

## APPLICATION FOR CLINIC PACKAGE INSURANCE

Full Insured Name:		
Principal Address:		
City:	State:	Postal Code:
Telephone:		
Email:		
Policy Period:	From	To
Interested Parties:	Name:	Interest Type:

Are you a member in good standing with the International Institute for Complementary Therapists (IICT)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IICT Member Name:	
IICT Membership Number:	

### DISCLOSURE STATEMENTS

1. In the past 10 years have you, or any director or officer involved in the proposed insured business been charged with any criminal conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. In the past 10 years have you, or any director or officer involved in the proposed insured business been involved in a company that has gone into liquidation or administration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past 5 years, has the business suffered from any loss to property, whether insured or not?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered “yes” to any of the above questions, please provide details:

**NOTE: Based on the answers to the above questions, your request for a quote may need to be reviewed by the insurer and additional information may be required to assess your eligibility for cover.**

## INFORMATION REQUIRED

Insured Locations		
Street Name & Number		
Suburb		
State & Postcode		
Age of Building (Approx. Year Built)		
	<input type="checkbox"/> Pre-1920	<input type="checkbox"/> 1971-1990
	<input type="checkbox"/> 1920-1950	<input type="checkbox"/> 1991-2010
	<input type="checkbox"/> 1951-1970	<input type="checkbox"/> Built after 2010
Is the property subject to any Heritage Listing? If yes, please provide detail:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Construction of Walls		
	<input type="checkbox"/> Brick / Concrete	<input type="checkbox"/> Timber/weatherboard
	<input type="checkbox"/> Reinforced steel/concrete	<input type="checkbox"/> Sandwich panel
	<input type="checkbox"/> Glass	<input type="checkbox"/> Expanded Polystyrene (EPS)
	<input type="checkbox"/> Iron/metal	<input type="checkbox"/> Asbestos
Construction of Roof		
	<input type="checkbox"/> Concrete	<input type="checkbox"/> Iron / Metal
	<input type="checkbox"/> Tile	<input type="checkbox"/> Sandwich panel
	<input type="checkbox"/> Colorbond	<input type="checkbox"/> Asbestos
Construction of Floors		
	<input type="checkbox"/> Concrete	
	<input type="checkbox"/> Iron/Metal	
	<input type="checkbox"/> Timber	
Fire Protection		
	<input type="checkbox"/> No Fire Protection	<input type="checkbox"/> Smoke detectors – Local
	<input type="checkbox"/> Extinguishers	<input type="checkbox"/> Smoke detectors – Monitored
	<input type="checkbox"/> Hose Reels	<input type="checkbox"/> Thermal Detection
	<input type="checkbox"/> Sprinklers	
Security		
	<input type="checkbox"/> No Security Protection	<input type="checkbox"/> Local (bells only) alarm
	<input type="checkbox"/> Deadlocks (all external doors)	<input type="checkbox"/> Monitored Alarm
	<input type="checkbox"/> Swipe card entry	<input type="checkbox"/> CCTV
	<input type="checkbox"/> Window locks	<input type="checkbox"/> Above ground in office building

## COVER REQUIREMENTS

### Clinic Property Section

Covering your business property for Fire, Storm Damage and other named perils

<b>Building (Replacement)</b>	\$	
<b>Contents</b>	\$	
<b>Stock in trade</b>	\$	
<b>Is Flood Cover Required?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Crime Section

Is Cover Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Theft of Contents & Stock	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000	<input type="checkbox"/> \$50,000 <input type="checkbox"/> Other (specify below) \$
Theft Without Forcible or Violent Entry (Optional)	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000	

### Money Section

<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000
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### Glass Section

Is Cover Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Glass Size	<input type="checkbox"/> Single Fronted	<input type="checkbox"/> Double Fronted
Internal / External Glass	<input type="checkbox"/> Internal	<input type="checkbox"/> External

### Machinery and Electronic Equipment Breakdown Section

#### Part 1 – Machinery Breakdown

Is Cover Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Limit any One Loss (per item)

<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000
<input type="checkbox"/> Other (please advise value below) \$	

*Includes air-conditioner and refrigeration equipment*

Number of Items	
Types of Machinery to be Insured	

### Optional Extensions

Benefit	Sum Insured	
Deterioration of Stock	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$15,000
	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,000

## Part 2 – Electronic Equipment Breakdown

Is Cover Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Limit any one loss

Sum Insured	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$35,000
	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$50,000
	<input type="checkbox"/> \$20,000	

### Optional Extensions

Benefit	Sum Insured	
Additional Data Media	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$15,000
	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,000
Additional Increased Cost of Working	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$15,000
	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,000

NOTE Coverage for the above benefits is automatically provided up to \$5,000 where Part 2 – Electronic Equipment Insurance is taken.

### Business Interruption Section

Item	Sum Insured	
Basis of Valuation:	<input type="checkbox"/> Annual Revenue	<input type="checkbox"/> Gross Profit
	= The estimated Revenue for the coming 12 months	= Turnover + closing stock <b>less</b> opening stock and uninsured working expenses (any costs that would cease should the business stop operating, i.e. purchases and freight)
	<b>plus</b> % index to account for revenue trend between 12-24 months	<b>plus</b> % adjustment for trend of business during the policy period
		<b>plus</b> % adjustment for trend of business during indemnity period
Item 1 Annual Value (Revenue/Gross Profit)	\$	
Item 2 Annual Value (Loss of Rental Income)	\$	

If you don't know what Basis of Valuation you require, please call BMS.

Indemnity Period:

<input type="checkbox"/> 12 Months	<input type="checkbox"/> 24 Months
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### Optional Extensions

Benefit	Sum Insured
Additional Increased Cost of Working	<input type="checkbox"/> \$50,000
	<input type="checkbox"/> \$100,000
	<input type="checkbox"/> \$150,000
Claims Preparation Costs	<input type="checkbox"/> \$50,000
	<input type="checkbox"/> \$100,000

	<input type="checkbox"/> \$150,000
<b>Accounts Receivable</b>	<input type="checkbox"/> \$50,000
	<input type="checkbox"/> \$100,000
	<input type="checkbox"/> \$150,000

NOTE Coverage automatically extends to the above extensions of up to \$50,000 or 20% of Item 1 Sum Insured, whichever is the lesser.

## Duty of Disclosure

### Your Disclosure

Before you enter into an insurance contract with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose information to the insurer. The Duty of Disclosure applies until the insurer agrees to insure you or renew your insurance. The Duty of Disclosure also applies before you extend, vary or reinstate your insurance. You must tell the insurer all information that is known to you, that a reasonable person could be expected to know or that is relevant to the insurer's decision to insure you and on what terms. You do not need to tell the insurer anything:

- that reduces the risk it insures you for;
- is common knowledge;
- that the insurer knows or should know; or
- which the insurer waived your duty to tell it about.

### Non-Disclosure

If you fail to comply with your Duty of Disclosure, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to comply with the Duty of Disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

## Declaration

I declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

If you are unsure of your coverage requirements please contact BMS, a senior broker will be available to answer your questions during regular business hours.

Signed by:

Position:

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Date:

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Signing of this form does not bind the Applicant or company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.

### **BMS Risk Solutions Pty Ltd (BMS Group)**

Level 3, 360 Little Collins Street  
Melbourne VIC 3000

Phone: 1800 290 981

Email: [iict@bmsgroup.com](mailto:iict@bmsgroup.com)