

QBE CORPORATE Cover™

PACKAGED COMMERCIAL INSURANCE FOR CORPORATES

- for Industrial Special Risks
- for Business Interruption
- optional Burglary / Theft
- optional Money
- optional Plate Glass
- optional Fidelity Guarantee

FLEXIWRITE Proposal

When faced with complex and variable risk exposures, decision-makers look for flexible insurance options that can be tailored to their essential needs.



QBE

ASIA PACIFIC

PACIFIC ISLANDS

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FLEXIWRITE PROPOSAL

Contents

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A. NOTICE TO PROPOSED INSURED

1. 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.



2. 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.

3. 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 piece of paper to this proposal giving full details of additional information.

4. 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”.

5. 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) Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

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

6. Jurisdiction

The content and use of this form or any agreement 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 at 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 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 justiciable before the Supreme Court of Vanuatu.

7. 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.



B. DETAILS OF THE PROPOSED INSURED

1. Name(s) in full:

Phone No:

Fax No:

Mobile No:

Email:

2. Postal Address:

3. Name and address of other interested persons (e.g. mortgagees or lessors)

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

5. 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. Location(s)

(If same as postal address, leave blank)

[Blank input fields for location details]

6. Construction of premises(s):

Wall	Roof	Floor(s)	No. of storeys	Floor area
[Blank]	[Blank]	[Blank]	[Blank]	[Blank]

Year of construction:	No. of years at situation:	Normal business hours:
[Blank]	[Blank]	[Blank]

7. Occupancy

a) Are you the owner of premises an owner occupier a tenant

b) If there are other tenants in the building(s) or adjoining premises please state their occupation(s).

[Blank input fields for other tenants' occupations]

c) If any portion of the premises is vacant, please provide full details.

[Blank input fields for vacant premises details]

8. If you store flammable or toxic materials on the premises, please state the type(s) and quantity(ies) in litres.

[Blank input fields for flammable/toxic materials storage]

9. Fire and theft protection:

Is the section of premises occupied solely by you protected by:

Please (✓)

a) Fire sprinkler system

Yes No

If "YES", please provide details below

Single or Dual water supply

Maintenance agreement

Yes No



b) Fire extinguishers Yes No

If "YES", please provide details below

Type:

How many:

Maintenance agreement Yes No

c) Fire hoses Yes No

d) Burglar alarm system Yes No

Local Dialer Landline

e) Deadlocks on all external doors Yes No

f) Fully enclosed security fence Yes No

g) Bars on all external windows Yes No

h) Security guard Yes No

If "YES", please specify

24 hr, 7 day basis Part time Patrol

i) Survey required Yes No

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

D. CLAIMS DETAILS

1. Have you (in the past 5 years) Please (✓)

1.1. made any claim(s) on an insurer for loss or damage? Yes No

If "YES", please give full details

1.2. had any insurance declined or cancelled, proposal/application rejected, renewal refused claim rejected or special conditions or excess imposed by an insurer? Yes No

If "YES", please give full details

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

If "YES", please give full details



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

2.1. ever been declared bankrupt? Yes No

If "YES", please give full details

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)? Yes No

If "YES", please give full details

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

If "YES", please give full details

2.4. been liable for any civil offence or pecuniary penalty? Yes No

If "YES", please give full details

E. DECLARED VALUES – SECTION 1 MATERIAL DAMAGE

1. Location and sum insured

Sum Insured *					
Location	Buildings	Contents excl. stock	Stock-in-trade	Other	Basis (see below)

*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. Wages & salaries (weeks)	
3. Wages & salaries (100% for weeks, then % for weeks)	
4. Additional cost of working:	
5. Fines & penalties:	
6. Rents receivable:	
7. Accountants fees to prepare claim:	
8. Book debts:	
9. Other (specify):	
10. Specified working expenses:	
11. Indemnity period months.	



G. LIMITS OF LIABILITY – (MAXIMUM LIMIT AT ANY ONE SITUATION)

Section 1 – Material Loss Damage

*

Section 2 – Consequential Loss

*

Note: If cyclone cover is requested, a cyclone certificate of compliance to AS1170 is to be provided. Cyclone cover is not applicable in PNG.

H. OPTIONAL COVERS AND SUB-LIMITS 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 under the QBE FLEXIBLE Solutions.

			Sub Limit*
1. Do you wish to cover burglary / theft?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
2. Do you wish to cover money?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
3. Do you wish to cover plate glass?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
4. Do you wish to cover fidelity guarantee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>

Note: Not all covers are available in all markets.

I. EXTENSIONS

Suppliers'/Customers' premises

Name of supplier/customer	Situation	% Limit or gross profit
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other (eg. prevention of access)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



J. 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 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 the accompanying documents.

If accepted by QBE the 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.

Name and position:

Signed:

Date

 / / 

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For literature in use in the French Territories above,
please contact the local QBE office in each of these countries.

