



MGA Flinders - Insurance Brokers
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PET INDUSTRY APPLICATION (Mobile Groomers/Walkers/Minders/Trainers/Sitters)

Full Name of Applicant(s)							
Trade Name							
Business Address					State		Post Code
Postal Address					State		Post Code
Business Phone	()	Mobile			Fax	()	
Email Address							
GST Registered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ABN	/	/	/	Taxable GST (ITC %)
							%

INSURANCE POLICY COMMENCEMENT DATE

PLEASE SPECIFY THE DATE YOU REQUIRE YOUR INSURANCE POLICY(S) TO COMMENCE:

 / / **2017** to / / **2018** at 4:00pm

INFORMATION ABOUT YOUR BUSINESS

What is your Occupation?		
Please provide a description of your business activities.		
What is the businesses estimated turnover for the next 12 months?	\$	
How many employees including working partners/directors are employed by the business?		
What are the Annual Gross Wages (including commission and other earnings) of employees?	\$	
Do you employ sub-contractors ? and ensure they have Public Liability Insurance ?		
What are the Annual Gross Payments made to/Sub Contractors?	\$	

To Make it Easy

- Step 1 - Complete the Above
- Step 2 - Complete Product selection - Just **circle** what you want
- Step 3 - Give us your details of Trailer/ Personal Accident etc
- Step 4 – Complete the Duty of Disclosure section and sign the Declaration
- Step 5 - Add up the cost of your Insurance selected
- Step 6 –If you wish MGA EziPay for **Monthly Payments at No Extra Cost** – we will arrange and send a form to complete.

PET INDUSTRY BUSINESS INSURANCE

Within Australia, **MGA Insurance Brokers** has earned a reputation as a respected Insurance Broker by developing innovative solutions for its clients and maintaining the very highest of professional standards.

MGA -Flinders have developed a unique and exclusive Insurance Package for the **Pet Industry** to take the hassle out of Insurance and give our clients the peace of mind that an insurance policy should provide.

By working with one of Australia's leading General Insurers, **MGA** have developed a specific suite of covers that can offer your business a very competitively priced alternative to your current insurance arrangements with generous levels of cover.

Pet Occupations:

- Mobile Pet Groomers/Walkers /Minders
- Retail Pet Suppliers/Grooming Salons/Shops
- Cat/Dog Boarding/ Aquarium Shopsmore

Policies That Cover

- Full Retail Business Pack policy
- **Public Liability** (includes pets in care/custody/control)
- Personal Accident cover
- Animals in Transit
- Trailer /Motor Vehicle/Household
- **Monthly Payments (NO Extra Cost)**



Pet Industry Association Member

Please Circle the Covers you Require:

Public & Products Liability

Excess \$500

Sum Insured

\$5 Million \$350

*\$5 Million premium is applicable to 1 person involved in the business only

\$10 Million \$420

\$20 Million \$490

Includes 2 People Working in the Business Each Additional Person \$120

Includes Pets in Care, Custody & Control \$100,000

Each Additional Sub-Contractor \$280 - \$10 Million

(please see information guide on page 8) \$400 - \$20 Million

Animals in Transit

Excess \$250

Collision/Overturning of Vehicle \$120

Injury to Pets up to \$5,000

Trailers – Comprehensive Cover

Excess \$150

Up To \$8,000 \$170

Enquire For Higher Sum Insured

General Property - Tools of Trade

NSW

Excess \$250

Up to \$5,000 \$200 \$250

Electronic Equipment Must Be Specified

Personal Accident & Illness

Includes Death by Accident \$75,000

Accident Only \$500pw \$430

World Wide Cover

Plus Illness \$500pw \$680

24 Hour Coverage

Accident Only \$750pw \$580

Benefit Period:

Plus Illness \$750pw \$900

18-60 Years Old – 104 Weeks

Accident Only \$1,000pw \$680

61-65 Years Old – 52 Weeks

Plus Illness \$1,000pw \$1,160

14 Day Waiting Period

Pre Existing Conditions Excluded

PLEASE PROVIDE ALL INFORMATION

TRAILER INSURANCE

If your nominated insurance requirements include cover for a Trailer, please complete the following information:

Trailer Details

Trailer 2

Year of Manufacture: _____

Year of Manufacture: _____

Make: _____

Make: _____

Model No: _____

Model No: _____

Registration No: _____

Registration No: _____

Value: _____

Value: _____

GENERAL PROPERTY ITEMS WORTH OVER \$2,000

If your nominated insurance requirements include cover for General Property (eg. **Tools and Equipment**), an individual item limit of \$2,000 exists unless specified on the Schedule of Insurance. To ensure any individual item worth more than \$2,000 is covered under your proposed policy, please complete the following information for any individual item worth over \$2,000. Each item below will be included within your selected sum insured.

Type of Item	Make	Model No.	Serial No.	Dollar Value
<i>Example:</i> Hydra Bath		PS 768	698 7580 632PA	\$2,600.00
Electronic Equipment Must be specified (Phones, iPads, Laptops etc)				
Item 1 _____	_____	_____	_____	\$ _____.
Item 2 _____	_____	_____	_____	\$ _____.
Item 3 _____	_____	_____	_____	\$ _____.

We Can Quote for Your Tools of Trade and Electronic Equipment

PERSONAL ACCIDENT &/OR ILLNESS INSURANCE*

If your selected insurance requirements include Personal Accident or Personal Accident & Illness cover, please complete the following information:

Applicant 1:

Applicant 2:

Name: _____

Name: _____

Date of Birth: ____/____/____

Date of Birth: ____/____/____

Height: _____ cm

Height: _____ cm

Weight: _____ kg

Weight: _____ kg

Please specify all pre-existing illnesses or injuries below*:

Please specify all pre-existing illnesses or injuries below*:

*It is important to note that all pre-existing conditions will be excluded under the proposed policy.

Please contact our office for a competitive quote on all forms of Insurance

Email: petindustry@mga.com

Phone: **1800 066 900 Aust Wide**



YOUR DUTY OF DISCLOSURE

By law, you must answer all our questions honestly, telling us anything known to you and which a reasonable person in the circumstances would tell us. The insurer will use your answers to decide whether to insure you and anyone else to be covered, and on what terms.

It is important you understand that you are answering the questions on this application form in this way for yourself and anyone else you want to be covered under this policy.

If you do not answer all the questions in this way, the insurer may reduce or refuse a claim, or cancel the policy(s). If you answer fraudulently, the insurer may refuse a claim and treat the policy(s) as never having existed. If you do not understand your duty or do not understand the questions, please contact us on **1800 066 900** for assistance.

- 1) In the last 5 years, have you been convicted of any criminal offence, made any insurance claims, suffered and losses which would have been covered under the proposed insurance policy(s), had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions imposed or excesses imposed by an insurer? *(If you answered yes, please provide full details below)*

Yes **No** *(If you answered "yes", please provide full details below)*

- 2) Are you currently or have you previously been declared bankrupt or been involved in a company or business which became insolvent or subject to any form of insolvency administration?

Yes **No** *(If you answered "yes", please provide full details below)*

APPLICANT'S DECLARATION & SIGNATURE

All answers and statements made by me/us in this application are true and accurate in every respect and no information has been withheld which is likely to affect the insurer's decision about accepting this insurance. I/we also acknowledge my insurance application may be declined and/or special conditions or increased premiums imposed.

Applicant 1:

Name: _____

Signature: **X** _____

Date: ____/____/____

Applicant 2:

Name: _____

Signature: **X** _____

Date: ____/____/____

*This is a summary only, terms and conditions of the policies are available in the Insurer's Product Disclosure Statements

INSURANCE PAYMENT OPTIONS

My Insurance Premium Totals: \$ _____

Monthly Payments with MGA EziPay – NO extra cost - Premium divided by 12 (1 Direct Debit per policy)

Cheque/Money Order - Please find enclosed my Cheque/Money Order

BPay/Billpay – Please pay when you receive your Invoice

Credit Card *(1.5% Credit Card Fee applies)* - Due to Privacy Legislation we cannot retain a written record of your credit card number. If you wish to pay by credit card, we must contact you by telephone to obtain these details. If we are unable to contact you, this pay by the month option cannot proceed. To assist us with this requirement please advise the following details:

Telephone No: _____ and preferred time of day to be contacted: _____

BUSINESS PACK INSURANCE SUMMARY (Pet Industry)

BROADFORM LIABILITY

Cover: Public and Products Liability (includes pets in care /custody/control up to \$100,000 per pet)
All sums which you are legally responsible for (*except those excluded by the policy*) in respect of Personal Injury or Property Damage caused by you in connection with your business up to the limit of liability shown in your schedule during the period of insurance.

Example: *If your client's pet is inadvertently killed whilst in your care or damage to their Property occurs and you have been found to be legally liable, the liability cover may pay the cost of the claim against you, less the excess applicable.*

GENERAL PROPERTY

Cover: Fire, Theft, Collision and Other Expressed Perils

Loss or Damage to your Tools and Equipment used by you for business any where in Australia caused by:

- a) fire, lighting, explosion, malicious damage or vandalism;
- b) theft following forcible and violent entry which causes **visible** damage to a locked vehicle or building;
- c) theft of equipment securely attached to a vehicle through the use of locks or padlocks, which results in **visible** damage to the securing devices;
- d) collision or overturning of the conveying vehicle.

The cover provided is limited to the amount specified on your Schedule with a \$1,000 limit applicable per item unless specified to us and included on your Schedule. Cover is provided for "Market Value" which is the retail value of the property taking into consideration the age and condition of the damaged or destroyed items and taking into consideration any special features. An excess is payable for each and every claim.

TRAILER

Cover: Comprehensive Motor Vehicle Cover

Cover for loss, damage or theft of a trailer and also includes third party liability. Also included as additional benefits are Towing Costs, Theft Recovery Costs, Removal of Trailer Debris, Sign Writing and Hire Costs following Theft (*subject to policy limits*). Cover is restricted to the sum insured shown in your Schedule of Insurance.

Your trailer is often subjected to similar risk factors associated with a motor vehicle. To ensure your trailer receives appropriate insurance cover, the motor vehicle policy wording applies. This also means the same benefits which apply to a motor vehicle apply to your trailer.

PERSONAL ACCIDENT and/or Illness

Cover: 24 Hour Personal Accident

Sections: A – Capital Benefits- Lump Sum payment payable as Result of an Accident –(Death etc)

B – Weekly Benefits – Injury

This policy is a form of Income Protection Insurance in the event that you have an accident and suffer an injury which prevents you from performing your normal work due to an accident or Illness , depends on cover selected.

Gives a weekly benefit of income (i.e \$500 a week etc)A Capital Benefits cover is also provided in the event of an injury resulting in a payable condition as specified in your policy wording.

An excess applies to this type of insurance but is in the form of a non-claimable period of time shown in your Schedule. As such, benefits payable under this insurance policy will commence after your excess period.

If an Endorsement is listed on your Schedule of Insurance,
the Endorsement will over-ride the Insurance Policy Wording.

INFORMATION GUIDE

Sub Contractor – A person who is engaged by you and is provided all the work from you.

They do not engage in additional work outside of the work generated as per the above.

A sub contractor should be noted on you policy by name.

Cost - \$ 280 - \$ 10 Million Cover

Cost - \$400 - \$ 20 Million Cover

Please note if a sub contractor is doing their own work or other work not provided by you, they are required to have their own policy. In their own name.

Cost - \$350 - \$ 5 Million

Cost - \$420 - \$10 Million Cover

Employee – a person who works for one person being told the hours, days, times they should operate and they have no flexibility to change things themselves. Work cover is applicable here

All employees should be added to the main policy holders policy.

Cost - \$ 120 per employee