



flood questionnaire - new business

Wesfarmers General Insurance Limited, ABN 24 000 036 279, trading as Lumley Insurance

Please complete a questionnaire for each location requiring flood cover.

Insured name Trading name

Insured address

Name of the nearest water course or body of water to the insured address, whether permanent or seasonal

Approximate direct distance from the insured address to the water course or body of water named above

Note: For the purpose of this questionnaire, **'ground level'** shall mean the level of the land upon which the insured address is located.

Is any property to be insured stored or located at, or less than two metres above ground level?

Please tick and provide the approximate percentage of the property to be insured:

Nil Stock _____% Contents _____% Building _____%

Is any property to be insured stored or located at more than two metres above ground level?

Please tick and provide the approximate percentage of the property to be insured:

Nil Stock _____% Contents _____% Building _____%

To your knowledge, has flood water ever entered or threatened to enter the insured address in the past? YES NO

If yes, please provide further details below.

Year	Flood water height from ground level	Property lost or damaged (please tick)	Value of loss or damage whether insured or not
		Nil <input type="checkbox"/> Stock <input type="checkbox"/> Contents <input type="checkbox"/> Building <input type="checkbox"/>	Stock \$_____ Contents \$_____ Building \$_____
		Nil <input type="checkbox"/> Stock <input type="checkbox"/> Contents <input type="checkbox"/> Building <input type="checkbox"/>	Stock \$_____ Contents \$_____ Building \$_____
		Nil <input type="checkbox"/> Stock <input type="checkbox"/> Contents <input type="checkbox"/> Building <input type="checkbox"/>	Stock \$_____ Contents \$_____ Building \$_____
		Nil <input type="checkbox"/> Stock <input type="checkbox"/> Contents <input type="checkbox"/> Building <input type="checkbox"/>	Stock \$_____ Contents \$_____ Building \$_____
		Nil <input type="checkbox"/> Stock <input type="checkbox"/> Contents <input type="checkbox"/> Building <input type="checkbox"/>	Stock \$_____ Contents \$_____ Building \$_____

Have you ever suffered loss or damage whilst operating at the insured address, as a result of flooding that occurred elsewhere? (e.g. supplier's or customer's premises, utilities and services suppliers, road closures etc?) If yes, please provide further details below. YES NO

Year	Description of loss or damage	Value of loss or damage whether insured or not

Do you have a formalised, documented, flood management plan in place?
If yes, please provide a copy and proceed to last question.

YES NO

Do you have an informal flood management plan in place?
If yes, please provide further details below.

YES NO

Please provide any further information that you feel could be relevant to our assessment of your request for flood cover.

Signature

Date