



Arthur J. Gallagher
BUSINESS WITHOUT BARRIERS™

INDUSTRIAL SPECIAL RISKS INSURANCE PROPOSAL FORM - TATTOO INDUSTRY

Important Information - Please do not proceed applying for this insurance without noting the importance of correctly disclosing all relevant information accurately, as the information collected via this application form and additional underwriting information requested is being utilised by the Insurers to correctly assess and effect cover on behalf of its clients.
Section 28(2) of the Insurance Contracts Act 1984 entitles an insurer to avoid a policy from inception where a non-disclosure or misrepresentation is fraudulent. In other cases, the Insurer has the rights to minimise the payment of any claim where information was incorrectly provided and/or omitted.

Additional Important Information:

Unacceptable Risks

No cover for any parlour with history of malicious/violent claims in past five years

Any Criminal Convictions

NSW where the Department of Fair Trading Licence has been denied

Business established less than 18 months

Please Note: Without the appropriate boxes below ticked and the information enclosed, the risk won't be considered

Additional information that must accompany this proposal form

Written Confirmation of the last 5 Years Claims History in writing

How long has the current tattoo parlour been located at this location?

Do you have a lease agreement? (If yes, please provide the full name on the lease)

☐ Yes

☐ No

Status on Tattoo License (if applicable)

Are your BAS lodgements and financial statements up to date?

☐ Yes

☐ No

Period of Insurance

From:

To:

The Insured Details:

Insured Name:

Interested Parties:

ABN Number:

Postal Address:

Phone Number:

Mobile Number:

Fax Number:

Email Address:

Location of Risks:

Situation	Building Address	Postcode	Construction
1			
2			
3			
4			
5			

Security:

Deadlocks

☐

Alarm System

☐

Keyed Window Locks
Bars/Grills on Windows

☐
☐

1. Local Alarm
2. Monitored Alarm

☐
☐

Fire Protection:

Fire Hose Reel
Fire Extinguishers
Fire Blankets

☐
☐
☐

Smoke Detectors
Fire Alarm
Sprinkler System

☐
☐
☐

Section 1 - Property Damage

Situation	Building \$	Contents \$	Stock \$	Total
1				\$ -
2				\$ -
3				\$ -
4				\$ -
5				\$ -
Total				\$ -

* If building insurance is required, please provide full list of tenants and the % area they occupied

Section 2 - Consequential Loss of Profits

	Situation 1	Situation 2	Situation 3	Situation 4	Situation 5
Loss of Gross Profit incl full Payroll	\$ -	\$ -	\$ -	\$ -	\$ -
Claims Preparation Costs	\$ -	\$ -	\$ -	\$ -	\$ -
Additional Increased Cost of Working	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -
Number of Months Indemnity Period	12 months	advise if alternative indemnity period is required			
Maximum Limit at any one Situation	\$ -	\$ -	\$ -	\$ -	\$ -

Automatic Sub Limits (Section 1) Or Section 1 Sum Insured, whichever is the lesser

If increase in sublimit is required please advise sum insured

Accidental Damage	\$100,000
Theft or attempted Theft of Property other than money inside a building (Clause 2.10)	\$50,000
Money (Clause 2.11)	\$5,000
Storm-textile blinds & awnings, shades, sails, gates, fences, signs and retaining walls (Clause 2.12)	\$25,000
Paintings, curios, works of art, tapestries, Persian and similar rugs or carpets (Clause 2.13)	\$25,000 (or 10% of sum insured)
Costs of temporary protection (Clause 3.1.3)	\$10,000
Costs of replacing locks. Keys and combinations (Clause 3.1.4)	\$10,000
Costs of demolition, removal, storage and disposal of Debris (Clauses 3.1.51 to 3.1.54)	\$100,000
Exploratory Costs (Clause 3.1.7):	\$25,000
Liability to Make Enquiries (Clause 3.1.11):	\$50,000
Costs of clearing blocked drains, drainpipes and other property referred to in Clause 3.1.12	\$10,000
Personal effects (excluding Money) belonging to your directors and employees (Clause 3.2.1)	per person \$2,500 and in total \$25,000
Property of your welfare, sport and social clubs (Clause 3.2.1)	per person \$2,500 and in total \$25,000
Property insured in open air at an insured situation caused by wind, rainwater, hail (Clause 3.3.1)	\$10,000
Property insured but not including stock, - in transit (Clause 3.3.2)	\$10,000
Extra cost of reinstatement (Clause 4.5)	\$250,000
Glass internal, external and signage (Clause 4.20)	replacement value

Automatic Sub Limits (Section 2) Or Section 2 Sum Insured, whichever is the lesser

Prevention of access (for each loss under Clauses 10.1.1.4 and 10.1.1.5)	amount not exceeding 5% of section 2 declared value subject to max \$1,000,000
Loss of attraction - drawcard premises (Clause 10.1.1.6)	amount not exceeding 5% of section 2 declared value subject to max \$1,000,000.
Prevention of access - general area (Clause 10.1.1.7)	\$200,000
Remote premises of Public Utility (Clause 10.1.1.8)	amount not exceeding 5% of section 2 declared value subject to max \$1,000,000
Unspecified Suppliers and Customers (for each loss under Clause 10.1.1.9)	amount not exceeding 5% of section 2 declared value subject to max \$250,000.
Motor Vehicles owned or operated by you (Clause 10.1.1.10)	\$1,000,000
Human infectious or contagious disease (Clause 10.1.2.1)	amount not exceeding 5% of section 2 declared value subject to max \$200,000
Murder or suicide (Clause 10.1.2.2)	amount not exceeding 5% of section 2 declared value subject to max \$250,000

General

Have you sustained any loss or damage to property, or had any claims made against you in the last 5 years?
(whether insured or not)

☐ Yes ☐ No If yes, please provide details:

Has any application or policy for similar insurance ever been declined, cancelled or voided, renewal refused or special terms imposed at any at time?

☐ Yes ☐ No If yes, please provide details:

Have you or your business partner(s) ever been convicted of a criminal offence?

☐ Yes ☐ No If yes, please provide details:

Do you or your business partner(s) have or ever had any affiliations with Outlaw Motor Cycle Gangs?

☐ Yes ☐ No If yes, please provide details:

Have you or your business partner(s) ever been declared bankrupt?

☐ Yes ☐ No If yes, please provide details:

Have you or your business partner(s) ever become insolvent or placed in liquidation or receivership?

☐ Yes ☐ No If yes, please provide details:

Have you currently or previously insured this property?

☐ Yes ☐ No If yes, please provide details:

Insurer	Policy No.	Premium	Expiry Date

I/We declare that:

- (a) The particulars and statements are true, correct and complete, and contain all information known to me/us.
- (b) To the best of my/our knowledge and belief the property to be insured is in a sound state of repair and the sums proposed for insurance represent the full value thereof.
- (c) I/We agree to accept the insurance subject to the terms, exclusions, conditions and limitations of the Company's Policy.
- (d) I/We have received the Important Notices under the Insurance Contracts Act 1984, and especially fully understand the insurer's rights in respect to Failure to Disclose and Utmost Good Faith.
- (e) I/We authorise Lloyd's of London and/or their agents to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We

authorise the Company to obtain or supply details of insurance claims and other relevant information.

☐ I agree to receive documents and information from Arthur J. Gallagher & Co (AUS) Limited via email, including their Financial Services Guide (FSG). I know that if I no longer want to receive documents and information from Arthur J. Gallagher via email, I can contact them via return email or call Sharon Pyne or the Arthur J. Gallagher client enquiry line: 1800 727 642

Signature of applicant

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Date

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Signing this form DOES NOT bind the Company to complete the insurance

Please note that in effecting this insurance, we are acting under an authority given to us by the Underwriters to effect the insurance, and as such we will be acting as an agent of the Underwriter and not as your agent



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