

4) BREAKDOWN of MACHINERY, BOILERS/PRESSURE PLANT ETC:

All Machinery, Boilers, Pressure Plant (\$ 10,000 minimum) -- Limit \$

Is Air Conditioning machinery to be insured? Yes / No

4A) DETERIORATION OF STOCK

(following breakdown of freezer / refrigerated unit) Limit -- \$

4B) COMPUTER BREAKDOWN

Breakdown	Limit \$
Rewriting of Computer Data lost	Limit \$
Increased Costs of Working	Limit \$

4C) ELECTRONIC EQUIPMENT BREAKDOWN

Electronic Equipment (excluding diagnostic equip.)	Limit \$
Diagnostic equipment	Limit \$

5) MONEY:

Blanket Cover (In Transit / On premises etc.) \$

In Safe \$

6) PORTABLE & VALUABLE ITEMS (Business items carried with you - world wide)

Unspecified items (valued under \$ 2,500) -- Limit \$

Specified items (over \$ 2,500) : details -

7) EMPLOYEE DISHONESTY: Limit required \$

8) BUSINESS INTERRUPTION

Gross Income (over next 12 months) \$

Outstanding Accounts Receivable \$

Additional Increased Cost of Working \$

(We suggest a minimum level of \$ 25,000)

9) GOODS IN TRANSIT

Accidental damage cover on (specify):

Limit required -- \$

10) LEGAL LIABILITY (Public & Products Liability):

Limit of Indemnity: \$ 20 million any one claim or series of claims.

Annual Business Turnover \$

No of employees: Full time - Part time -

11) TAX PROBE (OPTIONAL COVER)

Covers the professional fees incurred following an audit of your Business by the Aust. Taxation Office or a Federal / State dept. or Agency (\$100,000 max.) \$
Business Audit (with Investigation Cover) Limit \$
To include Directors as well ? No / Yes ... Number of Directors -

Are you a member of any Buying Group /specific Pharmacy Association? YES / NO
Details: A member of

We can also help in the following areas - just circle the covers you would like further assistance with:

- | | |
|--|-----------------|
| MOTOR VEHICLE - for Owners or Staff members | Yes / No |
| HOUSE & CONTENTS COVER | Yes / No |
| BOAT | Yes / No |
| CARAVAN | Yes / No |
| INVESTMENT PROPERTIES | Yes / No |
| BUSINESS and/or LEISURE TRAVEL | Yes / No |
| WORKCOVER / WORKERS COMPENSATION | Yes / No |
| SUPERANNUATION | Yes / No |
| SELF MANAGED SUPER FUNDS | Yes / No |
| INCOME PROTECTION INSURANCE | Yes / No |
| LIFE INSURANCE | Yes / No |
| TOTAL & PERMANENT DISABILITY INSURANCE | Yes / No |
| TRAUMA / CRISIS INSURANCE | Yes / No |
| KEYPERSON | Yes / No |
| PARTNERSHIP & BUY/SELL ARRANGEMENTS | Yes / No |

Please fax / email this form to Southern Cross Brokers Pty Ltd, preferably 21 days prior to the expiry date of your current policy.

Southern Cross Brokers Pty Ltd
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