APPLICATION FOR CLINIC PACKAGE INSURANCE

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

Are you a member in good standing with the Physiotherapy New Zealand (PNZ)?	☐ Yes ☐ No
PNZ Member Name:	
PNZ 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?	☐Yes	☐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?	☐Yes	☐No
3.	In the past 5 years, has the business suffered from any loss to property, whether insured or not?	☐Yes	☐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	
Postcode	

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

COVER REQUIREMENTS

Clinic Property Section

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

Building (Replacement)	**$**	
Contents	**$**	
Stock in trade	**$**	
Is Flood Cover Required?	☐Yes	☐No

Crime Section

Is Cover Required?	☐Yes	☐No
Theft of Contents & Stock	☐$10,000 ☐$20,000 ☐$30,000	☐$50,000 ☐**Other (specify below)** $
Theft Without Forcible or Violent Entry (Optional)	☐$10,000 ☐$15,000 ☐$20,000	

Money Section

☐ $2,500	☐ $5,000

Glass Section

Is Cover Required?	☐Yes	☐No
Glass Size	☐Single Fronted	☐ Double Fronted
Internal / External Glass	☐Internal	☐External

Machinery and Electronic Equipment Breakdown Section

Part 1 – Machinery Breakdown

Is Cover Required?	☐Yes	☐No

Limit any One Loss (per item)

☐$5,000	☐$10,000
☐$25,000	☐$50,000
☐**Other (please advise value below)** **$**	

Includes air-conditioner and refrigeration equipment

Number of Items	
Types of Machinery to be Insured	

Optional Extensions

Benefit	**Sum Insured**	
Deterioration of Stock	☐$5,000 ☐$10,000	☐$15,000 ☐$20,000

Part 2 – Electronic Equipment Breakdown

Is Cover Required?	☐Yes	☐No

Limit any one loss

Sum Insured	☐$5,000 ☐$10,000 ☐$20,000	☐$35,000 ☐$50,000

Optional Extensions

Benefit	**Sum Insured**	
Additional Data Media	☐$5,000 ☐$10,000	☐$15,000 ☐$20,000
Additional Increased Cost of Working	☐$5,000 ☐$10,000	☐$15,000 ☐$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:	☐ Annual Revenue = The estimated Revenue for the coming 12 months ***plus*** % index to account for revenue trend between 12-24 months	☐Gross Profit = Turnover + closing stock ***less*** opening stock and uninsured working expenses (any costs that would cease should the business stop operating, i.e. purchases and freight) ***plus*** % adjustment for trend of business during the policy period ***plus*** % 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:

☐ 12 Months	☐ 24 Months

Optional Extensions

Benefit	**Sum Insured**
Additional Increased Cost of Working	☐$50,000 ☐$100,000 ☐$150,000
Claims Preparation Costs	☐$50,000 ☐$100,000

	☐$150,000
Accounts Receivable	☐$50,000 ☐$100,000 ☐$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:

Date:

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.

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