

# ALL CLASS INSURANCE BROKERS P/L

## FACT FINDER – TRADE

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**Date:**

**Advice Required:**

Specific

General

**Source:**

Yellow Pages

Counter

Other :

**Insured name:**

**Trading Name / Subsidiaries:**

**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

Yes  No

(b) Refused a claim or required an increased premium under the policy?

Yes  No

(c) Imposed special conditions under the policy?

Yes  No

(d) Have you been convicted on any criminal offence or been declared bankrupt?

Yes  No

(e) Have you had any claims in the past 5 Years?

Yes  No

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

**Situation of property(s):**

1.

2.

3.

	Situation 1	Situation 2	Situation 3
<b>CONSTRUCTION</b>			
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			
General Comments			
<b>LIABILITY SECTION 1 – Public Liability</b>			
Limit of indemnity	\$	\$	\$
<b>LIABILITY SECTION 2 – Products liability</b>			
Limit of indemnity	\$	\$	\$
Do you require tenants/lease liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Goods care custody & control	\$	\$	\$
Driving risk	\$	\$	\$
Do you - Import/Export Goods?			<input type="checkbox"/> Yes <input type="checkbox"/>
Do you Manufacture/ Wholesale/ Retail?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other extension</b>			
Turnover: \$	Wage: \$		
Number of Employee:	Welding <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sub contractor (work away) <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Wages: \$		

<b>PERSONAL ACCIDENT &amp; ILLNESS / INCOME PROTECTION – Weekly Benefit max 80%</b>							
Name	DOB	Hgt/Wgt	Gender	Death	Accident	Illness	Smoker
1.			M/F	\$	\$	\$	Y/N
2.			M/F	\$	\$	\$	Y/N
3.			M/F	\$	\$	\$	Y/N
Period of benefit:							

<input type="checkbox"/> 52 Weeks	<input type="checkbox"/> 104 Weeks	<input type="checkbox"/> Waiting period 7days	<input type="checkbox"/> 14 days	<input type="checkbox"/> 30 days
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	<b>\$</b>
	\$
	\$

<b>General Property (list Items over \$1000) Remember Forced Entry To Motor Vehicles</b>	
<b>Description</b>	<b>Value</b>
Unspecified	\$
	\$
	\$

	<b>Situation 1</b>	<b>Situation 2</b>	<b>Situation 3</b>
<b>WORKER'S COMPENSATION</b>	\$	\$	\$
Wages	\$	\$	\$

**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.)

<b>Product</b>	<b>Informed Client Y/N</b>	<b>Passed On Referral Y/N</b>
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 Client ..... Y/N**  
**Is Risk Survey and Photos Required..... Y/N**

# GENERAL NOTES