

## Essentials

Essentials is recommended for Sole traders and small businesses with up to 4 employees. For larger companies, or if you need Professional Indemnity complete the full NECAGuard Application instead of this form

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ABN (Sole Trader/Partnership/Pty Ltd – not Trust):		Start Date for cover:					
Business Address (not PO BOX	i):						
Suburb:	State:		Postcode:				
Director's Name:		DOB:					
Phone:	Email:	NECA Member ID:					
What Covers and Limits would you like:		Copper Silver			Gold		
Public Liability  Limit of Liability:		\$5,000,000	\$10,000,000	\$20,0	\$20,000,000		
Tools of Trade	Unspecified Tools:	\$10,000	\$20,000	\$40,0	\$40,000		
Personal Accident & Sickness	Weekly Income replacement:	up to \$1,000/wk Accident Only	up to \$1,200/wk Accident & Sickness	Accide	up to \$1,500/wk Accident & Sickness		
Number of Staff on Tools*:	Annual Turnove	\$	Annual spend o subcontractors:	n <sub>\$</sub>			
*Full Time Equivalent. 2 Apprentices = 1 employee. 1 employee/working director + 1 apprentice = 1. Part time = 0.5. Include Working directors. If more than 4, Essentials may not be for you, we recommend you complete full application form							
QLD Members Only: Do you need the QLD Consumer Protection Extension?						No	
NSW Members Only: Are you an ASP Level 2 and need Electricity Distributors of NSW noted?  Essentials can cover: (class2A); connections and disconnections from the network to the home or business and/or (class 2D) upgrade/replacement/installation of meters (including smart meters) only					Yes	No	
Does your work in any of the following activities exceed 20% of your annual turnover?					Yes	No	
<ul> <li>a. Data &amp; Telecommunications connections;</li> <li>b. Excavations</li> <li>e. Domestic electrical appliance repair;</li> <li>f. Installation and maintenance of air-conditioning;</li> </ul>							
c. Electrical inspection; g. Fire & security systems installation, servicing & d. Testing & tagging; repair							
If Yes, we will need additional information. Our Combined Liability policy may be a better fit							
Have you in the last 5 years:							
<ul> <li>Made any claim(s) on an insurer for loss or damage?</li> <li>Had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected,</li> </ul>					Yes	No	
special conditions or excess imposed by an insurer?  Suffered any loss or damage which would have been covered by the proposed insurance policy?							
Have you or your partner(s) or director(s) of the business:							
<ul> <li>Ever been declared bankrupt?</li> <li>Ever been involved in a company or business which became insolvent or subject to any form of insolvency</li> <li>Yes</li> </ul>							
<ul> <li>administration (e.g liquidation or receivership)?</li> <li>Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?</li> </ul>							
Been liable for any civil offence or pecuniary penalty (exceeding \$5,000) ?							
We read and understood the Important Notices and in particular the Duty of Disclosure section accompanying this document I/We understand that no insurance is in force until such time as Willis Australia Limited has confirmed acceptance of the proposed							
insurance in writing to me. I/We authorise Willis Australia Limited and the insurers to collect or disclose personal information relating to this insurance to/from any							
other insurers, insurance reference services and other third parties who are involved in the provision of insurance services.  I/We declare that the information in this application is true and correct and I/We have not withheld any relevant information.							
I/We have read and accept the terms of the above declaration					Yes	No	
Signature*							
Of Proposer^				Date:			

\*Note: This field can be digitally signed using <u>Adobe Reader (on mobile or desktop)</u>
Email completed form though to <u>necaguard@willistowerswatson.com</u>. Have any questions? Send us an email or call on 1800 335 014