persons, e.g. loss adjusters, medical advisers, claims consultants, lawyers and other advisers. Some of these companies are located outside Australia. We may also disclose your personal and

sensitive information to a premium funder if premium funding is to be arranged on your behalf.

We may use your personal information internally to help us improve our services and help resolve any problems.

What if you don't provide some information to us?

Insurance law requires you to provide your insurers with all the information they need in order to be able to decide whether to insure you and on what terms.

How do we hold and protect your information?

We strive to maintain the reliability, accuracy, completeness and currency of the personal information we/the Insurer hold and to protect its privacy and security. We keep personal information only for as long as is reasonably necessary for the purpose for which it was collected or to comply with any applicable legal or ethical reporting or document retention requirements.

We endeavor to protect any personal information that we hold from misuse and loss, and to protect it from unauthorized access, modification and disclosure.

We do not sell, trade, or rent your personal information to others.

We may need to provide your information to contractors who supply services to us, e.g. to handle mailings on our behalf or to other companies in the event of a corporate sale, merger, reorganization, dissolution or similar event. However, we will do our best to ensure that they protect your information in the same way that we do.

We may provide your information to others if we are required to do so by law or under some unusual other circumstances which the Privacy Act permits.

How can you check, update or change the information we are holding?

Upon receipt of your written request and enough information to allow us to identify the information, we will disclose to you the personal information we hold about you. We will also correct, amend or delete any personal information that we agree is inaccurate.

If you wish to access or correct your personal information please write to the Privacy Officer, Suite 401, Level 4, 68 York Street, Sydney NSW 2000. We do not charge for receiving a request for, or providing access to, personal information or for complying with a correction request.

ADDITIONAL INFORMATION

Inadequate Space to Answer

If there is inadequate space to answer our Questions on this application form, please provide the additional information on a separate sheet of paper. Please also attach any brochures, promotional pamphlets or other publications relevant to this application for Insurance.

What if you don't provide some information to us?

Insurance law requires you to provide your insurers with all the information they need in order to be able to decide whether to insure you and on what terms – please refer to the Duty of Disclosure information above.

YOU/YOUR -THE INSURED

1. Insured Name/s: _____
2. Risk Address: _____ Suburb _____ State _____ Postcode _____
3. Interested Party: _____
4. Period of Insurance ____/____/____ to ____/____/____ 4.00 p m (Eastern Standard Time)
5. What business activities are conducted from the home? Please describe.

6. How is the home occupied? Owner Occupied ☐ Tenant renting the home ☐
7. Is the home your primary place of residence? Yes ☐ No ☐
8. What is the estimated annual turnover from the business activities? \$ _____

PROPERTY INFORMATION

9. Would you like a quote for your home and contents and business assets? Yes ☐ No ☐
If No, go to question 29
10. Is the property Strata Title? Yes ☐ No ☐
11. What material is the majority of the external walls of your home made from? _____
12. When was the home built?
 - i. 2010 or more recently? ☐
 - ii. Between 1985 and 2009? ☐
 - iii. Between 1966 and 1984? ☐
 - iv. Between 1945 and 1965? ☐
 - v. 1944 or before? ☐
13. How close is the property located to bushland/farmland?
 - i. Backs/front onto or surrounded by bushland/farmland? ☐
 - ii. 1 street back or equivalent distance from bushland/farmland? ☐
 - iii. 2 to 5 streets back from bushland/farmland? ☐
 - iv. Nowhere near bushland/farmland? ☐
14. Security and Fire Protection. Do you have:
 - i. Deadlocks and/or security doors and/or key lockable patio bolts on all external doors ☐
 - ii. Bar/Grills and /or key operated window locks on all external windows ☐
 - iii. Monitored Burglar Alarm ☐
 - iv. Local Sounding Burglar Alarm ☐
 - v. Safe ☐
 - vi. Hard wired smoke detectors ☐
 - v. Fire extinguisher/s ☐

ADDITIONAL QUESTIONS IF THE PROPERTY IS NOT STRATA TITLE

15. Is the home on more than 2 hectares (5 acres)? Yes ☐ No ☐
16. Do you have a swimming pool? Yes ☐ No ☐
If yes, does the swimming pool and pool fencing meet Council requirements? Yes ☐ No ☐
17. Does your home have a balcony/s accessible to Paying Guests? Yes ☐ No ☐
If yes, does the balcony/s meet Council requirements? Yes ☐ No ☐
18. Does your home have a wood burning fireplace?

PROPERTY COVER REQUIRED

19. If you own the home and the property is not Strata Title, how much would it cost to replace your buildings including your home and other permanent structures on the property? This should include existing green energy features. This should NOT include the land value? \$ _____
20. How much would it cost to replace all of your household and business contents/equipment?: \$ _____
21. Do you sell any products/resources to your clients? Yes ☐ No ☐
If yes:
a. please describe the products.

b. What is the maximum replacement value of products you would have in stock at any one time? \$ _____
c. Has this amount been included in the amount entered in Question 20? Yes ☐ No ☐
22. Specified Contents (cover within the home). Do you have:
a. an item/pair/set of jewellery worth more than \$1,000? Yes ☐ No ☐
b. a collection/set other than jewellery worth more than \$2,000? Yes ☐ No ☐
c. painting/works of art worth more than \$2,000? Yes ☐ No ☐

If yes, and you would like to insure them for their true value please provide the following details:

Item description	Value
	\$
	\$
	\$

PROPERTY COVER REQUIRED CONTINUED

23. Would you like cover for non business/personal items away from the home (Portable contents)? Yes ☐ No ☐

If yes, please provide the following details:

Item description	\$ Value

24. Would you like Accidental Damage cover? Yes ☐ No ☐

25. Would you like flood cover? Yes ☐ No ☐

26. Would you like cover for Business Interruption? Yes ☐ No ☐

27. Would you like Machinery Breakdown cover? ☐ \$5,000 ☐ \$10,000 ☐ \$15,000 ☐ Other; \$ _____

28. Excess. Please nominate the excess required: ☐ \$500 ☐ \$750 ☐ \$1,000

INDIVIDUAL PERSONAL ACCIDENT AND/OR SICKNESS

29. Would you like cover for Individual Personal Accident and/or Sickness? Yes ☐ No ☐

If No, please go to question 36

30. What is your date of birth: ____/____/____

31. Are you an: ☐ Employee ☐ Self Employed

32. Please answer the following questions:

a.	Have you ever had medical or surgical advice or treatment, or been hospital confined during the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Have you ever been declined accident, sickness or life insurance, or been issued such insurance which has been postponed, modified, rated up, cancelled or renewal refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Have you claimed for benefits under any accident or sickness insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Will the total amount of your weekly compensation during disablement from this and all other sources exceed your weekly salary or income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Are there any circumstances connected with your occupation or other activities which render you liable to injury or sickness? e.g. Football	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Have you ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis or rheumatism, any disorders of the mental, respiratory, nervous, genile-urinary, digestive, or circulatory systems, or of the back, spine, eyes or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Are there any reasons that would cause you to consider yourself not presently in good health? If yes, give details	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered Yes to any of the above please provide details:

Question Number Above	Details	Name and Address of Doctors and/or Hospitals

33. Would you like cover for:

- ☐ Individual Personal Accident
☐ Individual Personal Accident AND Sickness

34. Scope of Cover

- ☐ 24 hours, 365 days
☐ 24 hours, 365 days reducible by Workers Compensation
☐ Working Hours Only
☐ Outside Working Hours

35. Benefits Required:

a.	Death and Capital Benefits	\$
b.	Weekly Accident Benefits	\$
c.	Weekly Sickness Benefits	\$
d.	Weekly Business Expenses Accident	\$
e.	Weekly Business Expenses Sickness	\$
f.	Benefit Period	
	Weekly Accident and/or Sickness	Weeks
	Weekly Business Accident and/or Sickness	Weeks
g.	Excess	Days

PUBLIC & PRODUCTS LIABILITY

36. Would you like cover for Combined Liability?

Yes ☐ No ☐

If No, please go to question 42

37. Do you have any employees?

Yes ☐ No ☐

If yes, how many?

38. Do you have any contractors/sub-contractors?

Yes ☐ No ☐

If yes;

a. how many?

b. do all contractors/sub-contractors hold their own public liability policy?

Yes ☐ No ☐

39. Do you provide any medical services?

If yes, please describe:

40. Do you apply any products onto a clients skin or hair?

Yes ☐ No ☐

If yes:

a. please describe products

b. Do you purchase these products from suppliers within Australia?

Yes ☐ No ☐

c. Do the products meet Australian Standards?

Yes ☐ No ☐

41. Do you sell any products?

Yes ☐ No ☐

If yes, please describe; _____

42. What limit of liability do you require?

☐ \$10,000,000

☐ 20,000,000

CLAIMS HISTORY

43. Are You aware of any facts, incidents, accidents or circumstances that may give rise to a claim of the type to be Insured under any of the Insurances requested herein?

Yes ☐ No ☐

If 'yes', please provide details:

Particulars	Date of Claim	Amount
		\$
		\$
		\$
		\$
		\$

44. Have you had any claims made against You during the past 5 years?

If 'yes', please provide details:

Particulars	Date of Claim	Amount
		\$
		\$
		\$
		\$
		\$

DECLARATIONS AND SIGNATURE

In relation to any of the Insurances requested herein have you ever had an Insurer:-

- | | |
|--|--|
| a) Decline a proposal? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) Impose special terms/exclusions? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) Decline to renew your Insurance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d) Cancel your Insurance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e) Impose a special excess on your Insurance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f) Reject a claim under a policy of insurance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Have you been:-

- | | |
|---|--|
| a) declared bankrupt or put into receivership or liquidation? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) charged with or convicted of a criminal offence? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If 'yes', please provide details: _____

To be completed by an authorised officer

For and on behalf of the Proposed Insured noted in Question 1.

I hereby declare that I have read the **Important Notice** and the statements made and particulars in this application are true and this application does not misstate or suppress any material facts. I agree that this application form together with any other information supplied shall form the basis of any Contract of Insurance entered into. I undertake to inform the insurer of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance.

Signature:

Date:

X

PLEASE SIGN AND DATE THIS DECLARATION ON THE DAY THE DECLARATION IS MADE.
Signature of this form does not bind the applicant or the Insurer to complete the Insurance.