

Aon Insurance Plan Application

Name of Society / entity to be insured :

Location of Premises :

List All activities of your organisation :

Contact Person :

Contact Telephone :

Contact email :

Number of Executive Committee Members :

Number of Financial Members :

Details of your current Insurance :-

Property Insurance – Expiry Date : __/__/__

Do you own the Building ? If Yes What is the replacement cost : \$

Do you own any Contents or Stock ? What is the replacement cost : \$

Do you have current insurance cover for Business Interruption If Yes, What is your Annual Income / Turnover : \$

Do you have current insurance cover for Burglary ? What is the current limit \$

Do you have current insurance cover for Money ? What is the current limit \$

Do you have current insurance cover for Glass ? Yes / No

Motor Vehicle Insurance – Expiry Date : __/__/__

Do you have current insurance cover for Motor Vehicle(s) ?

If Yes, please provide details of vehicle (s) currently insured :

Public & Products Liability Insurance – Expiry Date : __/__/__

Public & Products Liability : What Limit of Indemnity do you have ?

Voluntary Workers Insurance – Expiry Date : __/__/__

Do you currently have Voluntary Workers Insurance ? What is the current limit \$

Association Liability Insurance – Expiry Date : __/__/__

Do you currently have Association Liability ? Which incorporates Professional Indemnity, Directors & Officers Insurance ? What is the current limit \$

**Please complete and return to AFIC OFFICES on
PO Box 7185 SSBH, Alexandria NSW 2015.**
You will be contacted within 48 hours of receipt of your information.