



Phone: 02 9409 5800  
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 Email: insure@rostanton.com.au

**Commercial Building/ Business / Office Package**

Name of Insured			
Trading Name			
Email			
Phone		Mobile	
Situation Address			
Business Description			
Date Required			
Is this a start up Business			
Are you currently insured			
Please complete sections that you need a quote on			
<b>Property Damage / Fire &amp; Specified Perils</b>			
(Based on Reinstatement and/or Replacement Conditions)			
Buildings		\$	
Contents of every Description		\$	
Stock in Trade		\$	
<b>Public &amp; Products Liability</b>			
Public/Product Liability (any one occurrence)		\$	
<b>Business Interruption/Loss Of Rent</b>			
Gross Profit or Rent		\$	
Indemnity Period		12 months	
<b>Money</b>			
In Transit, Business Hours		\$	
<b>Burglary / Theft</b>			
Contents of every description		\$	
Stock in Trade		\$	
<b>Glass</b>			
Fixed Glass		Replacement Value	
<b>Machinery Breakdown</b>			
Sudden and unforeseen electrical and mechanical breakdown:			
Limit any one loss		\$	
Number of motors			
Type of motor			
Deterioration of Stock:			
Limit any one loss		\$	
<b>General Property</b>			
Unspecified Items (any one item)		\$	
Specified Items (in total)		\$	
Item 1		\$	
Item 2		\$	
<b>Goods in Transit</b>			
(Road, Rail, Sea, Air – in and around Australia)			
Limit any one conveyance:			
Inland		\$	
Imports		\$	
Exports		\$	
Samples		\$	
<b>Electronic Equipment Breakdown</b>			

Material Damage to the following equipment:	\$
<b>Building or Premises Construction Details</b>	
What is the construction of the building or premises?	
<b>Fire Protection Details</b>	
What fire protection is there at the premises?	
<b>Security Details</b>	
What is the security to the premises?	
Approx Turnover	\$
Number of Employees (Incl. Prin.)	
Have you made any insurance claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of any insurance claims made or declined	
Any additional information to be declared:	