

# Q-SURE NEWSAGENTS

## ADDITIONAL LOCATIONS PROPOSAL

Muscatwood Pty Ltd – ABN 19 914 010 191 – ACN 011 062 623 – AFSL 246526 Trading as Qsure Insurance Brokers.  
This form forms part of your Proposal and is subject to the Important Information and Declaration of the original Proposal.



### INSURED'S DETAILS

Entity Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

### CONTENTS/FIXTURES & FITTINGS

Contents/Fixtures & Fittings Replacement Cost \$ \_\_\_\_\_ Stock Average Replacement Cost \$ \_\_\_\_\_

Please note that stock is increased by 50% for peak trading periods as per policy schedule

### TURNOVER

Lotto Sales inc. Scratchies commission only \$ \_\_\_\_\_ All other Sales \$ \_\_\_\_\_

### LOCATION DESCRIPTION

Newsagency                      Kiosk

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Major Shopping Centre\*    Other Shopping Centre    Strip Shop    Stand Alone Property  
\*(ie. Department Store as Major Tenant)

Does your store have street front?                      Yes                      No

Are you contractually responsible for damage to Plate Glass?                      Yes                      No

Has your premises been flooded in the past 10 years?                      Yes                      No

If 'Yes' please specify which year(s): \_\_\_\_\_

### CONSTRUCTION DETAILS

Number of Floors / Levels? \_\_\_\_\_

Floor                      Timber                      Concrete                      Other, please specify: \_\_\_\_\_

Walls                      Timber                      Concrete                      Brick                      Other, please specify: \_\_\_\_\_

Roof                      Tile                      Concrete                      Metal                      Other, please specify: \_\_\_\_\_

Approx Age: \_\_\_\_\_

### SECURITY DETAILS

Deadlocks to External Doors                      Yes                      No                      Roller Shutters                      Yes                      No

Motion Detectors in Shop                      Yes                      No                      Security Bars to windows                      Yes                      No

Motion Detectors in Storeroom                      Yes                      No                      Monitored Alarm                      Yes                      No

Motion Detectors in Roof Void                      Yes                      No                      Bollards                      Yes                      No

Local Alarm                      Yes                      No                      24hr Centre Security                      Yes                      No

Exterior Lighting                      Yes                      No                      Other, please specify \_\_\_\_\_

CCTV                      Yes                      No

CCTV areas covered: \_\_\_\_\_ Image Retention Period: \_\_\_\_\_

If tobacco products stocked, please describe specific security: \_\_\_\_\_

Is security equipment serviced annually?                      Yes                      No                      If 'No', please explain: \_\_\_\_\_

continued over »

**Money Safe**

Keypad combination type? Yes No Other type, please specify: \_\_\_\_\_  
 Is it bolted to the floor? Yes No

**FIRE PROTECTION DETAILS**

Fire Alarm Yes No Hose Reels Yes No  
 Extinguishers Yes No Sprinklers Yes No  
 Smoke Detectors Yes No Other \_\_\_\_\_  
 Who is responsible for annual service of above equipment? \_\_\_\_\_

**EQUIPMENT BREAKDOWN**

Do you have power surge protection? Yes No

**ADDITIONAL BUSINESS ACTIVITIES**

Do you operate a bank, credit union, building society, financial institution or Western Union Agency? Yes No  
 Do you have an ATM within your Newsagency? Yes No  
 If 'Yes' to either of the above, please provide full details and attach copies of all agreements.  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have a self-serve coffee machine? Yes No  
 Do you offer Nparcel or Parcel Point? Yes No  
 Do you offer a Dry Cleaning service? Yes No  
 Do you operate a Post Office? Yes No  
 Do you offer newspaper delivery? Yes No  
 Do you sell tobacco products? Yes No

**CONTRACTUAL LIABILITY**

Have you entered into any agreement which changes the terms of your liability policy? Yes No  
 If Yes, to the above, please provide full details and attach copies of all agreements  
 \_\_\_\_\_  
 \_\_\_\_\_

**CLAIMS AND/OR LOSS EXPERIENCE**

Have you had any insured and/or uninsured claims in the last five years? Yes No  
 If yes, please provide details below

Date of Loss	Claims Details	Amount Paid/Payable
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

After investigation, is the Proposer aware of any circumstances which could give rise to a claim? Yes No  
 If 'Yes' please provide details: \_\_\_\_\_

Has any Insurer ever refused to provide terms or offer renewal terms to the Proposer or has any insurance held by the Proposer ever been voided or cancelled by an Insurer? Yes No  
 If 'Yes' please provide details: \_\_\_\_\_

Has the Proposer ever had any entitlement to indemnity under any Insurance Policy declined or, otherwise affected due to non-disclosure, misrepresentation or breach of a policy provision? Yes No  
 If 'Yes' please provide details: \_\_\_\_\_