

# Business Interruption Insurance Fact Finder



Sunshine Coast  
Phone 1800 072 114  
North & Central Queensland  
Phone 1800 629 701  
[www.steelpacific.com.au](http://www.steelpacific.com.au)

Date: \_\_\_\_\_

**Brokers please note:** this form should be discussed with your client as a Fact Finder and then reviewed by yourself when providing this information to an Insurer to ensure coverage and sums insured are appropriate.

**Download and Save this file to your computer before completing.**  
This file is an interactive PDF and will let you type data into the form and save it.

Advice Required  Specific  General

Source  Yellow Pages  Counter  Internet  Referred by: \_\_\_\_\_

## INSURED'S GENERAL INFORMATION

Name of Insured(s) \_\_\_\_\_  
 Trading Name / Subsidiaries \_\_\_\_\_  
 Postal Address \_\_\_\_\_ Postcode \_\_\_\_\_  
 Contact Name \_\_\_\_\_ ABN \_\_\_\_\_  
 Phone (Business) \_\_\_\_\_ Fax \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Are you willing to accept all correspondence relating to your insurance via email?  Yes  No  
 If 'Yes' please confirm email details correct.  
 Website(s) www. \_\_\_\_\_ www. \_\_\_\_\_  
 Occupation/Profession \_\_\_\_\_ Experience (Business) \_\_\_\_\_  
 Interested Parties \_\_\_\_\_  
 Current Insurer \_\_\_\_\_ Current Broker \_\_\_\_\_  
 Expiry Date \_\_\_\_\_  
 Details of previous business (if applicable) \_\_\_\_\_

### Has any insurer in respect of any insurance policy held by you, your partners and/or directors ever:

- a) Refused to renew / cancelled or terminated a policy  Yes  No  
 b) Refused a claim or required an increased premium under the policy  Yes  No  
 c) Imposed special conditions under the policy  Yes  No  
 d) Have you been convicted on any criminal offence or been declared bankrupt  Yes  No  
 e) Have you had any claims in the past 5 Years  Yes  No  
 If 'Yes' to any of the above, provide details \_\_\_\_\_

## BUSINESS ACTIVITIES

Describe the Business Activities \_\_\_\_\_  
 \_\_\_\_\_  
 What products do you sell/design/manufacture/produce? \_\_\_\_\_  
 And/or what services do you provide? \_\_\_\_\_  
 Do you supply or provide a key product or service? \_\_\_\_\_  
 Who are your suppliers (i.e. key suppliers)? \_\_\_\_\_ % of supply of turnover  
 \_\_\_\_\_ % of supply of turnover  
 \_\_\_\_\_ % of supply of turnover  
 Who are your customers (i.e. key customers)? \_\_\_\_\_ % of supply of turnover  
 \_\_\_\_\_ % of supply of turnover  
 \_\_\_\_\_ % of supply of turnover  
 What are your key location(s) and assets (from a BI perspective)? \_\_\_\_\_  
 \_\_\_\_\_

**BUSINESS ACTIVITIES (continued)**

What is your estimated time frame for relocation options in regards to disaster recovery?

What is your time frame for “re-equip” options?

What are other relevant factors to their business (e.g. Additional Benefits such as Public Utilities, Prevention of Access etc)?

What is your turnover (ex GST)? \$ \_\_\_\_\_

What are your Uninsured Working Expenses (UWEs) (ex GST) ? \$ \_\_\_\_\_

What is the trend? (Client’s business plan / forecast / budget should be used to determine this). \$ \_\_\_\_\_

What is your Payroll? (Include total cost of both Full-time & Part-time / Casual staff). \$ \_\_\_\_\_

What could be your Additional Increased Cost of Working (AICW)? \$ \_\_\_\_\_

Broker to estimate the Claims preparation time frame and cost: \$ \_\_\_\_\_

Time frame \_\_\_\_\_

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

Account Manager \_\_\_\_\_

Details Taken By \_\_\_\_\_

Today’s Date \_\_\_\_\_

WEF Date \_\_\_\_\_