Avant Business Insurance Policy
Application form

Avant Business Insurance Policy arranged by Avant Insurance Limited ABN 82 003 707 471 AFSL 238765 as the agent for Allianz Australia Insurance Limited ABN 15 000 122 850 AFSL 234708.

Effective date: September 2025

This is an application form for a Business Insurance Policy. This is a legal document, which will form the basis of the contract of insurance between the insured ('you' or 'your') and Avant Insurance Limited ('we', 'our', 'us' or 'Avant Insurance'), acting as the Agent for Allianz Australia Insurance Limited ABN 15 000 122 850 AFSL 234 708 (Allianz).

Your duty of disclosure

Before you enter into a contract of insurance with us, the *Insurance Contracts Act 1984* requires you to disclose to us every matter that you know or could reasonably be expected to know is relevant to our decision whether and on what terms your application for insurance is acceptable and to calculate how much premium is required for your insurance. Please complete all questions of this application form relevant to the cover you require. Where there is insufficient room please provide your answers on a separate page. It is important that the information you provide is complete and accurate. By failing to disclose material information to us, we may be entitled to reduce our liability or void the contract.

Please ensure that you have read the PDS carefully to ensure that the cover you are applying for is suitable for you and you understand all of your obligations in relation to this insurance. The information provided by Avant Insurance Limited is general advice only and has been prepared without taking into account your objectives, financial situation and needs. You should consider these, having regard to the appropriateness of the advice, and the relevant Product Disclosure Statement or policy wording (available at **www.avant.org.au**), before deciding to purchase or continue to hold these products. Once we receive your completed application we will assess to determine if you meet our underwriting criteria.

Avant Insurance Limited is part of the Avant Mutual Group which includes Avant Mutual Group Limited and its related entities (Avant). Avant collects, uses and discloses your personal information to communicate with you, conduct our business (including marketing, research and providing Avant products and services) and comply with the law. This may include disclosing information to overseas entities which are not accountable under Australian privacy laws and you may not be able to seek redress for a breach of your privacy which occurs outside of Australia. If you don't provide your information we may not be able to assist you or provide our products or services. For more information please read our Privacy Policy at **avant.org.au/privacy-policy** or contact our Privacy Officer at **privacy@avant.org.au**. By providing your information you confirm that you understand, acknowledge and agree to your information being collected, used and disclosed as outlined above and in accordance with the Privacy Policy, including for receiving marketing from Avant and overseas disclosures. You can contact us at any time if you have any questions or wish to change your consent, and understand that we may share your personal information with Allianz.

Call us

If you need any help understanding this document or have any questions relating to the policy please contact Member Services on **1800 128 268**.

Practice details			
Insured/practice name(s)		ABN	
Trading name(s)		Input tax credit	%
Are you stamp duty exempt? (If **YES**, please provide evidence of your stamp duty exemption as an attachment to this application or complete the NSW Stamp Duty declaration on this form)		☐ Yes	☐ No
Policy inception date		Expiry date	
Nature of your healthcare practice			
Total turnover (for all of your covered Situations*)		Total number of staff (for all of your covered Situations*)	
Phone number (work)		Fax number	
Mobile		Website	
Email address			

To be eligible to purchase an Avant Business Insurance policy, you must either be:

- A medical practice insured with Avant under a Practice Medical Indemnity Policy; or
- A medical practice which holds the equivalent professional indemnity cover with an licensed Australian General Insurer; or
- An Avant member holding your practitioner medical indemnity insurance with Avant, and operating a sole trader as per the definition on page 11 of the Avant Practitioner Indemnity Insurance Policy PDS.

*This is the location of your business

Practice details (cont'd)

If the practice holds medical indemnity or the equivalent professional indemnity insurance with an licensed Australian Insurer other than Avant, please provide the following details.

Name of insurer	
Policy number	
Inception and expiry date of that policy	
Limit of indemnity	

Please note you will need to provide these details upon the renewal of this policy. If at renewal the practice no longer holds medical or the equivalent professional indemnity insurance, you may not be eligible to renew your Avant Business Insurance.

The following questions refer to the insured, whether alone, in partnership, or jointly with any other party. Where the insured is a corporation, the questions refer to the corporation itself and any of its directors and officers.

a) In the last 5 years, has the insured had any insurer decline a claim or proposal, cancel or refuse to renew a policy, or impose special terms, conditions or restrictions on a policy? ☐ Yes ☐ No

b) In the last 5 years ever been placed in receivership or liquidation or been declared bankrupt? ☐ Yes ☐ No

c) In the last 10 years, has the insured been convicted of, or had any penalties imposed, for any crimes involving drugs, dishonesty, arson, theft, fraud or violence against any person or property? ☐ Yes ☐ No

Claims history

d) In the past 3 years, has the insured had:
   i) more than 2 claims or claimable incidents or
   ii) had claims for more than $5,000 under one or more of the coverages being applied for? ☐ Yes ☐ No

If **YES** to any of the above, please give details below.

Building details

Situation* 1			
Situation* 2			
Situation* 3			
Interested parties			
Construction (please advise the material/s used to build each element of your premises)	**Situation* 1**	**Situation* 2**	**Situation* 3**
External walls			
Roof			
Floors			
Year built			
Rewired in the last 30 years	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Heritage or National Trust listing	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

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Building details (cont'd)			
Any fire extinguishers	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Sprinkler system	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Any % of premises Foam Construction	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No
Security	**Situation* 1**	**Situation* 2**	**Situation* 3**
Deadlocks (external doors)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Alarm type	☐ Local ☐ Monitoring to security company ☐ Monitored to insured	☐ Local ☐ Monitoring to security company ☐ Monitored to insured	☐ Local ☐ Monitoring to security company ☐ Monitored to insured
Locks on ground level external windows	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Bars on all external windows	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Bollards installed	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Security personnel after hours	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Perimeter fence 2 metres high	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
General Comments (please note any additional security or fire protection measures)			

Cover options (Please select the covers you require)

☐ Material Damage	☐ Glass	☐ Public and Products Liability	☐ Transit
☐ Theft	☐ Machinery Breakdown	☐ Business Interruption	☐ Management Liability
☐ Money	☐ Electronic Equipment	☐ General Property	☐ Commercial Motor

Material Damage (Please enter the sum insured for each section you require at each situation)

	Situation* 1	Situation* 2	Situation* 3
Building	$	$	$
Contents	$	$	$
Stock	$	$	$
Specific items			
Doctors bag	☐ $2,000 ☐ $5,000 ☐ $10,000 ☐ $20,000	☐ $2,000 ☐ $5,000 ☐ $10,000 ☐ $20,000	☐ $2,000 ☐ $5,000 ☐ $10,000 ☐ $20,000
Flood cover	☐ Yes ☐ No		

Excess

☐ $250 ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ $25,000 ☐ $50,000

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Theft (Please enter the sum insured for each section you require at each situation)			
	Situation* 1	Situation* 2	Situation* 3
Contents and stock	$	$	$
Excess ☐ $150 ☐ $250 ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000			

Money (Please enter the sum insured for each section you require at each situation)			
	Situation* 1	Situation* 2	Situation* 3
Combined	$	$	$
Money in transit	$	$	$
Money on premises B/H	$	$	$
Money on premises A/H	$	$	$
Money in locked safe	$	$	$
Money in private residence	$	$	$
Excess ☐ $250 ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000			

Glass			
	Situation* 1	Situation* 2	Situation* 3
Internal and external	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
External only	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Internal only	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Stock damage by glass	$10,000	$10,000	$10,000
Illuminated / advertising signs	$10,000	$10,000	$10,000
Excess ☐ $250 ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000			

Machinery Breakdown (please enter the sum insured you require at each situation)			
	Situation* 1	Situation* 2	Situation* 3
Number of air conditioners			
Blanket machinery cover limit any one loss	☐ $10,000 ☐ $20,000 ☐ $30,000 ☐ $40,000	☐ $10,000 ☐ $20,000 ☐ $30,000 ☐ $40,000	☐ $10,000 ☐ $20,000 ☐ $30,000 ☐ $40,000
Specified machinery			
Deterioration of stock	$	$	$
Excess ☐ $250 ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000			

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Electronic Equipment (please enter the sum insured you require at each situation)

	Situation* 1	Situation* 2	Situation* 3
Accidental Damage and Breakdown	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Breakdown only	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Computers	$	$	$
Mobile devices (excl. mobile/smart phones)	$	$	$
Electronic equipment	$	$	$
Cost of restoring data	$	$	$
Increased cost of working	$	$	$

Excess

☐ $250 ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000

Public and Products Liability

Limit of indemnity	☐ $5,000,000	☐ $10,000,000	☐ $20,000,000
Do you repair or work on your customers' goods?			☐ Yes ☐ No
Do you import from overseas?			☐ Yes ☐ No
Does your business engage or intend to engage non-clerical contractors, subcontractors, or staff from labour hire firms to perform work under the sole or partial direction of you?			☐ Yes ☐ No
Contractor wages (annual)?			$

Property Damage Excess

☐ $250 ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ $25,000 ☐ $50,000

Personal Injury Excess

☐ $250 ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ $25,000 ☐ $50,000

Business Interruption

Cover type (please select one option only)

☐ Part A – Business Income Protection (weekly) ☐ Part B – Consequential Loss of Profits ☐ Part C – Revenue Protection

Indemnity period

☐ 6 months ☐ 12 months ☐ 18 months ☐ 24 months ☐ 36 months

Cover		Optional Benefits	
Part A – Weekly income	$	Claims preparation expenses	$
Part B – Gross Profit	$	Accounts receivable	$
Part C – Gross Revenue	$	Additional increased cost of working:	$
Loss of rent	$		

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General Property

Cover type

☐ Accidental Damage ☐ Restricted Cover

Unspecified tools of trade and general items (please enter the sum insured you require)	$
Unspecified stock (please enter the sum insured you require)	$

Specified items (if required)

Description	Value
	$
	$
	$

Transit

Cover type

☐ Part A – Fire collision and overturning ☐ Part B – Fire collision and overturning and theft ☐ Part C – All risks not excluded by policy

Total annual sendings	$	Per conveyance limit	$

Management Liability

Cover required

☐ Part A – Directors and Officers Liability ☐ Part B – Employment Practice Liability (Director's and Officers Liability cover required) ☐ Part C – Crime ☐ Part D – Tax Audit

Part A – Directors and Officers Liability

Limit of indemnity

☐ $250,000 ☐ $500,000 ☐ $1,000,000 ☐ $2,000,000 ☐ $5,000,000

Excess

☐ $2,500 ☐ $5,000 ☐ $10,000

Company type

☐ Cooperative ☐ Private company ☐ Not-for-profit ☐ Sole trader

☐ Partnership ☐ Listed public company ☐ Unlisted public company ☐ Local government

☐ Government-owned corporation

Do your assets exceed your liabilities?	☐ Yes	☐ No
Have you returned a trading profit for each of the last 2 years?	☐ Yes	☐ No
Do you comply with all Workplace Health and Safety (WHS) requirements? (e.g. a formal induction procedure for new employees)	☐ Yes	☐ No
Have you made any acquisition, mergers or divestments in the past 36 months, or are any anticipated in the next 12 months?	☐ Yes	☐ No
Do you hold any outside directorship in respect of any public company (listed or unlisted)?	☐ Yes	☐ No

Part B – Employment Practice Liability

Limit of indemnity

☐ $5,000 ☐ $20,000 ☐ $30,000 ☐ $40,000 ☐ $50,000 ☐ $100,000

Excess

☐ $2,500 ☐ $5,000 ☐ $10,000

Are decisions regarding any employment termination by you always subject to prior review by your internal/external legal advisor?	☐ Yes ☐ No

Part C – Crime

Limit of indemnity

☐ $10,000 ☐ $15,000 ☐ $20,000 ☐ $25,000 ☐ $35,000 ☐ $40,000 ☐ $45,000 ☐ $50,000

Excess

☐ $250 ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000

Do all financial transactions of $2,000 or above require two signatures and/or authorisation by two or more people?	☐ Yes ☐ No

Part D – Tax Audit

Limit of indemnity

☐ $10,000 ☐ $20,000 ☐ $50,000 ☐ $100,000 ☐ $250,000

Excess

☐ $250 ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000

Commercial Motor
(If you require cover under the commercial motor section of the policy please complete the Commercial Motor addendum)

Consent and declaration

Before signing the declarations, please review the information you have provided and ensure that you have answered all sections accurately and to the best of your knowledge and belief. You must also read the Avant Business Insurance Product Disclosure Statement and Policy Document before signing the declarations.

You will receive the product disclosure statement and renewal documentation electronically. If You wish to receive these by post, please email us at **memberservices@avant.org.au**.

NSW stamp duty exemption declaration

If your practice is in NSW and you meet certain criteria, you may be eligible for a Stamp Duty exemption for the Public and Products Liability and/or Commercial Motor sections (where applicable) of your Avant Business Insurance premium. If **YES**, I declare that: ☐ Yes ☐ No

i) I am a small business owner within the meaning of Section 152-10 (1AA) of the ITAA 1997 of the Commonwealth for the income year in which the insurance is effected or renewed.

ii) I am carrying on a business with a turnover of less than $2 million in the last financial year.

iii) I will undertake to inform you if my small business status changes in the future, i.e. if my turnover exceeds $2 million per annum.

Declaration of information

This declaration must be completed by a Director, Chief Executive Officer or Chief Financial Officer, Practice Manager or a duly authorised person of the practice. I hereby apply for Avant Business Insurance, including the optional cover specified in this application and on behalf of the practice. I declare:

a) I am duly authorised to sign this proposal form on behalf of the practice

b) The information provided in this application form and in any accompanying documents is true and correct, and I understand that Avant Insurance and Allianz will rely on this information in deciding whether to provide me with an insurance contract and on what terms, and that it will form the basis of my policy

c) I understand I have a duty under the Insurance Contracts Act that requires the disclosure, before a contract of insurance is entered, every matter that the practice knows, or could reasonably be expected to know, that is relevant to the decision to issue the policy and, if so, on what terms, and if the practice fails to comply with that duty the insurer may refuse or reduce its liability for a claim or cancel the policy

d) I have read and understood the Product Disclosure Statement and I acknowledge that cover is subject to the terms, conditions and exclusions of the policy

e) I understand this application is subject to approval by Avant Insurance and Allianz. I acknowledge that if a contract of insurance is issued it will be subject to the terms and conditions of the policy provided to me or as otherwise specifically varied by Avant Insurance or Allianz and agreed to by a duly authorised person of the practice

f) I authorise Avant Insurance to obtain information or documents in relation to insurance matters or claims history from another insurance company, or an insurance reference bureau or similar organisation

g) I consent to Avant Insurance contacting me in accordance with Avant's Privacy Policy (including via email, if I have provided my email address). I understand that all information, including personal information, may be disclosed Allianz or to other companies in the Allianz Group, business partners, reinsurers and service providers that may be located in Australia or overseas. The countries this information may be disclosed to will vary from time to time, but may include Canada, Germany, New Zealand, United Kingdom, United States of America and other countries where the Allianz Group has a presence or engages subcontractors. Allianz regularly review the security of their systems used for sending personal information overseas. Any information disclosed may only be used for the purposes of collection detailed above and system administration

h) I confirm that I understand, acknowledge and agree to my information being collected, used and disclosed as outlined in the Privacy Notice above and in accordance with the Avant Privacy Policy, including for receiving marketing from Avant and overseas disclosures.

Signature			
Print name		Date	

Please tick

☐ Director ☐ CFO ☐ CEO ☐ Practice Manager

Please return this form to **applications@avant.org.au** or contact us on **1800 128 268**.