

# Industrial Special Risks Renewal form

The following policy is due to expire at 4:00pm on the date shown. To enable us to consider renewal terms and conditions please provide us with the following information 21 days prior to the expiry date.

Upon receipt of the required information our renewal offer will be prepared and forwarded to you. Cover will cease at 4:00pm on the expiring date shown unless you have provided us with the information requested and we have agreed to renew your policy.

## Contacts

Intermediary name

Intermediary contact

One Underwriting contact

Email

## The Insured

Name of Insured

Policy Number  Expiry Date  /  /  4:00pm on the  /  /

ABN

## General Information

1. Please provide us an updated asset schedule for Material damage values and Consequential loss of profits Insurance values for the forthcoming period of insurance. Asset values must be listed by location.

2. Is the policy limit to be increased? Yes  No

Section 1:  Section 2:  Combined:

### Asset split per location

Location	Building	Contents	Stock
Location 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Location 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Location 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Location 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Do you require any of the policy sub-limits of liability to be amended? Yes  No   
If so please nominate the revised sub-limit and the revised amount you require:

Sublimit Description	Amount
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

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4. Are you aware of any changes or proposed changes to the Insured's business that have not yet been advised to us? Yes  No   
If so, you must provide details of these changes to us. We draw your attention to the Duty of Disclosure included in the information section of this document at the end.

5. Is there any additional policy coverage that you would like us to consider? Yes  No   
If so, please list them and the required Sub-Limit(s) to apply below. If they are non-standard endorsements, please attach a draft of the endorsement wording required for our consideration.

6. Are any of the Insured's premises occupied by tenants? Yes  No   
If yes, please provide an updated list for each tenant's occupation (if the space provided is inadequate to list all locations, please indicate on your asset schedule which locations are occupied by tenants and the tenant's occupation).

Address	Tenant's occupation

7. Are there any previously requested risk improvements that have not been confirmed to One Underwriting as completed? Yes  No   
If yes, please provide us the status of these as soon as possible. This will allow our renewal offer to be issued without further delay.

8. If we are a following Co-Insurer, we also require a copy of the lead Insurer's terms as soon as possible.

Any additional comments?

# Proposed Moral Hazard Question Set and Declaration

**Directors and Owners details** - Please provide the following details for all Directors and Owners of the proposed insured entities:

Full name (including previous names)	Date of birth	Address

**Disclosure** - Please have each of the above Directors and Owners complete and sign the following declaration:

Have you had any criminal convictions in the last 10 years?      Yes       No   
If yes, please provide details


Are you or have you ever been a member of an **Outlaw Motor Cycle Club**?      Yes       No   
If yes, please provide details


Are any of your family members of an **Outlaw Motor Cycle Club**?      Yes       No   
If yes, please provide details


Are you or have you ever been declared bankrupt?      Yes       No   
If yes, please provide details


**Signature**

**Date**

## Definitions

**Director:** As defined under the Corporation Act 2001

**Owner:** A national person who has either a shareholding or financial interest in the professional insured entities.

**Outlaw Motor Cycle Club:** Any of the following named clubs and/or clubs that are prescribed by various government bodies, State and Federal to be defined as Outlaw Motor Cycle Clubs.

- |                  |                     |                  |                     |
|------------------|---------------------|------------------|---------------------|
| Rebels           | Satan's Riders      | Red Devils       | Tramps (Wangaratta) |
| Mongols          | Bandidos            | Devil's Henchmen | Notorious           |
| Gypsy Jokers     | Finks               | Hells Angels     | Coffin Cheaters     |
| Rock Machine     | Black Uhlans        | Comancheros      | Outlaws             |
| Satan's Soldiers | Odin's Warriors     | Nomads           | Mongrel Mob         |
| Vikings          | Diablos (Bandido's) |                  |                     |

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### Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us everything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- Reduces the risk we insure you for, or
- Is common knowledge, or
- We know, or should know as an insurer, or
- We waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### Privacy

At One Underwriting we take privacy very seriously.

For full details please refer to [oneunderwriting.com.au/privacy](http://oneunderwriting.com.au/privacy)

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### Submit your proposal form

#### Lenu Lukose

Senior Underwriter - Property

phone: 02 9253 7049

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