



Office and Workers Compensation Insurance

Quote Form

## Applicant Details

Name:

Trading Name:

Location:

State:

Postcode:

Phone:

Mobile:

Email:

## Business Details

Industry Occupation: Conveyancing Agent Only

Important Note: Should you require cover for any activities other than of a Conveyancing Agent, please contact us

Commencement Date of: Office Insurance  
Workers Compensation

Number of Employees:

Office Insurance Sections:

Building: \$

Contents: \$

Burglary **Automatic Cover** up to the Contents Sum Insured

Accidental Damage **Automatic Cover** up to the Building and or Contents Sum Insured

Loss of Money: \$

Glass Yes / No (Breakage of glass including signs)

General Property: Yes / No

Mobile Phones \$

Laptops \$

Specified Items (eg. Camera) \$

Machinery Breakdown: Yes / No (Cover for breakdown of air-condition units / electrical motors)

Up to 1HP \$ Units

1HP to 5HP \$ Units

5HP to 10HP \$ Units

Electronic Equipment: Yes / No (Cover for breakdown of computers / printers)

Item 1: \$

Item 2: \$

Item 3: \$

Public / Products Liability: Yes / No

\$

Business Interruption: Yes / No (loss of revenue following a claim under the Building and or Contents policy)

Gross Revenue: \$

Claims Preparation Costs: \$

Additional Costs of Working: \$

Accounts Receivable: \$

Indemnity Period Months

Tax Audit: **Automatic Cover** when Contents and one other policy section taken

\$6,000 any one claim / \$12,000 any one year

Workers Compensation: Yes / No

Estimated Wages: \$

### Claims History

Have you had any insured or uninsured losses in the past 2 years? Yes No

If yes, please provide details below

Date	Details	Claim Amount Paid
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We strongly recommend that you review and consider the selection in the JLT Financial Services Guide concerning you Duty of Disclosure before submitting this form.