



ILINK INSURANCE BROKERS (ABN: 91 155 898 525)
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Business Insurance Proposal Form

Insured details:

Full Name	
Company Name & ABN	
Business Description	
Business/street address	
Current Insurer (if any)	
Contact No	
Email	

Construction details: **Security details**

Age of Building		Dead Locks & key locks installed?	Yes/No
Walls		Local alarm installed?	Yes/No
Roof		Monitored alarm Installed?	Yes/No
Floor		Located inside shopping centre?	Yes/No
Fire Extinguishers?	Yes/No	Only applicable to cooking risks	
Fire Blankets?	Yes/No	Deep frying?	Yes/No
Fire Alarm?	Yes/No	Wok Cooking?	Yes/No
Sprinklers installed?	Yes/No	Licensed?	Yes/No
Is the building heritage?	Yes/No	Table seating capacity	

Estimated turnover of business (for next 12 months)	\$
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Cover Required:

Fire & Perils	Building (if owned by you)	\$
	Contents & Stock	\$
Business Interruption (Loss of income cover)	Sum Insured	\$
	Indemnity period (months)	
Theft/Burglary	Stock & Contents	\$
	Cigarettes / Liquor	\$
Money (cash) cover	Combined cover (during & after hours)	\$
Glass	Full replacement cover (Incl. signage cover)	Yes/No
Machinery Breakdown	Nos. of Machinery (items)	
	Machinery cover limit	\$5k, \$10k or \$20k?
	Deterioration of Stock	\$
Public & Products Liability	Limit required (\$10m, \$20m or more)	\$

Have you made insurance claims in last 5 years? If yes, please supply details	
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