

# Client Insurance Needs Analysis – MAA Business Pack – Martial Arts Schools

## GENERAL

|                     |                           |
|---------------------|---------------------------|
| Client Name         |                           |
| Trading Name        |                           |
| Period of Insurance | From 4pm on for 12 months |
| Interested Party    |                           |

## PROPERTY

|   |   |
|---|---|
| Address of premises to be Insured:  |   |
| Operations at location:   |   |
| Construction:<br>Walls:<br>Floor:   | Roof:   |
| Fire Protection:<br>Sprinklered <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Monitored Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No  | Local Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Smoke Detector <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Security Protection:<br>Back to base alarms <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Local alarm <input type="checkbox"/> Yes <input type="checkbox"/> No<br>CCTV <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Bars on windows <input type="checkbox"/> Yes <input type="checkbox"/> No | Deadlocks on doors <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Security patrols <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Security lighting <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Fenced <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Flood Prone Area <input type="checkbox"/> Yes <input type="checkbox"/> No   | Approximate age of premises _____ years   |

## DECLARED VALUE or SUM INSURED (replacement / reinstatement value)

|                                |    |
|--------------------------------|----|
| Building(s)                    | \$ |
| Plant/Machinery & All Contents | \$ |
| Theft                          | \$ |
| Money                          | \$ |

## BUSINESS INTERRUPTION

|  |  |
|--|--|
| Income - Annual Gross Profit           | \$   |
| Claims Preparation                     | \$   |
| Additional Increase in Cost of Working | \$   |
| Indemnity Period                       | <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months |

## GLASS

|                |  |
|----------------|--|
| External Glass | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Internal Glass | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## MACHINERY

| Description                | Sum Insured Per Item | Quantity |
|----------------------------|----------------------|----------|
| Air conditioning equipment |                      |          |
| Lifts                      |                      |          |
| Other:                     |                      |          |

**MOTOR**

| Description of Vehicle | MV or AV | Driver Name and DOB |
|------------------------|----------|---------------------|
|                        |          |                     |
|                        |          |                     |
|                        |          |                     |

**GENERAL PROPERTY/TOOLS OR TRADE**

| Item | Sum Insured Per Item | Quantity |
|------|----------------------|----------|
|      |                      |          |
|      |                      |          |
|      |                      |          |

**CLAIMS**

| Has any insurance company refused to pay a claim by the insured   | <input type="checkbox"/> Yes <input type="checkbox"/> No |         |             |
|---|--|---------|-------------|
| If Yes, please provide details:   |  |         |             |
| Has any insurance company succeeded in denying a claim lodged by the client or by any party to be covered on the grounds of non-disclosure, misrepresentation and/or fraud, in respect of the cover required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |         |             |
| If Yes, please provide details:   |  |         |             |
| Has any insurance company in connection with this cover :   |  |         |             |
| Declined to accept a proposal from you?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |         |             |
| Cancelled a Policy, contrary to your wishes?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |         |             |
| Declined to renew a Policy?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |         |             |
| If Yes to any of the above, please provide details:   |  |         |             |
| Details of any claims in the past 5 years relating to property, business interruption, glass, machinery or liability:   |  |         |             |
| Date of Loss  | Description  | Insurer | Amount Paid |
|   |  |         | \$          |
|   |  |         | \$          |
|   |  |         | \$          |
|   |  |         | \$          |

**DECLARATION BY CLIENT**

I/we in effecting insurance in accordance with the information furnished in this Needs Analysis/Proposal declare and warrant:

1. the statements in this Needs Analysis/Proposal Form are true.
2. I/we have disclosed all matters which to my/our knowledge you should be aware of and in particular, I/we have fully disclosed my Objectives, Financial Situation and Needs relevant to this insurance.
3. No Insurance Company has ever cancelled, declined or refused to renew or imposed special terms or cancelled any Policy held by me/us.

Client's / Proposer(s)' Signature \_\_\_\_\_

Date \_\_\_\_\_

Please email this back to – Martial Arts Australia - [support@martialartsaustralia.com.au](mailto:support@martialartsaustralia.com.au)  
or Post to – 'Martial Arts Australia' PO Box 1170 Box Hill Victoria 3128