

ALL CLASS INSURANCE BROKERS P/L
FACT FINDER – FARM

Date:

Advice Required:

Specific General

Source:

Yellow Pages Counter
 Other :

Insured name:

Trading Name / Subsidiaries:

Date of Birth

Over 55 and Retired

Over 55 and not retired

ABN:

Contact Name:

Postal Address:

Email address:

Website:

www.

Contact Numbers:

Business Hour:

After Hour:

Mobile:

Fax :

Occupation/Profession:

Experience (Business):

Interested Parties:

Current Insurer:

Current Broker:

Expiry Date:

Has any insurer in respect of any insurance policy held by you, your partners and/or directors ever:

- | | | |
|--|------------------------------|-----------------------------|
| (a) Refused to renew / cancelled or terminated a policy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Refused a claim or required an increased premium under the policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Imposed special conditions under the policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Have you been convicted on any criminal offence or been declared bankrupt? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Have you had any claims in the past 5 Years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If YES to any of the above, give details below:

Situation of property(s):

1.
2.
3.

	Situation 1	Situation 2	Situation 3
CONSTRUCTION			
Walls			
Roof			
Floors			
Age			
Number of storey			
Present state of repair			
Details of renovation			
Other occupancies			
Details of any fire protection & Hazardous Goods			
Details of security: Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description (e.g. Local, Monitored Dialer, Securitel etc)			
Other security			
Size of Property In Acres			
General Comments			

Sums insured:

Section 1 – Domestic Building & Contents

(Based on Reinstatement and/or Replacement Conditions)

- \$
- \$
- \$
- \$
- \$

Section 2 – Farm Property

- \$
- \$
- \$
- \$
- \$

Section 3 – Farm Machinery

- \$
- \$
- \$
- \$

• \$

Section 4 – Burglary and/or Theft

• \$
• \$
• \$
• \$
• \$

Section 5 – Hay, Fencing, Livestock & Trees

• \$
• \$
• \$
• \$
• \$

Section 6 – Business Interruption

• \$
• \$
• \$
• \$
• \$

Section 7 – Business/Personal Liability

• Public Liability \$
(any one occurrence)
• Products Liability/Goods Sold (in the aggregate) \$
• Property in Physical or Legal Control of Insured \$
• (any one occurrence)

Section 8 – Machinery Breakdown

• Sudden and unforeseen electrical and/or \$
mechanical breakdown:
• Boiler or other Pressure Vessel Explosion: \$
• Deterioration of Stocks: \$
• Increased Cost of Working \$
Indemnity Period Months

Section 9 – Personal Income

• Capital Benefits \$
• Weekly Benefits: \$
- Accidental Injury (<insert number> weeks) \$
- Illness (<insert number> weeks) \$

Section 10 - Goods In Transit

• Limit any one vehicle: \$

Section 11- Motor Vehicle

Description	Sum Insured	NCB
•	\$	
•	\$	
•	\$	
•	\$	

-
-

€€

Drivers Age :-

Drivers Driving History:-

OTHER SERVICES

(Ensure that you remind the client of our other services, please note confirmation of this and that you have made any necessary referrals.)

Product	Informed Client Y/N	Passed On Referral Y/N
Finance /Leasing		
Life Insurance		
Income Protection		
Trauma		
Disability		
Key man		
Business Expenses		
Travel Insurance		
Audit Insurance		
Motor Vehicle		
Professional Indemnity Insurance		
Management Liability		
Transit		
Heavy Motor		
Construction		

Have you Made appointment for Broker to Visit ClientY/N
Is Risk Survey and Photos Required..... Y/N

PREMIUM CALCULATION	
Insured:	Quote / Due Date:
Company:	Excess:

Class	Sum Insured	Rate %	Premium	FSL	GST	ST/D	Total
Fire Building Contents Stock ROD							
Business Interruption							
Accidental Damage							
General Property							
Burglary Contents Stock ROD							
Money In transit OP Bus Hours OP O/S Bus Hours In Safe In Custody							
Plate Glass							
Liability Public Products							
Machinery Breakdown							
Other:							

Class	Sum Insured	Rate %	Premium	FSL	GST	ST/D	Total
Sub Total:							
					Plus: Broker Fee		
					TOTAL:		

GENERAL NOTES