



**Repco Authorised Service**  
**Insurance Proposal**



Note page references below are for ease of reference only. Each section is to be read in reference to the whole policy wording (Downloadable from the Home Page of the PSB Web Site)including but not limited to General Exclusions and General Conditions:

**Insured Name:** ..... ABN.....  
(Fully described all legal entities/persons names including all partners names and/or any trust names who were intended to comprise the named insured. I.e. all parties with an insurable interest if there are any companies or entities within the group, which are not intended to be included within this insurance for whatever reason, be sure to insert a note after the title of the named insured, stating the names of any such companies or entities which are not to be included in this insurance)

**Situation of Risk:**

\*Note please complete one form per situation

**(List each and every on-site address, where business activities take place and where any assets are located)**

Address: .....

Postcode: .....

**Postal Address:** .....

(The address you would prefer your post to be sent to)

**Contact Details:**

(Who is a contact person for insurance enquiries)

- Name: .....
- Phone: ..(     ) .....
- Fax: .....(     ).....
- Email: .....

**Business Activities:**

- Does your business include repair and/or servicing of Buses (over 12 seats including driver) and/or Trucks requiring the driver to hold an endorsed licence which would exceed 5% of your Turnover? Yes/No
- Does your business get involved in other non mechanical repair or sales transactions outside of the “normal Repco Authorised Service (RAS) activities”? Yes/No

Normal RAS activities are defined as “Automotive mechanical and electrical repairs and servicing together with sales of automotive spare parts and the like”.

If Yes: Please describe:

(You must describe the broad range of activities your business undertakes. Insurers rate their premium based on the risks involved in the activities and therefore undeclared/non -disclosure of activities can cause extreme problems, including denial of claims for undisclosed activities)

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**Construction of Building Occupied:**

**Is the Building:**

Owned:  No  Yes

Leased:  No  Yes

**Are you responsible under the terms of the lease for the Insurance on the:**

Building  No  Yes - If so, include value in Sum Insured.

Glass  No  Yes

Property Owners Liability  No  Yes

Other  No  Yes - Please specify

**Is your Building constructed (75% or more) of the following:**

Walls: Brick/Iron or Concrete

Floor: Concrete

Roof: Iron/ Tiles

Yes  No - refer below:

If not, please specify Construction details on the options shown below:

**Walls:**

|                |                          |                 |
|----------------|--------------------------|-----------------|
| Brick          | <input type="checkbox"/> | %               |
| Concrete       | <input type="checkbox"/> | %               |
| Wooden         | <input type="checkbox"/> | %               |
| Iron/Steel     | <input type="checkbox"/> | %               |
| Sandwich Panel | <input type="checkbox"/> | %               |
| Other          | <input type="checkbox"/> | Please Specify: |

**Roof:**

|            |                          |                 |
|------------|--------------------------|-----------------|
| Iron/Steel | <input type="checkbox"/> | %               |
| Tiles      | <input type="checkbox"/> | %               |
| AC Sheet   | <input type="checkbox"/> | %               |
| Other      | <input type="checkbox"/> | Please Specify: |

**Floors:** Concrete  %  
 Timber  %  
 Other  Please Specify:

**What is the age of the Building (Approx): .....Years**

**Fire Suppression:**

**Is the Building:**

Sprinklered  No  Yes  
 Does the building comply with Fire and Council regulations?  No  Yes  
 Connected to Town Water and town has a permanently manned local Fire Station?  No  Yes

**Burglary Risk Management:**

Effective risk management drives premium reductions, what reductions do you qualify for?

**Theft:**

How many Burglary/Theft Claims have been made in the past 3 years? .....

**Security details**

Are there deadlocks on all external doors?  No  Yes  
 (ie Deadlock can be key locked from both sides of the door )  
 Are there bars on all external windows?  No  Yes  
 Are there locks on all external windows without bars?  No  Yes  
 Are display windows protected by minimum 11mm plate glass with polycarbonate file or thief resistant laminated glass or security screens, grills or bars?  No  Yes  
 Is there external lighting?  No  Yes  
 Are bollards installed in front of glazing such as glass doors, display windows , roller shutters to prevent ram attacks?  No  Yes  
 Is there a monitored intruder alarm system or local alarm?  No  Yes  
 If so, What type below  No  Yes  
 (**Local** – Audiable alarm only)  No  Yes  
 (Dialler - Standard Line Alarm Monitoring - the alarm monitoring signal is sent via a standard phone line. There is no protection if the phone line is tampered with.)  No  Yes  
 (Securitel - alarm monitoring uses a standard phone line to communicate alarm signals. The benefit of Securitel alarm monitoring is that should the phones fail or the lines be cut, alarm response will still occur.)  No  Yes  
 By whom is the alarm monitored? .....

Is there a taped Closed Circuit TV system installed? (DVR)  No  Yes  
 Do security personnel conduct random patrols during non -business hours?  No  Yes  
 Is there a fence/wall, min 2 metres high, totally enclosing the premises?  No  Yes

**Disclosure Questions:**

**Have you ever alone or in partnership or jointly with any other party, or if a corporation, the corporation or any of its directors:**

Suffered any loss(es) (insured or otherwise) totalling more than \$5,000 in last twelve (12) months or totalling more than \$10,000 in the last three (3) years or suffered two (2) or more claims in any one policy year?

No  Yes

**Claim History:**

It is extremely important to declare your claims and loss history over the past 5 years as described above.

Date: ...../...../.....

Type (e.g. Burglary, Fire, Glass, Liability, Driving Risk):

.....

Amount of Loss: \$.....

Brief Circumstances & Description (Please list below):

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Date: ...../...../.....

Type (e.g. Burglary, Fire, Glass, Liability, Driving Risk):

.....

Amount of Loss: \$.....

Brief Circumstances & Description (Please list below):

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Date: ...../...../.....

Type (e.g. Burglary, Fire, Glass, Liability, Driving Risk):

.....

Amount of Loss: \$.....

Brief Circumstances & Description (Please list below):

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In the last five (5) years has any insurer declined any claim or proposal, cancel or refuse to renew policy, or increase the premium or impose special conditions?  No  Yes

In the last five (5) years ever been placed in receivership or liquidation or declared bankrupt?  No  Yes

In the last ten (10) years been convicted of or had any fines or penalties imposed for any crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property?  No  Yes

If answer to any above is Yes, please give a brief description below:

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**EXPIRY DATE OF CURRENT COVER** / /

95% of Businesses who do not have adequate Fire and Business Interruption Insurance and experience a major interruption (such as fire) do not survive 2 years



**I SHOULD HAVE LISTENED TO MY BROKER**

General Commentary to assist you when completing this application  
**AN AVERAGE/UNDERINSURANCE CLAUSE APPLIES TO SOME SECTIONS OF THIS POLICY: This means the policy is subject to a proportioning of partial losses as the sum insured bears to the 80% of the post loss replacement value. You must refer to the wording for actual terms and conditions**

**TAKE CARE TO GET THE SUMS INSURED CORRECT AS IT IS CRITICAL TO ANY CLAIM OUTCOME :**

## **Section 1 Fire and Extraneous Perils**

### **What are the Business Assets?**

Building: \$ \_\_\_\_\_ Replacement Value:

(Include if you are required to insure it under the terms of your lease)

Tenants Improvements: \$ \_\_\_\_\_ Replacement Value:

Contents Plant & Equip: \$ \_\_\_\_\_ Replacement Value:

Stock: \$ \_\_\_\_\_ Wholesale Value:

\*Customers Vehicles: \$ \_\_\_\_\_ Market Value:

(\*This provides for Fire & Extraneous Perils cover of customer's vehicles and is excluded from Underinsurance Clause)

**Section 1 of the PDS Pages 18 to 27**

## Section 2 Business Interruption

### What is it?

Business Interruption is designed to protect the business against loss of income in order to pay the ongoing fixed expenses if the cash flow of the business is interrupted by an insured event. You must refer to the actual wording for terms & conditions.

### Business Income Protection

*Rule of thumb, motor repairers industry average is approximately 65% of turnover as secondary guide .*

How many Directors/Proprietors are there: No. ....  
 How many Employees are there: No. ....

### To use an Industry Average method .

What is your Annual Turnover? \$.....

(Beware: By using an average means the better performers will be Underinsured) \$.....

Multiply by 65% for Motor Repairers Industry Average X65% \$.....

Add projected growth over next 2 years (Eg 10% Compounding= 121%)

| Annual Growth Rate | 2Year Compounding % | For any other figures above this refer to PSB for assistance if needed |
|--------------------|---------------------|--|
| 10%                | 121%                |  |
| 11%                | 123%                |  |
| 12%                | 125%                |  |
| 13%                | 128%                |  |
| 14%                | 130%                |  |
| 15%                | 132%                |  |

Multiply by ..... % = \$.....

Divide by 52 for Average Weekly Projected Business Income /52 = \$.....

### Sub Limits

Additional Expenses (Page 30) \$ 50,000

(Including Restoration of Data and Electronic ICOW)

Claim Preparation Costs (Page 30) \$ 25,000

These preset sublimits can be tailored for individual policy holders needs if required.

Do you require personal assistance Yes/No

**OR**

### To Use Your Own P&L Figures (Preferred Method)

Annual Receipts \$.....less Annual Stock Purchases \$..... = \$\_\_\_\_\_

Multiply the above figure by expected rate of growth projection (eg 10-15% Compounding Table above) X % \$\_\_\_\_\_

Divide by 52 to gain Weekly Average \$\_\_\_\_\_

Sub Limits descibed below \$ 75,000

Indemnity Period 52 weeks  
(Cont)

**Sub Limits**

Additional Expenses (Page 30) \$ 50,000  
(Including Restoration of Data and Electronic ICOW)  
Claim Preparation Costs (Page 30) \$ 25,000

These preset sublimits can be tailored for individual policy holders needs if required.

Do you require personal assistance Yes/No  
How many Directors/Proprietors are there: No. ....  
How many Employees are there: No. ....

**Suggestion: Use both methods and compare your performance to the Industry Average but use your individual figures for the greatest accuracy. A second check method is an invaluable tool for comparative purposes:**

Section 2 of the PDS Pages 28 to 31

**You need to choose either Option 1 or Option 2.**

These options have been priced on the basis that all sections displayed are included.

Alternatively

You can contact us for individualised advice and personalised sums insured.

What Option is the most appropriate in your view:

|  |                  |  |
|--|------------------|--|
| <b>Option 1</b> <input type="checkbox"/> |                  | <b>Option 2</b> <input type="checkbox"/> |
| Sub limit section1                       |                  | Sub Limit section 1                      |
| <b>Accidental Damage- (page20)</b>       | <b>\$100,000</b> | <b>Accidental Damage- \$100,000</b>      |

**Section 3 Theft (Pages 35-40)**

|  |                 |               |                 |
|--|-----------------|---------------|-----------------|
| <b>Theft-(P &amp; E, Contents &amp; Stock excluding below)</b> | <b>\$15,000</b> | <b>Theft-</b> | <b>\$25,000</b> |
|--|-----------------|---------------|-----------------|

Additional Cover: (Option 1 & 2)

- Tobacco Products \$
  - Petrol \$
  - Customers vehicles \$
- (This cover provides for theft of customer's vehicles )

NO cover is provided for theft of vehicles with keys not contained in a locked key safe

Is theft of a customer's vehicle with a key required? Additional premium applies Yes/ No

**Section 4 Money (Pages 40-43)**

|                              |                |                             |                |
|------------------------------|----------------|-----------------------------|----------------|
| <b>Money- Combined Money</b> | <b>\$2,000</b> | <b>Money-Combined Money</b> | <b>\$4,000</b> |
|------------------------------|----------------|-----------------------------|----------------|

(Limit outside working hours \$1,000)

**Section 5 General Property (Pages 43-45)**

|                   |         |  |                  |         |
|-------------------|---------|--|------------------|---------|
| General Property- | \$3,700 |  | General Property | \$6,000 |
|-------------------|---------|--|------------------|---------|

(Note: items exceeding \$2,000 need to be specified e.g. Laptops, Portable Engine Analysers)

**Section 6 Glass (Pages 45-46)**

|               |    |  |               |    |
|---------------|----|--|---------------|----|
| Glass Int/Ext | RV |  | Glass Int/Ext | RV |
|---------------|----|--|---------------|----|

**Section 7 Public & Products Liability (Pages 46-52)**

|                                      |              |  |                             |              |
|--------------------------------------|--------------|--|-----------------------------|--------------|
| Public & Products Liability          | \$10,000,000 |  | Public & Products Liability | \$10,000,000 |
| Goods in Care, Custody/Control (CCC) | \$100,000    |  | Goods in CCC                | \$250,000    |

Additional Cover: (Option 1 & 2)

NO cover is provided for theft of vehicles with keys not contained in a locked key safe

Is theft of a customer's vehicle with a key required? Additional premium applies Yes/No

**Section 8 Employee Dishonesty (Pages 53-55)**

|                     |          |  |                     |          |
|---------------------|----------|--|---------------------|----------|
| Employee Dishonesty | \$10,000 |  | Employee Dishonesty | \$10,000 |
|---------------------|----------|--|---------------------|----------|

Excluding Proprietors does any single staff member have authority to sign cheques or transfer funds.  
Yes/No

If no – this section is not available until the appropriate risk management above is implemented.

**Section 9 Machinery Breakdown (Pages 55-59)**

|                     |          |  |                     |          |
|---------------------|----------|--|---------------------|----------|
| Machinery Breakdown | \$10,000 |  | Machinery Breakdown | \$10,000 |
|---------------------|----------|--|---------------------|----------|

Blanket cover up to 6 electric motors under 4 kilowatt /5.5hp Yes/No

If you have more than 6 electric motors or motors in excess of above ratings please specify number and type (State No.....) (Type.....)

**Section 10 Computer/Electronic Equipment Breakdown Cover (Pages 59-63)**

Not included, but we have included Restoration of Data and Increased Costs of Working through the Section 2 cover if elected.

Note: Can be included on individual negotiated level.

**Section 11 Transit (Pages 64-66)**

Transit (Both Options) Maximum annual sendings \$200,000. Limit any one conveyance \$100,000

**Section 12 Tax Audit (Pages 66-68)**

|           |          |  |           |          |
|-----------|----------|--|-----------|----------|
| Tax Audit | \$10,000 |  | Tax Audit | \$20,000 |
|-----------|----------|--|-----------|----------|

**Section 13 Professional Indemnity (Pages 68-71)**

|                        |             |                        |             |
|------------------------|-------------|------------------------|-------------|
| Professional Indemnity | \$1,000,000 | Professional Indemnity | \$1,000,000 |
|------------------------|-------------|------------------------|-------------|

Do you undertake any of the following:

- Registration inspections
- Vehicle certification, pre sale inspections including recommending of repairs and parts required
- Sale of Compulsory Third Party insurance

(if yes to any of the above, what is the annual income received from each? \$

**Section 14 Customers Vehicles (Pages 72-75)**

|                   |           |                   |           |
|-------------------|-----------|-------------------|-----------|
| Customers Vehicle | \$100,000 | Customers Vehicle | \$200,000 |
|-------------------|-----------|-------------------|-----------|

Driving Risk

Are there any Drivers under the age of 25 driving Customer Vehicles?  No  Yes

If yes to the above, please specify how many: .....

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Have any of these drivers been convicted of any driving offences or had a motor vehicle accident?  No  Yes

If yes, please provide details below:

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Date

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Offence

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Penalty

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Accident details

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At fault/not at Fault

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Amount of claim \$

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(Duplicate for multiple claims)

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Section 2 of the PDS Pages 72 to 74

Excesses Applicable to Each and Every Claim:

|              |                            |   |                     |
|--------------|----------------------------|---|---------------------|
| All sections | (except Section 2,7,12&14) | \$ 500                                      | Each and every loss |
| Section 2    | Business Interruption      | \$ nil                                      | Each and every loss |
| Section 7    | Liability                  | \$1000                                      | Each and every loss |
| Section 12   | Tax Audit                  | \$ nil                                      | Each and every loss |
| Section 14   | Customers Vehicles         | \$1000 + age / inexperienced driver excess. | Each and every loss |

Signed: .....

Name (Please Print): .....

Dated: ...../...../.....

Please complete and sign then forward to PSB Insurance Brokers Pty Ltd  
**Scan and Email to:** [repco@psbgroup.com.au](mailto:repco@psbgroup.com.au)  
**Mail to:** PSB Insurance Brokers Pty Ltd, PO Box 47, Doncaster East Vic 3109  
Phone 03 8841 3300  
**Fax to:** 03 9841 6311

## **DUTY OF DISCLOSURE**

### **INSURANCE CONTRACT ACT 1984**

We advise you of the following important matters in accordance with the provisions of the Insurance Contracts Act 1984:

#### **YOUR DUTY OF DISCLOSURE**

Before you enter into a contract of General insurance with any insurer, you have a duty under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know or could reasonably be expected to know that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose matters to the insurer before you renew, extend, vary or reinstate your insurance.

Your duty however does not require disclosure of matters:

That diminish the risk to be undertaken by the insurer.

That are of common knowledge.

That the insurer knows, or, in the ordinary course of their business ought to know.

As to which compliance with your duty is waived by the insurer.

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, they may also have the option of avoiding the contract from its beginning.

#### **REASONABLE PRECAUTIONS**

You must take all reasonable precautions for the maintenance and safety of property insured as your insurer will not be liable for any loss, damage, injury or liability arising from a deliberate or fraudulent act committed by you or on your behalf.

## **CORPORATIONS ACT 2001**

#### **PREMIUM PAYMENTS**

Under the Corporations Act 2001, all premiums must be paid within certain time limits from inception of cover – not from date of If declarations for adjustable policies have not been completed a premium must be paid based on estimates.

Premiums are required to be paid into a trust account. We are entitled to retain interest received from the trust account.

Where the time limits are exceeded the Broker is required to inform the Insurer of the non-payment in writing. The Insurer may take immediate action which may mean immediate cancellation of cover and the commencement of recovery action for 'time on risk' premiums.

It is important that you observe all requests for payment within the period specified at the time of receiving your invoice/statements.

#### **CANCELLATION FEES**

If cover is cancelled before the expiry of the period of insurance, we will refund to you only the net return premium which we receive from the Insurer. We will not refund any part of the brokerage/commission we receive for arranging the cover.

Clients who are not fully satisfied with our services should contact our customer relations/complaints officer.

#### **FINANCIAL OMBUDSMAN SERVICE (FOS).**

PSB Insurance Brokers Pty Ltd also subscribe to the Financial Ombudsman Service (FOS), a free customer service, and the General Insurance Brokers Code of Practice. Further information is available from this office.

#### **PRIVACY POLICY**

A copy of the Privacy Statement is available at our website ([www.psbgroup.com.au](http://www.psbgroup.com.au)).

If you require us to send a copy of our Privacy Policy, contact our Privacy Officer during business hours on: Telephone: 03 8841 3300

Fax: 03 9841 6311 *or* Mail P0 Box 47 Doncaster East Vic 3109.

For access to personal information, we will/may require a form to be filled in and will indicate a cost charged and time for response to the request.

#### **FINANCIAL SERVICES GUIDE (FSG)**

A copy of the FSG is available at our website ([www.psbgroup.com.au](http://www.psbgroup.com.au)). If you require us to send a copy of our FSG, please contact our Compliance Officer during business hours on: Telephone: 03 8841 3300 or 1800 670 411, Fax: 03 9841 6311 *or* Mail P0 Box 47 Doncaster East Vic 3109.