

# Salon Industry Insurance Scheme – Proposal

## Saloncover

### Important Notices

You must read the notices below



#### Duty of Disclosure

This Policy is subject to the Insurance Contracts Act 1984. Under that Act you have a duty of disclosure.

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, that is relevant to our decision to insure you and to the terms of that insurance. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance.

Your duty however does not require disclosure of matters that:

- Reduce the risk
- Are common knowledge
- We know or, in the ordinary course of our business, ought to know
- We have indicated we do not want to know

If you do not comply with your duty of disclosure, we may be entitled to:

- Reduce our liability for any claim
- Cancel the contract
- Refuse to pay the claim
- Avoid the contract from its beginning, if your non-disclosure was fraudulent

#### Privacy Statement

We are committed to protecting the privacy of the personal information you provide to us. Any personal information you give us will be treated in accordance with the Privacy Act 1988.

We require personal information about you to assess your request for insurance and to administer your Policy, and also to notify you about other of our services or promotions from time to time.

Unless we are required by law to provide personal information to others, your personal information will only be seen or used by:

- our own staff and contracted staff
- claims adjusters, lawyers and others appointed by us or on behalf of us for claims handling purposes, and
- our reinsurers and reinsurance brokers (which may include persons or entities located outside Australia).

By submitting your personal information to us, you agree to us using and disclosing your personal information as outlined in this Privacy Statement. This consent to the use and disclosure of your personal information remains valid unless you alter or revoke it by giving us written notice.

If you do not provide the information requested, your insurance proposal may not be accepted, or we may not be able to administer your Policy, or you may breach your Duty of Disclosure, the consequences of which are set out in the Duty of Disclosure section of this document.

You can request access to the personal information we hold about you and, where necessary, you can notify us

in writing of changes so we can ensure that the information we hold about you is accurate, complete and up-to-date.

From time to time, we may use your name and contact details to send you or your firm offers or information regarding our insurance services or promotions that may be of interest to you. Please let us know if you no longer wish to receive this information.

For further details of our Privacy Policy or to request access to or correct your personal information, please contact the Privacy Officer on 02 9551 1111 or by e-mail to [privacy@calliden.com.au](mailto:privacy@calliden.com.au) or by letter addressed to the Privacy Officer, Calliden Limited, PO BOX 144, St Leonards, NSW 1590. Our Privacy Policy may also be viewed on our website [www.calliden.com.au](http://www.calliden.com.au)

#### Goods and Services Tax

The amount of cover you choose excludes Goods and Services Tax (GST). If you are not registered for GST, in the event of a claim we will reimburse you the GST component in addition to the amount that we pay. The amount that we are liable to pay under this Policy will be reduced by the amount of any input tax credit that you are or may be entitled to claim for the supply of goods or services covered by that payment.

If you are entitled to an input tax credit for the Premium you have paid, you must inform us of the extent of that entitlement at or before the time you make a claim under this Policy. We will not indemnify you for any GST liability, fines or penalties that arise from or are attributable to your failure to notify us of your entitlement (or correct entitlement) to an input tax credit on the premium. If you are liable to pay an Excess under this Policy, the amount payable will be calculated after deduction of any input tax credit that you are or may be entitled to claim on payment of the Excess. If you are unsure about the taxation implications of this Policy, you should seek advice from your accountant or tax professional.

#### Underinsurance

Section 1- Fire, Section 2 – Business Interruption, Section 7 – Machinery and Section 8 – Electronic Equipment sections of the policy each contain a condition of "underinsurance" which means that if there is underinsurance at the time of a loss, a part of the loss may not be covered.

In addition the policy will never pay more than the amount specified in the Limits and Sub-Limits.

It is essential that all amounts be carefully checked to ensure their adequacy at the time of completing the proposal and throughout the currency of the cover.

#### Don't Prevent Our Right of Recovery

The Broadform Liability Section contains a provision which states that if you surrender your right to seek recovery from another party for a loss covered by the policy, we have a right to reject any claim from you in relation to that loss.

#### Claims Made and Notified Extension for Platinum Package

The Treatment and Therapy Extension in the Broadform Liability Section 6 is a 'claims made' cover. This means that the policy covers you for claims first made against you during the

period of insurance and notified to the insurer during such period of insurance.

This extension does not provide cover in relation to:

- Events which occurred prior to the period of insurance or such earlier retroactive date as may be stipulated in the policy schedule;
- Claims made against you after the expiry of the period of insurance even though the event giving rise to the claim may have occurred during the period of insurance;
- Claims the possibility of which was intimated in any way prior to the commencement of the period of insurance;
- Claims rising from or attributable to any facts, circumstances or occurrences noted on the proposal for the current period of insurance or on any previous proposal or of which notice had been given under any previous policy
- Claims rising from or attributable to any facts, circumstances or occurrences of which you were aware and knew (or ought reasonably to have

realised) prior to the commencement of the period of insurance may give rise to a claim

As explained above, the policy, by its terms, does not provide cover for claims made after the expiry of the period of insurance cover provided by the Policy.

Section 40(3) of the Insurance Contracts Act 1984 however provides that an insurer is not relieved from liability under a contract of insurance in respect of a claim by reason only that the claim was made after the expiry of the period of insurance cover provided by the contract where the insured has given notice in writing to the insurer:

- of the facts that might give rise to a claim against the insured
- as soon as was reasonably practicable after the insured became aware of those facts, and
- before the expiry of the period of insurance

It is therefore important that you advise Calliden of any circumstances that could rise to a claim during the period of insurance to protect your position in case the circumstances give rise to a claim after the expiry of the period of insurance.

**PLEASE ANSWER QUESTIONS FULLY, USE BLOCK LETTERS AND TICK APPROPRIATE BOXES**

**Details of the Insured**

Insured Name (i.e. the legal entity):					
Trading Name:					
Tax Registered Business:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ABN No:		Input Tax Credit: %
Situation Address:					Postcode:
Postal Address:					Postcode:
Business Phone No.:	( )		Fax No.:	( )	
E-mail:					
Website:					
Period of Insurance:	From:	/	/	at 4 pm	To: / / at 4 pm
Other Interested Parties: (Please state their full name, the type of interest and the property concerned).					

**Your General History**

- After investigation, have you or any principal, partner, or director, either alone or jointly ever, in the last 5 years:
  - Had any insurance declined or cancelled, application / proposal rejected, renewal refused, claim rejected, or special conditions or excess imposed by any insurer? Yes  No
  - Claimed on any insurance for loss or damage or suffered any loss or damage which would be insured by this proposed insurance? Yes  No
  - Been charged with or convicted of any criminal offence (excluding traffic offences)? Yes  No
- Have you ever, either alone or jointly with others been declared bankrupt or subject to any form of insolvency administration (e.g. liquidation or receivership)? Yes  No

If you have answered 'Yes' question 1, 2 or 3, please provide full details. For claims or uninsured losses, please detail the total cost of the claim, date of loss, how the loss occurred, the name of insurer and the policy number.

**Details of the Premises and Business**

3. How many years have you been in business? \_\_\_\_\_ Years

4. Please complete the following table about the premises you own or occupy: (use separate sheet if necessary)

Item	Floor	Roof	Walls	Storeys	Year Built
Example	Wood	Slate	Brick	2	1980
Location 1					
Location 2					
Location 3					

5. Are you the sole occupier of the above locations? Yes  No

If 'No', please state the occupations of co-habitants: \_\_\_\_\_

6. When were your premises last: rewired? \_\_\_\_\_ had the wiring inspected? \_\_\_\_\_

7. Please provide details of security equipment and devices used to secure your property.

Deadlocks on external doors: Yes  No  Alarm system (no back-to-base): Yes  No   
 Key-locks or bars/grills fitted to windows: Yes  No  Back-to-base alarm system: Yes  No

8. Please provide details of fire protection equipment used to protect your premises.

Fire Extinguishers: Yes  No  Sprinkler systems: Yes  No   
 Battery-operated smoke detectors: Yes  No  Fire hydrants: Yes  No   
 Hard-wired smoke detectors: Yes  No .....If yes, are they monitored? Yes  No   
 Heat detectors: Yes  No .....If yes, are they monitored? Yes  No

9. (a) Please tick the category which details all the services/activities which you offer at your premises:

Hairdressing/Barbering package

- Hair – Blow-drying &/or drying
- Hair – Colour implants & Dyeing
- Hair – Perming &/or Waving
- Hair – Straightening
- Hair – Tinting
- Hair – Washing
- Hairdressing
- Massage – Scalp
- Shaving

Beauty Salon – Silver Package

- Activities detailed in the Hairdressing/Barbering package AND
- Eyebrow Shaping/Plucking
- Eyebrow & Eyelash Tinting
- Facials including Paraffin Masque
- Massage – Face & Full Body
- Hair removal – full body non-laser Epilation including Plucking, Sugaring, Threading & Waxing
- Health/Snack Bar/Café
- Manicures, Pedicures & Nail Treatments
- Oxygen treatment – non-inhalation
- Piercing – Ear, Nose, Eyebrow & Navel only
- Podiatry – Non-surgical Procedures
- Skin Analysis
- Tanning lotions applied by hand
- Tattoos – temporary

Beauty Salon – Gold Package

- Activities detailed in the Silver package
- Aromatherapy
- Electrolysis
- Flotation Tanks
- Lymphatic Drainage
- Mud Masks
- Oxygen Therapy – inhalation
- Saunas & Spas
- Solariums
- Steam Treatments
- Tanning Treatments

Beauty Salon – Platinum Package

- Activities detailed in the Silver & Gold packages
- Acid Peel
- Epidermabrasion
- Glycolic Peel
- Laser Therapy
- Microdermabrasion
- Red Vein removal – non-injection
- Tattoos – permanent cosmetic only

(b) Do you offer any other services not detailed above? Yes  No

If 'Yes', please provide details \_\_\_\_\_

10. Please advise the estimated:

- (a) gross annual turnover from:
- (i) Hairdressing/Barbering activities only \$ \_\_\_\_\_
  - (ii) Beauty Salon – Silver Package activities only \$ \_\_\_\_\_
  - (iii) Beauty Salon – Gold Package activities only \$ \_\_\_\_\_
  - (iv) Beauty Salon – Platinum Package activities only \$ \_\_\_\_\_
  - (v) Other activities (detailed in question 9 (b)) \$ \_\_\_\_\_

(b) gross annual wages paid to employees for the next 12 months: \$ \_\_\_\_\_

(c) annual fees paid to contractors / subcontractors: \$ \_\_\_\_\_

11. Do you at any time in the course of your business have the property of others in your care, custody, or control or in respect of which there is an "assumed" responsibility? Yes  No

If 'Yes', please advise:

(a) Maximum value (replacement invoice value) at any one time \$ \_\_\_\_\_

(b) Why the property is on your premises? \_\_\_\_\_

12. Please supply full details of any contracts or agreements (e.g. lease or maintenance agreements) the terms of which require you to "indemnify" or "hold harmless" another party or which restrict our recovery rights. (Please note that cover will only apply to these contracts/agreements where Calliden have specifically agreed to extend the policy.)

**Select the Types of Insurance You Require**

FIRE	Sums Insured
<b>Insured Property (Reinstatement/Replacement Conditions apply except to Stock in Trade &amp; unless otherwise stated)</b>	
Building (including fixtures and fittings/tenants improvements)	\$
Contents including Machinery, Plant, Electronic Equipment, Customer Goods and Stock in Trade.	\$
Loss of rent payable by you: 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/>	\$
Other property (please specify) :	\$
<b>Total Sum Insured</b>	\$

BUSINESS INTERRUPTION	Sums Insured
Annual Gross Profit: please tick the Indemnity Period: 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/>	\$
Professional Fee charges for Claims Preparation	\$
Accounts Receivable	\$
Additional increased cost of working	\$
<b>Total Sum Insured</b>	\$

BURGLARY	Sums Insured
Contents, Stock, Machinery & Plant	\$
Other property (please specify):	\$
<b>Total Sum Insured</b>	\$

MONEY	Sum Insured
Blanket Cover (Note: Money in Premises outside Business Hours and Money in Residence is limited to a maximum of \$2,000)	\$

GLASS	
Internal Glass only	Yes <input type="checkbox"/> No <input type="checkbox"/>
External & Internal Glass	Yes <input type="checkbox"/> No <input type="checkbox"/>
Advertising/Illuminated signs	\$

**BROADFORM LIABILITY**

Hairdressing/Barbering package ..... Please select the Limit of Liability: \$5,000,000  \$10,000,000  \$20,000,000

Beauty Salon – Silver Package ..... Please select the Limit of Liability: \$5,000,000  \$10,000,000  \$20,000,000

Beauty Salon – Gold Package ..... Please select the Limit of Liability: \$5,000,000  \$10,000,000

Beauty Salon – Platinum Package ..... Please select the Limit of Liability: \$2,000,000  \$5,000,000

**(Note: Cover for the Beauty Salon – Platinum Package is on a Claims Made basis only. This means that all activities specifically listed under this Package (but excluding all activities listed on the Gold or Silver package) are covered on a Claims Made basis. Please refer to "Important Notices" about Claims Made covers).**

Do you currently have Professional Indemnity or Errors & Omissions insurance cover in place? Yes  No

If 'Yes', please state: The date from which you have had this insurance? \_\_\_\_\_

Your current insurer? \_\_\_\_\_

What is your current Limit of Liability? \_\_\_\_\_

What is your current Retroactive Date? \_\_\_\_\_

**MACHINERY BREAKDOWN****Sums Insured**

Please list all machinery to be covered under this Section including make, model, serial number etc.

Machinery under 2 hp (e.g. filtration systems, fridges, office machines)	No. of units:	\$
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Machinery up to 5.5 hp (e.g. air conditioners, filtration systems)	No. of units:	\$
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Cover required for Deterioration of Stock?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please state the sum insured	\$
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<b>Total Sum Insured</b>			\$
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**ELECTRONIC EQUIPMENT****Sums Insured**

Please list all electronic items to be covered under this Section including make, model, serial number etc.

(i)	\$
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(ii)	\$
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(iii)	\$
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(iii)	\$
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<b>Total Sum Insured</b>		\$
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**FIDELITY**

Number of Employees/Staff: \_\_\_\_\_ Please select the required limit: \$2,500  \$5,000

**GENERAL PROPERTY****Sums Insured**

Please list all portable items to be covered against Accidental Damage (anywhere within Australia) under this Section including make, model, serial number etc.

Mobile phones / Laptops / PDAs

(i)	\$
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(ii)	\$
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(iii)	\$
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Other Specified Items

(i)	\$
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(ii)	\$
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(iii)	\$
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<b>Total Sum Insured</b>		\$
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**Declaration**

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This declaration must be completed and signed by or on behalf of all parties applying for insurance.

I/We	
(a)	declare that:
(i)	the answers and information given by me/us in this Proposal are true and correct in all respects;
(ii)	no information has been withheld that would affect Calliden's decision to accept this Proposal;
(iii)	where answers in this Proposal are not in my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
(iv)	I/we have read and understood the clauses detailed under the Important Notices section at the front of this Proposal;
(v)	if there was insufficient space to fully answer any questions, we have attached _____ supplementary pages providing the additional information required.
(b)	authorise Calliden to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and claims under those insurances.
(c)	understand that, if this Proposal is accepted, my/our insurance cover will be subject to the terms and conditions set out in the Calliden's Business Package Insurance Policy.
(d)	acknowledge that Calliden, its agents and/or employees reserve the right to decline this proposal.
Proposer's Signature:	_____ Date: ____ / ____ / ____
Proposer's Title:	_____

## How did you hear about Saloncover?

- |                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| Information / Marketing Kit | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Internet Search             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Industry Advertising        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Conferences                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Word-of-Mouth               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Referral Rewards            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Name of Referrer: _____     |                              |                             |
| Other – please state: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

