

# Jewellers Block Proposal Form 2017

Please complete and return this proposal form via post, email or fax using the contact details on page 8.  
Answer all questions in full.

**Before completing this form you must read page 7 and 8, as a requirement of the Insurance Contract Act.**

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## Duty of Disclosure

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Clth) to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance. You do not need to tell the insurer anything that:

- reduces the risk that is insured;
- is common knowledge;
- your insurer knows or should know as an insurer; or
- the insurer waives compliance with your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact your Aon Client Manager.

## Non-disclosure

If you do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

## Subrogation and non-admission

The policy/ policies contain provisions which have the effect of excluding or limiting the insurer's liability in respect of a loss, where you have admitted liability or prejudiced the insurer's rights of subrogation. This may occur where you are a party to an agreement which excludes or limits an insurer's rights to recover the loss from another party.

## COMPANY DETAILS

### 1. Company and Premises

(a) Company name including any subsidiaries and/or affiliated companies to be covered by this insurance

ABN

Full Business Description

(b) Name of Principal(s)

(c) How many years has the Company carried on this line of business?

Postal Address

Suburb  State  Postcode

(d) Premises Addresses (continue on separate page if necessary)

Premises 1

Suburb  State  Postcode

How many years have you been at these premises?  Upon which floor of the building is the premises?

Normal Business Hours

Premises 2

Suburb  State  Postcode

How many years have you been at these premises?  Upon which floor of the building is the premises?

Normal Business Hours

Premises 3

Suburb  State  Postcode

How many years have you been at these premises?  Upon which floor of the building is the premises?

Normal Business Hours

(e) Are any of your premises shared with or occupied by another party?

If Yes, please give details

**2. Nature of your Business**

What percentage of your sales over the past 12 months derived from the following:

Retail  % Wholesale  % Manufacturing  % Pawnbroking  %

**3. Employees**

(a) How many employees do you have?

(b) What is the minimum number of employees including principals in the sales section of your premises at any time, including lunchtime?

## EXPOSURES/COVERAGE REQUIRED

### 4. Basis of Valuation

On what basis do you require claims to be settled, e.g. cost price, etc?

*Note : Unless otherwise agreed on the Policy claims in respect of your own stock will be settled on the basis of COST price. All figures completed on this Proposal must reflect the basis of valuation required.*

### 5. Stock Values

(a) The last physical stock take of your own stock was taken and recorded on (give date) and was exactly:	\$
(b) The previous physical stock take of your own stock at least six months prior to above was taken and recorded on (give date) and was exactly:	\$
(c) The maximum value of your own stock during the last 12 months did not exceed:	\$
(d) The estimated average daily value of property in your custody or control during the last 12 months from:	\$
Others in the jewellery trade was:	\$
Customers for repair was:	\$
Other customers was:	\$

### 6. Nature of Stock

(a) What percentage of your stock as set forth in question 5 a) was made up of the following:

(i) Unset diamonds and other precious stones and pearls		%
(ii) Unset semi-precious and imitation stones		%
(iii) Gold and gold chains		%
(iv) Jewellery mounted with diamonds and/or precious stones		%
(v) Other Jewellery		%
(vi) Costume Jewellery		%
(vii) Watches		%
(viii) Clocks, silverware, plateware and other similar goods		%

### 7. Values out of Safe

	Outside Business Hours	During temporary closing, e.g. lunchtime (if applicable)
(a) What will be the maximum total value of items i), iii), iv) and vii) above (including those in windows and/or display showcases) out of a locked safe or strongroom?	\$	\$
(b) What will be the maximum total value of all (including those in windows and/or display showcases) out of a locked safe or strongroom?	\$	\$

**8. Display Windows**

(a) How many of display windows do you have?

(b) How many outside showcases do you have?

(c) Give the maximum values which will not be exceeded

	During Business Hours	Outside Business Hours
(i) In any one window	\$ <input type="text"/>	\$ <input type="text"/>
(ii) In any one outside showcase	\$ <input type="text"/>	\$ <input type="text"/>
(iii) By any one item within a window or showcase	\$ <input type="text"/>	\$ <input type="text"/>
(iv) By any one pad or tray of items within a window or showcase	\$ <input type="text"/>	\$ <input type="text"/>
(v) In total in all windows and outside showcases	\$ <input type="text"/>	\$ <input type="text"/>

**9. Travel/Personal Transit Risk**

For each of the following sections give the name of all principals, employees, representatives, travellers, agents, messengers and delivery hands but NOT brokers who have carried insured property (inclusive of amounts carried to and from Bank or Safe Deposit) during the last 12 months:

	No. of days each person per annum	Average Amount each	Maximum Amount each
(a) Within the City or Town in which your premises are situated	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Elsewhere in the Country in which your premises are situated	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) Elsewhere (state Countries in each case)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

**10. Home Risk**

Does any principal, employee, representative, traveller or agent take stock to their private residence for any purpose? If so, please provide the following information:

Name

Address

Suburb  State  Postcode

Maximum value taken \$  Full details of safe and any other protections

Name

Address

Suburb  State  Postcode

Maximum value taken \$  Full details of safe and any other protections

Name

Address

Suburb  State  Postcode

Maximum value taken \$  Full details of safe and any other protections

**11. Entrustments**

(a) During the last 12 months what was the maximum value entrusted to any one dealer, customer, repairer, cutter or broker at any one time?

(b) During the last 12 months what was the maximum total value entrusted to all dealers, customers, repairers, cutters and brokers at any one time

**12. Sendings**

What was the aggregate value of all insured property sent during the past 2 months by:	Within the country in which your premises are situated	Elsewhere (state countries and values sent to each)	Maximum amount per package
(a) Registered Post	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
(b) Registered Air Mail	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
(c) Federal Express, UPS, Other overnight delivery service	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
(d) Armoured Car Service, e.g. Brink's	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
(e) Personal Conveyance	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
(f) Other (please specify) <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**13. Exhibitions**

Do you require coverage for exhibitions? If so, please give details

Name of Exhibition	Date From/To	Limit Required	Do you require cover for transits to and from the exhibition?	Method of transit to and from the exhibition
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**14. Sums to be Insured**

What limits do you require on

(a) Stock (including goods in trust and bank notes)

\$

(b) Trade and office furniture, fixtures and fittings, machinery, plant, safes, alarm systems, tenant's decorations and improvements and all other contents (except as defined in a) above) at your premises

\$

**SECURITY AND PROTECTIONS**

**15. Display Window and Showcase Protections**

(a) Please give full details of the type of glass in all your display windows and/or outside showcases.

(b) Are all sections of the windows containing jewellery, gold, silver, platinum, pearls, precious stones and/or watches substantially partitioned of from the remainder of the display?

Yes  No

(c) What precautions do you take to protect the rear of your display windows?

(d) Are your display windows/outside showcases kept permanently locked with the keys removed?

Yes  No

(e) Are interior showcases similarly locked with keys removed?

Yes  No

(f) At night and at all other times when the premises are not open for business

(i) Are all display windows/outside showcases protected externally by either shutters or by a grille? Please give full particulars of such protections and state how they are secured

Yes  No

(ii) Does this protection cover the entire front of your premises? If not, please give details

Yes  No

(iii)

During business hours how are all your display windows/outside showcases containing jewellery, gold, silver, platinum, pearls, precious stones and/or watches protected internally?

(iv) Can these protections be reached under or over or around?

**16. Burglar Alarms**

(a) Is there a Burglar Alarm?

If so, please confirm the make/model

(b) Is the alarm connected to a central station?

Yes  No

(c) Does the system incorporate fixed hold up/panic buttons?

Yes  No

(d) Does the system incorporate mobile hold up/panic buttons?

Yes  No

(e) Is the alarm system maintained under contract?

Yes  No

**17. Safes and Strongrooms**

(a) Make/Model of safe:

(i) Approximate size  x  x  cm Weight:  kg Age:  Years

(ii) Is the safe illuminated and visible from the street at night?  Yes  No

(iii) Is there a strong room?  Yes  No  
If yes, please give full details

**18. Closed Circuit Television**

(a) Do you have CCTV?  Yes  No

(b) Do the cameras cover the entire interior of your premises?  Yes  No  
If not, please give details of coverage

(c) Are CCTV cameras connected to video recorders with images recorded on video cassettes?  Yes  No

(d) Do you keep a library of tapes?  Yes  No  
If Yes, for how long?

**19. General Protection of Premises**

(a) Are the premises occupied at night?  Yes  No  
If Yes, please give details

(b) Are there any openings leading to cellar or basement from outside the shop?  Yes  No  
If Yes please give details and protections

(c) How many public entrances do you have?

Please give details of their manufacture and how they are protected

(d) How many private entrances do you have?

Please give details of their manufacture and how they are protected

(e) How many windows, other than display windows, do you have?

Please give details of their manufacture and how they are protected

(f) Are there any skylights, fanlights or roof openings?  Yes  No  
Please give details of their manufacture and how they are protected

(g) Are all the keys (including your alarm, safe and strongroom keys) removed from the premises outside business hours?  Yes  No

(h) Are there any other special means of protection?  Yes  No  
If so, please give details

**20. Insurance History**

(a) State all losses (insured or uninsured) incurred by you, your business, all the persons named in 1(b) above, and all jewellery businesses of which such persons are or have been individual owners, partners, directors or officers, which occurred during the past 5 years involving property of this type:

Business Name/Assured	Circumstances of Loss	Amount of Loss	Amount Paid	Insurer
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

(b) Has any Insurer ever cancelled or refused to issue or continue any Insurance for you?  Yes  No  
If so, please give full details

(c) Have you previously been insured for this type of property?  Yes  No  
If Yes, please give the name of the Insurer

**21. Declaration and Signature**

Signing this Form does not bind the Proposer to complete the Insurance, but it is agreed that this Form shall be the basis of the Contract should a Policy be issued.

I/We have read the above and agree that to the best of my/our knowledge and belief it represents a true and complete statement.

I/We agree that if this insurance is completed the protections and/or safeguards mentioned herein shall not be withdrawn or varied to the detriment of the interests of the Underwriters without their consent.

**Signature of Proposer**

**Date**

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### **Your Premium Calculation**

The key factors that affect your premium are reflected in the questions asked in this document and the information sought at the time of taking out your insurance.

### **Terms of Credit**

Our terms of credit for clients are indicated on the invoice provided upon entering into the Insurance Contract. Aon is conscious of occasional hardship and understands the need to refer clients; if considered appropriate; to the Australian Financial Counsellors and Credit Reform Association. Aon acts in accordance with the requirements of ACCC and ASIC debt collection Guidelines : for Collectors and Creditors to arrange for the collection of outstanding amounts

### **Complaint and Dispute Resolution**

Any enquiry or complaint relating to your policy or a claim should be address to your Client Relationship Manager in the first instance. If your complaint is not satisfactorily resolved within 5 working days, please contact Aon's National Complaints Manager who will attempt to resolve it in accordance with our Complaints and Disputes Handling Policy. You may obtain a copy of this policy from the National Complaints Manager or from our website: [www.aon.com.au](http://www.aon.com.au)

If you are still not satisfied with the outcome determined within 10 working days, you should contact Lloyd's Underwriters' General Representative in Australia, Suite 2, Level 21 Angel Place,123 Pitt Street, Sydney, NSW 2000 Telephone Number: (02) 9223 1433 Facsimile Number: (02) 9223 1466. If your concern is with the Insurer, you may contact the Financial Ombudsman Service by calling 1300 780 808.

### **General Insurance Code of Practice**

Aon is bound by the General Insurance Code of Practice and have processes in place to adhere to the requirements of the Code. All details relating to the Code can be found at [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

Aon has always valued the privacy of personal information. If you would like a copy of our Privacy Policy, you can contact us or access it from our website at [www.aon.com.au](http://www.aon.com.au)

### **PRIVACY**

Aon is committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer the many financial services and products we and our group of companies are involved in as set out in the Aon Privacy Notice provided to you or available at [www.aon.com.au](http://www.aon.com.au). In order to do this, we may also share your information with other persons or entities who assist us in providing or promoting our services as set out in the Aon Privacy Notice. Further information about our privacy practices can be located in the Aon Australia Group Privacy Policy Statement which can be viewed on our website at [www.aon.com.au](http://www.aon.com.au) or a copy can be sent to you on request by your Aon representative.

You may also gain access to your personal information, or modify your privacy preferences, by contacting your Aon representative or our Privacy Officer at:

#### **Privacy Officer –**

**By email:** [privacyofficer@eon.com.au](mailto:privacyofficer@eon.com.au)

**By mail:** Level 33, 201 Kent Street Sydney NSW 2000

**By phone:** (02) 9253 7000

### **FORM SUBMISSION DETAILS**

Please return this proposal form via post, email or fax using the following contact details:

#### **Amy Wadsworth - Client Manager**

Aon Risk Solutions, 201 Kent Street, Sydney, NSW 2000

e: [amy.wadsworth@eon.com](mailto:amy.wadsworth@eon.com)

f: +61 2 9253 7269