|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | |
| This form is must be completed for every commercial insurance application requiring the Treasurer’s approval.  The Treasurer’s Direction – Insurance arrangements requires an agency to obtain Treasurer’s approval before entering into a commercial insurance contract if:   * the premium cost exceeds $10,000 * or the policy covers either motor vehicle, workers compensation or office building risks.   The details included in this form may also be used by an agency seeking Accountable Officer approval for commercial insurance with a premium less than or equal to $10,000. | | | | | |
| Applicant details | | | | | |
| Agency name: | |  | | | |
| Contact name: | |  | Position title: |  | |
| Phone: | |  | Email: |  | |
| Insurance details | | | | | |
| Nature of insurance  *For example, public liability, comprehensive motor vehicle* | |  | | | |
| Objective of insurance  *Detailed background information* | |  | | | |
| Parties to insurance  *All parties listed on the policy* | |  | | | |
| Coverage period  *Including policy expiry date* | |  | | | |
| Premium | | $ | | | |
| Broker fee | | $ | | | |
| Excess | | $ | | | |
| Risk analysis  *Details known and potential risks* | |  | | | |
| Risk management strategy  *Detail reduction and mitigation strategies, actions and controls* | |  | | | |
| Ministerial endorsement: | | | | | Date: / / |
| Accountable officer signature: | | | | | Date: / / |
| Further information Email your completed form to [Commercial.DTF@nt.gov.au](mailto:Commercial.DTF@nt.gov.au) | | | | | |
| End of form | | | | | |