FACT FINDER – Business interuption insurance

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| --- | --- |
| **Date:** | dd/mmm/yyyy |
| **Advice Required:** | [ ]  Specific [ ]  General |
| **Source:** | [ ]  Yellow Pages [ ]  Counter [ ]  Internet [ ]  Referred by: <insert name> |
| **Insured name:** | <insert name> |
| **Trading Name / Subsidiaries:** | <insert name> |
| **ABN:** | <insert ABN number> |
| **Contact Name:** | <insert name> |
| **Postal Address:** | <insert Address with Postcode> |
| **Email address:** | <insert email address> |
| **Website:** | www.<insert website> |
| **Contact Numbers:** | Business Hour: <insert tel no. including area code>After Hour: <insert tel no. including area code>Mobile: <insert mobile no> |
| **Occupation/Profession:** | <insert text> |
| **Experience (Business):** | <insert text> |
| **Interested Parties:** | <insert text> |
| **Current Insurer:** | <insert text> |
| **Current Broker:** | <insert text> |
| **Expiry Date:****Details of previous business (if applicable)** | dd/mmm/yyyy<insert text> |
| Has any insurer in respect of any insurance policy held by you, your partners and/or directors ever: |
| 1. Refused to renew / cancelled or terminated a policy
 | [ ]  Yes [ ]  No |
| 1. Refused a claim or required an increased premium under the policy?
 | [ ]  Yes [ ]  No |
| 1. Imposed special conditions under the policy?
 | [ ]  Yes [ ]  No |
| 1. Have you been convicted on any criminal offence or been declared bankrupt?
 | [ ]  Yes [ ]  No |
| 1. Have you had any claims in the past 5 Years?
 | [ ]  Yes [ ]  No |
| If YES to any of the above, give details below: |  |
| <insert text> |
| Who are your suppliers (ie key suppliers)?  | <insert company name of supplier and % of supply of turnover><insert company name of supplier and % of supply of turnover><insert company name of supplier and % of supply of turnover> |
| Who are your customers (ie key customers)? | <insert company name of customer and % of supply of turnover><insert company name of customer and % of supply of turnover><insert company name of customer and % of supply of turnover> |
| What are your key location(s) and assets (from a BI perspective)? | <insert text> |
| What is your estimated time frame for relocation options in regards to disaster recovery? | <insert text> |
| What is the time frame for “re-equip” options? | <insert text> |
| What are other relevant factors to their business (eg Additional Benefits such as Public Utilities, Prevention of Access etc)? | <insert text> |
| What is your turnover (ex GST)?  | <insert $ amount> |
| What are your Uninsured Working Expenses (UWEs) (ex-GST)? | <insert $ amount> |
| What is the trend? (Client’s business plan / forecast / budget should be used to determine this). | <insert $ amount> |
| What your Payroll? (Include the total cost of both Full-time and Part-time/ Casual staff). | <insert $ amount> |

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|  | **Situation 1**  | **Situation 2** | **Situation 3** |
| Gross Profit  | $ | $ | $ |
| Claim preparation costs | $ | $ | $ |
| Uninsured working expenses | $ | $ | $ |
| Additional Increase in Costs of Working | $ | $ | $ |
| Payroll | $ | $ | $ |
| Other | $ | $ | $ |
| Indemnity period | $ | $ | $ |