

PHARMACISTS BUSINESS INSURANCE QUESTIONNAIRE

NAME OF PHARMACY:.....

ABN:.....

ADDRESS:P/C.....

CONTACT PERSON/POSITION:

CONTACT NUMBERS: Telephone: ()

Fax: () Email:

Current Insurer..... Expiry Date...../...../.....

CONSTRUCTION DETAILS OF PHARMACY:

External Walls:.....Roof:.....Floor:.....

Are Sprinklers installed? Yes / No Approx. age of Building: years

Your Location is on: Main St or Rd, Within a Shopping Centre, On a Suburban St, In a strip of shops, Out of town - describe.....

SECURITY: Any Alarm?- No / Yes Type - Local or Monitored

Are all external doors deadlocked at close of business? - Yes / No

Do you have any window locks, bars or grills on windows? Yes / No

Do you have a Money safe Yes / No or Drug Safe? Yes / No

Any closed circuit TV inside shop? Y / N Any external CCTV? Y / N

Any ram barriers/bollards at entrance? Y / N Other protection?.....

OPERATING HOURS: Mon - Friday.....am to.....pm Sat.....Sun.....

FIRE PROTECTION: Any Fire Extinguishers Yes / No, Hose-reels Yes /No

Smoke Alarms or Detectors Yes / No Are the alarms monitored Yes / No

Nominate your required sums insured -

1) FIRE & SPECIFIED PERILS DAMAGE :

Buildings (incl. landlords fixtures/fittings, walls, gates & fences) \$

Contents..... \$

Stock in Trade..... \$

Cost of Rewriting Documents (exceeding auto. cover \$ 25,000) \$

Removal of Debris (exceeding auto. cover of \$ 50,000) \$

Any Interested Parties?: Eg Bank / Financiers.....

2) BUSINESS INTERRUPTION

Business Gross Income* (incl Prescription Data income) \$
Gross Rentals \$
Wages of employees and directors \$
Accounts Receivable \$
Additional Increased Cost of Working (Minimum of \$ 25K) \$
*Gross Income is total money paid/payable for goods sold, services rendered, less purchases of stock & variable expenses.

3) BURGLARY

Contents and Stock limit \$

4) MONEY:

In Transit AND On premises during business hours \$
On premises - outside of business hours (max. is \$2,500) \$
At a private residence \$
In an ATM, safe or strongroom on the premises \$
In Safe \$
OR a Blanket Cover (for all of the above covers) \$

5) GLASS & SIGNS:

Internal and External glass - insured for the full Replacement Value
Is the Pharmacy shop front - Single / Double or Multi-fronted?
Any Illuminated Signs valued over \$ 7,500? No / Yes declare value - \$

6) PUBLIC & PRODUCTS LIABILITY incl. PROFESSIONAL INDEMNITY:

Limit of Indemnity: \$ 20 million any one claim/series of claims.
Annual Business Turnover \$
No of employees: Full time - Part time -
Do you provide equipment for hire (eg. Crutches etc.) No / Yes -- if yes,
do you have client sign a disclaimer/waiver before hiring? Yes / No
Is the equipment checked & maintained after each hire? Yes / No
Do you directly import raw materials, components or goods? Yes / No

7) TRANSIT OF PROPERTY BY ROAD:

Loss or damage to stock, plant, tools or equipment Limit \$

8) ELECTRONIC EQUIPMENT BREAKDOWN

Business Computer & Electronic Equipment Limit \$
Restoration of Data \$
Increased Cost of Working \$

9) MACHINERY BREAKDOWN:

All Machinery, Boilers, Pressure Plant -- Limit \$

Is Air Conditioning machinery to be insured? Yes / No

Deterioration of Stock (following breakdown) Limit \$

10) GENERAL PROPERTY:

Physical loss or damage to portable business property (world wide)

a) Unspecified items (up to \$ 1,000 value) Limit \$

b) Specified items (eg laptops, PDA's, video/digital cameras, mobile phones & any items over \$ 1,000 must be specified)

Details & Sums Insured:.....

Are you a member of any Buying Group / or specific Pharmacy Association?

YES / NO -- Details: A member of

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1) Has any owner/director or officer or the business itself had **more than 3 losses or had losses exceeding \$ 5,000 in the last 3 years ?**

No/Yes - details.....

2) During the past 5 years, has any owner/director or officer ever:

a) been declared bankrupt ? No / Yes

b) involved with a business that has gone into receivership ? No / Yes

c) been convicted of a criminal offence ? No / Yes

Details.....

3) Has any owner/director or officer or the business itself, had any insurance policy cancelled, declined or refused in last 5 years? No / Yes

Details.....

**We can also help in the following areas- let us know where you need assistance
HOUSE & CONTENTS COVER // BOAT or CARAVAN // INVESTMENT
PROPERTIES // BUSINESS and/or LEISURE TRAVEL // WORKCOVER or
WORKERS COMPENSATION // SUPERANNUATION // SELF MANAGED
SUPER FUNDS // INCOME PROTECTION INSURANCE // LIFE INSURANCE
TOTAL & PERMANENT DISABILITY INS. // TRAUMA / CRISIS INS. //
KEYPERSON // PARTNERSHIP & BUY/SELL ARRANGEMENTS.**

Please fax/email this form back to Southern Cross Brokers 14 days before the due date.

<p>Southern Cross Brokers Pty Ltd</p> <p>PO Box 593, Port Melbourne VIC 3207</p> <p>(Suite 2, 11 Beach Street, Port Melbourne Vic. 3207)</p> <p>Tel: (03) 9645 3822 Fax: (03) 9645 1533</p>	<p>Contacts:</p> <p>Steven Turula steve@southerncrossbrokers.com.au</p> <p>Tony Mirams tony@southerncrossbrokers.com.au</p>
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