February 1019

Ida lamunda \ 6926 5 ders.com.au



Insurance

St Giorgio Pty Lta 26 TWEEDALE ROAD APPLECROSS, WA, 6153

Dear Tony,

Re:

Renewal Invitation

Policy Type:

Business Insurance

I am pleased to enclose your Renewal Schedule/Tax Invoice. We strongly recommend that you take some time to look over the policy document to ensure that you have the correct policy for your needs.

Remember Elders Insurance offer a wide range of Insurance Packages including:

- Business Insurance

- Professional Specialist Liability

- Commercial Motor

Workers Compensation

- Farm Insurance

Landlord

Home & Contents

Special Risks Valuables

- Car, Boat & Caravan

- Travel Insurance

If you have any questions regarding your current insurance or wish to arrange for a review, please call our office.

Yours sincerely

Rebecca Masters

Authorised Representative

**Elders Insurance** 



REVISED POLICY VALID

### Business Insurance Renewal Invitation

Policy Number EKA840707BPK

Client Number EK034612 Client Name TONY NARDONE

30 January 2019

TONY NARDONE 26 TWEEDALE ROAD APPLECROSS WA 6153 Notice Sent Via: Elders Insurance ELDERS INSURANCE KALAMUNDA ABN: 75 876 215 588 ATTN:KELVIN ANNING PO BOX 781 KALAMUNDA WA 6926 (P) 0892905700 (F) 0892905755 (E) kalamundainsurance@elders.com.au

Dear TONY

Thank you for choosing to insure with Elders Insurance. I am pleased to enclose your Renewal Invitation.

Protection of your valuable assets is important, so please check the enclosed notice and schedule carefully to ensure accuracy of your policy details. It is advisable to keep these documents in a safe place.

Your annual premium is \$10,240.00 including the Service fee. Your insurance policy is due to expire at 31 January 2019 unless you advise otherwise.

Did you know that you can choose from a number of payment methods? You can choose to pay by BPAY, Credit Card, Cheque, Cash or by including monthly instalments. Please refer to the next page for further details or contact this office if you wish to discuss the alternative methods of payment.

Please refer to the Important Information attached.

Elders Insurance offers a special service for handling claims. In most cases we will handle your claims locally, supporting local business, tradespeople and suppliers, whenever practical. We understand the varying needs of our customers and are proud to provide local, face-to-face service.

I appreciate the opportunity to continue assisting you with your insurance needs. If you have any questions about the Policy, or your insurances, please do not hesitate to contact this office on 0892905700.

Yours faithfully,

ELDERS INSURANCE KALAMUNDA Elders Insurance Authorised Representative

Policy Number EKA840707BPK

Client Number EK034612 Client Name TONY NARDONE

### Monthly

Many Elders Insurance clients spread their annual payments over twelve monthly instalments through Direct Debit from their bank account or Visa or Mastercard credit card, on most policies, at no extra cost. To take advantage of this option, simply contact our office with your details and our friendly staff will be happy to assist you.

### Annually - BPAY, Credit Card, Cheque or Cash

The time and cost effective option of BPAY is available to you. Simply contact your participating financial institution to make this payment by either the Internet or telephone from your nominated cheque or savings account. You will need to use the Reference Number shown on the attached Renewal Invitation when making this payment.

### **Credit Card**

You can either pay your total premium over the phone by simply providing us with the details of your preferred credit card, or you can pay your total premium by sending us the completed Payment Advice/Option which you will find on your Renewal Invitation.

### Cheque

Attach the cheque for your total premium, payable to Elders Insurance, to the Payment Advice/Option and send it to us. You will find this on your Renewal Invitation.

### Cash

Alternatively, you can pay your total premium by cash by bringing the Payment Advice/Option, which you will find on your Renewal Invitation, into our office and our friendly staff will be pleased to assist you.

Policy Number EKA840707BPK

Credit Card

Account

Signature

For the Amount of

Name

Client Number EK034612 Client Name TONY NARDONE

TONY NARDONE 26 TWEEDALE ROAD APPLECROSS WA 6153 Notice Sent Via: Elders Insurance ELDERS INSURANCE KALAMUNDA ABN: 75 876 215 588 ATTN:KELVIN ANNING PO BOX 781 KALAMUNDA WA 6926 (P) 0892905700 (F) 0892905755 (E) kalamundainsurance@elders.com.au

Period of Insurance From 31/01/2019 To 31/01/2020 at 4pm

Client Number: EK034612

**Total Amount Payable** 

**Due Date** 

\$10,240.00

31/01/2019

Policy Number: EKA840707BPK Agent Number: EK0051218

Your Insurance Policy will expire at 4.00pm on the FROM DATE shown. To arrange cover: 1. Check the Sum(s) Insured, Policy Covers and Policy Wordings to understand what you are covered for. If any changes are required please advise us. 2. Pay the amount due before the FROM DATE. Please read DUTY OF DISCLOSURE on back of notice.

## The Insured ST GIORGIO PTY LTD ATF THE NARDONE INVESTMENT TRUST Payment Advice/Options By Mail: If payment is by cheque or credit card please detach this Biller Code: 106591 Payment Advice and forward to: Ref: 0401840707028 ELDERS INSURANCE KALAMUNDA ATTN:KELVIN ANNING Telephone & Internet Banking - BPAY® PO BOX 781 KALAMUNDA WA 6926 Contact your bank or financial institution to make this payment from your cheque, savings, debit, credit card or transaction account. More info: www.bpay.com.au Please make Cheque payable to: Elders insurance Payment by Credit Card Client name: TONY NARDONE MasterCard

Issued by Elders Insurance (Underwriting Agency) Pty Limited ABN 56 138 879 026 AFS Licence 340 965 Level 9, 400 King William Street Adelaide SA 5000 Underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 AFS Licence 239545 Level 5, 2 Park Street Sydney NSW 2000 Date Printed 30/01/2019 14:29:10 Page 3 of 11

Expiry

Date

Date



Policy Number EKA840707BPK

Client Number EK034612 Client Name TONY NARDONE

Elders Insurance

**ELDERS INSURANCE KALAMUNDA** 

ABN: 75 876 215 588 ATTN:KELVIN ANNING

Period of Insurance

PO BOX 781 KALAMUNDA WA 6926

TONY NARDONE
26 TWEEDALE ROAD
APPLECROSS WA 6153

From 31/01/2019 To 31/01/2020 at 4pm

### The Insured

ST GIORGIO PTY LTD

ATF THE NARDONE INVESTMENT TRUST

### **Location Summary**

### Address

237 HAMILTON ROAD COOGEE PLAZA COOGEE WA 6166

This document becomes your Policy Schedule and Tax Invoice/Adjustment Note on payment.

### Total Premium and Charges

Premium	\$8,244.64	ABN	None Noted	
Levies	NIL			Total 95T
GST	\$824.47			13142 471
Stamp Duty	\$906.89			Ê
*Intermediary Service Fee	\$240.00			ч
*Intermediary Service Fee GST	\$24.00			
Total Premium:	\$10,240.00			

The amount of stamp duty paid is calculated under the relevant States/Territory Duties Act, based on where the risks, properties, contingencies or events are located.

Important information about Your duty of disclosure appears at the back of this Policy Schedule and on your application. Please read this information carefully.

\*Invoiced for and on behalf of Elders insurance Authorised Representative.

Issued by Elders Insurance (Underwriting Agency) Pty Limited ABN 56 138 879 026 AFS Licence 340 965 Level 9, 400 King William Street Adelaide SA 5000 Underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 AFS Licence 239545 Level 5, 2 Park Street Sydney NSW 2000 Date Printed 30/01/2019 14:29:10 Page 4 of 11

Policy Number EKA840707BPK

Client Number EK034612 Client Name TONY NARDONE

### **Cover Summary**

Location

237 HAMILTON ROAD COOGEE PLAZA COOGEE WA 6166

Business

SHOPPING MALLS/ARCADES OPERATI PROPERTY OWNER - SHOPPING CENT

Policy Section	Insured	Policy Section	Insured
Property	Yes	Machinery Breakdown	No
Business Interruption	Yes	Electronic Equipment	No
Theft	No	Employee Dishonesty	No
Money	No	Tax Audit	No
Glass	Yes	Transit	No
Broadform Liability	Yes	Employment Practices	No
General Property	No	Statutory Liability	No

Policy Number EKA840707BPK

Client Number EK034612 Client Name TONY NARDONE

### Cover Details

Location

237 HAMILTON ROAD COOGEE PLAZA COOGEE WA 6166

Risk Number 1

**Business** 

SHOPPING MALLS/ARCADES OPERATI

Interested Party

None Noted

### **Property Section**

**Particulars** 

**Total Sum Insured** 

Excess

Buildings

\$2,800,000

\$1,000

Contents

NIL

NIL

Reinstatement / extra cost conditions apply Earthquake excess as per the policy wording

### **Business Interruption Section**

**Particulars** 

Total Sum Insured

Excess

Gross income

\$1,050,000

\$1.000

Indemnity period 30 months

. . .

Additional increased cost of working Outstanding accounts receivable

NIL
As per Policy wording

NIL

Claim preparation costs

As per Policy wording

Uninsured Working Expenses

NIL

### Clauses

It is a condition of this policy that the Insured ensures that in relation to any commercial cooking facilities at the Location, the following minimum standards are complied with:

- That the exhaust / extraction system ducting is professionally cleaned annually
- 2. That the exhaust / extraction system filters are cleaned weekly
- 3. That a minimum of 2 x 4.5kg dry chemical extinguishers are located within the kitchen at a suitable location which generally complies with the following requirements:
  - 3.1 the extinguishers shall be in a conspicuous and readily accessible position.
  - 3.2 where practicable, the extinguishers shall be located along normal paths of travel and near exits.
  - 3.3 they shall not be located in areas where they will be exposed to temperatures outside of the range 50C to 50C.
- 4. That a fire blanket is located in the kitchen.
- Charcoals must either be removed from the premises and extinguished, or a stainless steel lid placed over the top of the charcoal bed during non trading hours.

If You do not carry out or maintain these minimum standards, We may reduce or refuse to pay a claim or may cancel this policy.

In all other respects this policy remains unaltered.

Policy Number EKA840707BPK

Client Number EK034612 Client Name TONY NARDONE

### Cover Details continued

Location

237 HAMILTON ROAD COOGEE PLAZA COOGEE WA 6166

Risk Number 1

Business

SHOPPING MALLS/ARCADES OPERATI

Clauses continued

### **Additional Policy Details**

\*\* PLEASE NOTE \*\*
BUILDING COVER INCLUDES COVER FOR THE CARPARK
ADDITIONAL INSURED:
AS TRUSTEE FOR THE NARDONE
INVESTMENT SUPERANNUATION FUND

Premium

Levies

GST

Stamp Duty

\$6,249.88

NIL

\$624.99

\$687.48

Premium for Property/Business Interruption cover:

\$7,562.35

Policy Number EKA840707BPK

Client Number EK034612 Client Name TONY NARDONE

### **Cover Details**

Location

237 HAMILTON ROAD COOGEE PLAZA COOGEE WA 6166

Risk Number 2

**Business** 

SHOPPING MALLS/ARCADES OPERATI

Interested Party

None Noted

### **Glass Section**

**Particulars** 

**Total Sum Insured** 

External and internal glass

Replacement value

All additional benefits as per the policy wording

\$15,000

Excess \$500

### **Additional Policy Details**

PLEASE NOTE:

\*\* GLASS COVER COVERS 9 SHOPS

\*\* SIGN IS PERPLEX

Premium

Levies

GST

Stamp Duty

\$958.89

NIL

\$95.89

\$105.47

Premium for Theft/Money/Glass cover:

\$1,160.25

Policy Number EKA840707BPK

Client Number EK034612 Client Name TONY NARDONE

### **Cover Details**

Location

237 HAMILTON ROAD COOGEE PLAZA COOGEE WA 6166

Risk Number 3

Business

PROPERTY OWNER - SHOPPING CENT

Interested Party

None Noted

### **Broadform Liability Section**

**Particulars** 

**Total Sum Insured** 

Limit

Limit of liability, any one occurrence

\$20,000,000

Property in Your physical and legal control

As per Policy wording

Excess

\$1,000 for property damage claims only

\$0 for personal injury claims

### Property owners liability only

The rating of this section based on having a property value of \$2,800,000. If there is any change to this, you must notify your Elders Insurance Authorised Representative.

### Clauses

Your Business

Your Business specified in the Schedule is more fully described as:

PROPERTY OWNER - SHOPPING CENTRE

B50: PROPERTY OWNERS EXCLUDING TRADE RISKS
The Broadform Liability Section of this Policy does not cover
liability in respect of Personal Injury or Property Damage arising out
of or in connection with any Business, Profession, Trade or
Manufacturing Operations other than as owner of Property specified in
the schedule the subject of this indemnity conducted by You.

Premium

Levies NIL

GST

Stamp Duty

\$1,035.87

\$103.59

\$113.94

Premium for Broadform Liability cover:

\$1,253.40

### Additional Clauses

\*\*\* AFTER PAYING THE AMOUNT PAYABLE, SHOULD YOU NEED CONFIRMATION OF

\*\*\*\* THIS TRANSACTION, PLEASE PHONE 0892905700

\*\*\*\*
FOR ANY OTHER ENQUIRIES ABOUT YOUR POLICY PLEASE CONTACT YOUR

\*\*\* LOCAL OFFICE ON THE NUMBER LISTED ON YOUR PAYMENT SLIP BELOW.

\*\*\* OLD POLICY NUMBER: 60 1601272 BPK

### This completes your policy.

Policy Number EKA840707BPK

Client Number EK034612 Client Name TONY NARDONE

### Important Information

Please carefully read the following important information and contact your Elders Insurance Authorised Representative if you require further assistance or explanation.

### Who provides this insurance

The Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 AFS Licence No. 239545 ("QBE") of Level 5, 2 Park Street Sydney NSW 2000.

The Policy is issued by Elders Insurance (Underwriting Agency) Pty Limited ABN 56 138 879 026 AFS Licence No. 340965 ("Elders Insurance") of Level 9, 400 King William Street Adelaide SA 5000.

In this Schedule QBE and Elders Insurance is referred to as "we", "us" and "our".

### Your duty of disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

### If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### Cooling-off Information

If you want to return your insurance after Your decision to buy it, you may cancel it and receive a full refund. To do this you may notify your Elders insurance Authorised Representative electronically or in writing within 21 days from the date the policy commenced.

This cooling-off entitlement does not apply if you have made or are entitled to make a claim. Even after the cooling-off period ends, you still have cancellation rights as detailed in the Product Disclosure Statement.

### Payment of premium

You must pay your premium on time otherwise your Policy may not operate.

You may choose to pay your premium by instalments. If you do so, you must ensure you pay the instalments on time as we may cancel the Policy if any instalment of premium has remained unpaid for one month from the date on which payment was due.

We will send you a notice giving you details of the action we intend to take and when any cancellation will become effective.

We also may not pay any claim you make under the Policy if your periodic instalment is more than one month overdue.

If you are paying your premium in instalments by direct debit from your credit card or financial institution account you must tell us if those details change. You must do this no later than 7 days before your next instalment is due.

We are entitled to deduct from any amount we pay you under a claim any unpaid premium or instalment of premium.

Policy Number EKA840707BPK

Client Number EK034612 Client Name TONY NARDONE

### Important Information continued

### Levies

Where applicable, Fire Services Levy (FSL) is applied to each policy according to the respective laws of each state. For NSW policies only, this will include Emergency Services Levy (ESL) effective from 1 July 2009.

#### Underinsurance

The types of cover listed below contain provisions as to average and underinsurance. This means we require you to insure for the full value or maximum potential risk. If you do not do so, and you are underinsured, we will pay you less in the event of a claim, calculated by a formula in the policy which takes account of the degree of underinsurance:

Cover types containing underinsurance clauses:

- Business Property Cover
- Business Interruption Cover
- Machinery Breakdown Cover
- Electronic Equipment Cover

### How to contact us

Should you have any questions about the Policy or require a copy of the Product Disclosure Statement, please contact your Elders Insurance Authorised Representative or Elders Insurance GPO Box 2840 Adelaide SA 5001.

Policy Number EKA840707BPK

Client Number EK034612 Client Name TONY NARDONE



Insurance

11 January 2019

TONY NARDONE 26 TWEEDALE ROAD APPLECROSS WA 6153 Notice Sent Via: Elders Insurance ELDERS INSURANCE KALAMUNDA ABN: 75 876 215 588 ATTN:KELVIN ANNING PO BOX 781 KALAMUNDA WA 6926 (P) 0892905700 (F) 0892905755 (E) kalamundainsurance@elders.com.au

### Dear TONY

Thank you for choosing to insure with Elders Insurance. I am pleased to enclose your Renewal Invitation.

Protection of your valuable assets is important, so please check the enclosed notice and schedule carefully to ensure accuracy of your policy details. It is advisable to keep these documents in a safe place.

Your annual premium is \$10,272.68 including the Service fee. Your insurance policy is due to expire at 31 January 2019 unless you advise otherwise.

Did you know that you can choose from a number of payment methods? You can choose to pay by BPAY, Credit Card, Cheque, Cash or by including monthly instalments. Please refer to the next page for further details or contact this office if you wish to discuss the alternative methods of payment.

Please refer to the Important Information attached.

Elders Insurance offers a special service for handling claims. In most cases we will handle your claims locally, supporting local business, tradespeople and suppliers, whenever practical. We understand the varying needs of our customers and are proud to provide local, face-to-face service.

I appreciate the opportunity to continue assisting you with your insurance needs. If you have any questions about the Policy, or your insurances, please do not hesitate to contact this office on 0892905700.

Yours faithfully,

ELDERS INSURANCE KALAMUNDA
Elders Insurance Authorised Representative

Issued by Elders Insurance (Underwriting Agency) Pty Limited ABN 56 138 879 026 AFS Licence 340 965 Level 9, 400 King William Street Adelaide SA 5000 Underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 AFS Licence 239545 Level 5, 2 Park Street Sydney NSW 2000 Date Printed 11/01/2019 13:21:17 Page 1 of 11

Policy Number EKA840707BPK

Client Number EK034612 Client Name TONY NARDONE



### Insurance

TONY NARDONE 26 TWEEDALE ROAD WA 6153 **APPLECROSS** 

Notice Sent Via: Elders Insurance **ELDERS INSURANCE KALAMUNDA** ABN: 75 876 215 588 ATTN:KELVIN ANNING PO BOX 781 KALAMUNDA WA 6926 (F) 0892905755 (P) 0892905700 (E) kalamundainsurance@elders.com.au

Period of Insurance From 31/01/2019 To 31/01/2020 at 4pm

Payment Advice/Options  By Mail: If payment is by cheque or credit card please detach this Payment Advice and forward to: LEDERS INSURANCE KALAMUNDA ATTINKELVIN ANNING PO BOX 781 Credit Card MasterCard Visa  Credit Card MasterCard Visa  Credit Card MasterCard Date / / / Date / / / Total Amount Payable \$10,272.68	The Insured	
By Mail:  If payment is by cheque or credit card please detach this Payment Advice and forward to:  ELDERS INSURANCE KALAMUNDA  ATTN:KELVIN ANNING PO BOX 781 KALAMUNDA WA 6926  Please make Cheque payable to: Elders Insurance Payment by Credit Card  MasterCard  Visa  Credit Card  Account Name  Master Card  Expiry Date  / / / Total Amount Bounds (106591)  Ref: 0401840707028  Ref: 0401840707028  Client name: Tony NARDONE Client Number: EK034612 Policy Number: EK08407078PK Agent Number: EK0051218	ST GIORGIO PTY LTD	ATF THE NARDONE INVESTMENT TRUST
By Mail:  If payment is by cheque or credit card please detach this Payment Advice and forward to:  ELDERS INSURANCE KALAMUNDA  ATTN:KELVIN ANNING PO BOX 781 KALAMUNDA WA 6926  Please make Cheque payable to: Elders Insurance Payment by Credit Card  MasterCard  Visa  Credit Card  Account Name  Master Card  Expiry Date  / / / Total Amount Bounds (106591)  Ref: 0401840707028  Ref: 0401840707028  Client name: Tony NARDONE Client Number: EK034612 Policy Number: EK08407078PK Agent Number: EK0051218		and the second s
If payment is by cheque or credit card please detach this Payment Advice and forward to: ELDERS INSURANCE KALAMUNDA ATTN:KELVIN ANNING PO BOX 781 KALAMUNDA WA 6926  Please make Cheque payable to: Elders Insurance Payment by Credit Card  MasterCard Visa  Credit Card  Account Name    Master Card   Expiry Date   Master Card	Payment Advice/Options	
Payment by Credit Card  MasterCard  Visa  Client name: TONY NARDONE Client Number: EK034612 Policy Number: EKA840707BPK Agent Number: EK0051218  Lagrange Date  Lagrange Date Lagrange D	If payment is by cheque or credit card please deta Payment Advice and forward to: ELDER'S INSURANCE KALAMUNDA ATTN:KELVIN ANNING PO BOX 781	Ref: 0401840707028  Telephone & Internet Banking - BPAY® Contact your bank or financial institution to make this payment from your cheque, savings, debit, credit card
/ / Total Amount Payable \$40,272.69	Payment by Credit Card  MasterCard Visa  Credit Card Expiry	TONY NARDONE Client Number: EK034612 Policy Number: EKA840707BPK
i	· · · · · · · · · · · · · · · · · · ·	/ / Total Amount Payable \$10,272.68

Issued by Elders Insurance (Underwriting Agency) Pty Limited ABN 56 138 879 026 AFS Licence 340 965 Level 9, 400 King William Street Adelaide SA 5000 Underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 AFS Licence 239545 Level 5, 2 Park Street Sydney NSW 2000

Policy Number EKA840707BPK

Client Number EK034612 Client Name TONY NARDONE



Insurance

Elders Insurance

**ELDERS INSURANCE KALAMUNDA** 

ABN: 75 876 215 588 ATTN:KELVIN ANNING

PO BOX 781 KALAMUNDA WA 6926

TONY NARDONE 26 TWEEDALE ROAD **APPLECROSS** WA 6153

Period of Insurance

From 31/01/2019 To 31/01/2020 at 4pm

### The Insured

ST GIORGIO PTY LTD

ATF THE NARDONE INVESTMENT TRUST

### **Location Summary**

### Address

237 HAMILTON ROAD COOGEE PLAZA COOGEE WA 6166

This document becomes your Policy Schedule and Tax Invoice/Adjustment Note on payment.

### **Total Premium and Charges**

Premium Levies GST Stamp Duty	\$8,271.65 NIL \$827.17 \$909.86	ABN	None Noted
*Intermediary Service Fee	\$240.00		
*Intermediary Service Fee GST Total Premium	\$24.00 <b>\$10,272.68</b>		

The amount of stamp duty paid is calculated under the relevant States/Territory Duties Act, based on where the risks, properties, contingencies or events are located.

Important information about Your duty of disclosure appears at the back of this Policy Schedule and on your application. Please read this information carefully.

\*Invoiced for and on behalf of Elders Insurance Authorised Representative.

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Date Printed 11/01/2019 13:21:17

Policy Number EKA840707BPK

Client Number EK034612 Client Name TONY NARDONE



### Insurance

### Cover Details

Location

237 HAMILTON ROAD COOGEE PLAZA COOGEE WA 6166

Risk Number 1

Business

SHOPPING MALLS/ARCADES OPERATI

Interested Party

None Noted

### **Property Section**

**Particulars** 

**Total Sum Insured** 

**Excess** 

**Buildings** 

\$2,650,000

\$500

Contents

NIL

NIL

Reinstatement / extra cost conditions apply

Earthquake excess as per the policy wording

### **Business Interruption Section**

Particulars

Total Sum Insured \$1,050,000

Excess \$500

NIL

Gross income

Indemnity period 30 months

, all

Additional increased cost of working

NIL

Outstanding accounts receivable

As per Policy wording

As per Policy wording

Uninsured Working Expenses

Claim preparation costs

NIL

### Clauses

It is a condition of this policy that the Insured ensures that in relation to any commercial cooking facilities at the Location, the following minimum standards are complied with:

- That the exhaust / extraction system ducting is professionally cleaned annually
- 2. That the exhaust / extraction system filters are cleaned weekly
- 3. That a minimum of 2 x 4.5kg dry chemical extinguishers are located within the kitchen at a suitable location which generally complies with the following requirements:
  - 3.1 the extinguishers shall be in a conspicuous and readily accessible position.
  - 3.2 where practicable, the extinguishers shall be located along normal paths of travel and near exits.
  - 3.3 they shall not be located in areas where they will be exposed to temperatures outside of the range 50C to 50C.
- 4. That a fire blanket is located in the kitchen.
- Charcoals must either be removed from the premises and extinguished, or a stainless steel lid placed over the top of the charcoal bed during non trading hours.

If You do not carry out or maintain these minimum standards, We may reduce or refuse to pay a claim or may cancel this policy.

In all other respects this policy remains unaltered.

Issued by Elders Insurance (Underwriting Agency) Pty Limited ABN 56 138 879 026 AFS Licence 340 965 Level 9, 400 King William Street Adelaide SA 5000 Underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 AFS Licence 239545 Level 5, 2 Park Street Sydney NSW 2000 Date Frinted 11/01/2019 13:21:17

Policy Number EKA840707BPK

Client Number EK034612
Client Name TONY NARDONE



Insurance

**Cover Details** 

Location

237 HAMILTON ROAD COOGEE PLAZA COOGEE WA 6166

Risk Number 2

**Business** 

SHOPPING MALLS/ARCADES OPERATI

**Interested Party** 

None Noted

### **Glass Section**

**Particulars** 

**Total Sum Insured** 

External and internal glass

Replacement value

All additional benefits as per the policy wording

\$10,000

Excess \$500

### **Additional Policy Details**

PLEASE NOTE:

\*\* GLASS COVER COVERS 9 SHOPS

\*\* SIGN IS PERPLEX

Premium

Levies

GST

Stamp Duty

\$846.79

NIL

\$84.68

\$93.14

Premium for Theft/Money/Glass cover:

\$1,024.61

Policy Number EKA840707BPK

Client Number EK034612 Client Name TONY NARDONE



Insurance

### Important Information

Please carefully read the following important information and contact your Elders Insurance Authorised Representative if you require further assistance or explanation.

### Who provides this insurance

The Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 AFS Licence No. 239545 ("QBE") of Level 5, 2 Park Street Sydney NSW 2000.

The Policy is issued by Elders Insurance (Underwriting Agency) Pty Limited ABN 56 138 879 026 AFS Licence No. 340965 ("Elders Insurance") of Level 9, 400 King William Street Adelaide SA 5000.

In this Schedule QBE and Elders Insurance is referred to as "we", "us" and "our".

### Your duty of disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
  - is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

### If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### Cooling-off Information

If you want to return your insurance after Your decision to buy it, you may cancel it and receive a full refund. To do this you may notify your Elders Insurance Authorised Representative electronically or in writing within 21 days from the date the policy commenced.

This cooling-off entitlement does not apply if you have made or are entitled to make a claim. Even after the cooling-off period ends, you still have cancellation rights as detailed in the Product Disclosure Statement.

### Payment of premium

You must pay your premium on time otherwise your Policy may not operate.

You may choose to pay your premium by instalments. If you do so, you must ensure you pay the instalments on time as we may cancel the Policy if any instalment of premium has remained unpaid for one month from the date on which payment was due.

We will send you a notice giving you details of the action we intend to take and when any cancellation will become effective.

We also may not pay any claim you make under the Policy if your periodic instalment is more than one month overdue.

If you are paying your premium in instalments by direct debit from your credit card or financial institution account you must tell us if those details change. You must do this no later than 7 days before your next instalment is due.

We are entitled to deduct from any amount we pay you under a claim any unpaid premium or instalment of premium.

Issued by Elders Insurance (Underwriting Agency) Pty Limited ABN 56 138 879 026 AFS Licence 340 965 Level 9, 400 King William Street Adelaide SA 5000 Underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 AFS Licence 239545 Level 5, 2 Park Street Sydney NSW 2000 Date Printed 11/01/2019 13:21:17

Litres (4)

5820 L/dav

This period



# Water Use and Service Charge Account

Issue date

17 January 2019

Bill ID

0147

ST GIORGIO PTY LTD 26 TWEEDDALE RD **APPLECROSS WA 6153**  051D 000408 000100 Account number

90 00413 75 4

Amount to be debited

\$2 111.94

Date to be debited

7 Feb 2019

### Account for SHOPS AT 237 HAMILTON RD COOGEE LOT 502

### Daily water use comparison

5155 L/day 5323 L/dav Previous period This period last year

### Your account summary (GST does not apply to this account)

Description		Amount
Current charges due 7 February 2019		\$2 111.94
	Total	\$2 111.94

Turn over for important information

Interest is charged on overdue amounts @ 11.71% p.a.

This bill has also been sent electronically to your My Water account. To stop receiving a paper copy please update your bill delivery preference in My Water.

### Direct debit advice

**Enquiries?** 

Need your account in an alternative format?

Please call us on 13 13 85

237 HAMILTON RD COOGEE LOT 502

Account number

90 00413 75 4

Amount to be debited

\$2 111.94

Date to be debited

7 February 2019

The amount shown will be debited from your nominated account. If your bank account details have changed please visit mywater.com.au to update your account details.

Hearing or speech impaired?

Phone us via the National Relay Service on 133 677.

Website: watercorporation.com.au/contact Faults and Emergencies: (24/7) 13 13 75



# DeGen Cleaning

ABN: 94 845 231 991

15 Sumich Gardens Coogee WA 6166

Ph: 040 777 6106 pas.degennaro@bigpond.com

### Tax Invoice

Invoice # 26

25 February 2019

St Giorgio Pty Ltd 26 Tweeddale Rd APPLECROSS WA 6153

Attention: Tony (nchomes@iinet.com.au)

Qty	<u>Description</u>	<b>Unit Price</b>	Total Price
***************************************	Cleaning Services at Coogee Plaza February 2019	1,130.00	1,130.00
2.5	Road Sweeping	50.00	125.00
4.5	Cleaning Exterior Windows, walls and signage	50.00	225.00
20	Watering of Plants (back of Chiro & rosemary)	50.00	100.00
A THE STREET OF	Bathroom Cleaning Products (bleach)	5.00	20.00
	Sub Total GST		\$ 1,600.00 160.00
	Total including GST		\$ <u>1,760.00</u>

De Gennaro Group Pty Ltd atf De Gennaro Family Trust t/a DeGen Cleaning

> BSB: 066107 Account #: 10695431 Reference: Invoice Number



TAX INVOICE

St Giorgio Pty Ltd

Invoice Date 15 Feb 2019

Invoice Number INV-1615

Reference 237 Hamilton Rd, Coogee

ABN 46 149 577 024 Kevlar pty ltd 17/25 Turnbull Rd NEERABUP WA 6031 AUSTRALIA

kev@kevlargroup.com.au

Description	Quantity	Unit Price	GST	Amount AUD
Hand lay 10mm/50 blow black asphalt. in carpark area 4 x pot holes and tacked out cr50 tack coat	1.00	400.00	10%	400.00
		***************************************	Subtotal	400.00
		TOTAL	GST 10%	40.00
		T	OTAL AUD	440.00

Due Date: 4 Mar 2019 Electronic Transfers Kevlar Pty Ltd BSB 036235 Account No: 137479

> Paid 1-3-19 NAB \$3839 4396

# Frichot&Frichot

#### Y L W E R S Α

### & Notaries Public

Norfolk Chambers 6 Norfolk Street Fremantle Western Australia 6160

26 February 2019

St Giorgio Pty Ltd ATF the Nardone Superannuation Inve

Rocco Antonio & Maria NARDONE

26 Tweeddale Road

APPLECROSS WA 6163

trading as Frichot & Frichot PO Box 388 Fremantle WA 6959 T: +61 8 9335 9877 F: +61 8 9336 1291

www.frichot.com.au

Fremantle Lawyers Pty Ltd

ABN:

97 131 748 742

INVOICE NO:

F46041

**OUR REF:** 

390090

DUE DATE:

12 March 2019

### TAX INVOICE Lease - Shop 10, 237 Hamilton Road, Coogee

	NET	GST	GROSS
To our professional fees in relation to this matter:	\$1,100.00	\$110.00	\$1,210.00
Office Costs as per the attached schedule	\$67.00	\$6.70	\$73.70
Disbursements as per the attached schedule	\$48.00	\$3.00	\$51.00
Total this invoice	•	\$119.70	\$1,334.70

Paid 7-3-19 NAB 4386

### Please note our new bank account details for EFT payments

Overdue accounts may incur an interest charge equal to the Reserve Bank of Australia's Cash Rate Target plus 2%.

Your rights in relation to legal costs.

The following avenues are available to you if you are not happy with this bill -

- requesting an itemised bill;
- discussing your concerns with us;
- having our costs assessed;
- applying to set aside our costs agreement.

For more information about your rights, please read the fact sheet titled "Your Right to Challenge Legal Costs". You can ask us for a copy or obtain it from the Legal Practice Board (or download it from the website of the Legal Practice Board or the Law Society of Western Australia).

Liability limited by a scheme approved under Professional Standards Legislation.

### Payment Details

Our Ref: 390090

Amount Due:

\$1,334.70

EFT

Due Date: 12/03/19

Biller Code: 239392 PAY Ref: 3900909

Telephone & Internet Banking - BPAY®

Contact your bank or financial institution to make this payment from your credit card account.

More info: www.bpay.com,au

® Registered to BPAY Pty Ltd ABN 69 079 137 518

Mail Mail

Send your cheque payable to 'Frichot and Frichot' with this payment slip to: Frichot and Frichot Lawyers

PO Box 388, Fremantle, WA 6959

Invoice No: F46041

Pay any time by electronic funds transfer. Please use 390090 as the payment reference. BSB: 036-306 Acc: 542755



Call 9335 9877 to arrange payment by Visa or MasterCard.



Call 9335 9877 to arrange automatic payment from your bank or financial institution. Fees may apply.

# Invoice Itemisation

Invoice N File Matter	No F46041 390090 Lease - Shop	File Name St Giorgio Pty Ltd ATF for the Nardone Superannuation Inve	Invoice Amount Tax	\$1,334.70 \$119.70
Office Co	osts			
Type	Description		Qty	Amount
ADMIN FOF	Administration File Establishm		_	17.00 50.00 \$67.00
Disburse	ments			
Date	Description		Qty	Amount
05/02/19 05/02/19 06/02/19 06/02/19	ASIC: Organisa ASIC: Organisa	ation Extract - PAR DENTAL PTY. LTD. ACN 614 974 748 ation Extract - PAR DENTAL PTY. LTD. ACN 614 974 748 ation Extract - ST GIORGIO PTY LTD ACN 126 046 679 ation Extract - ST GIORGIO PTY LTD ACN 126 046 679		15.00 9.00 15.00 9.00
-	:			\$48.00



### City of Cockburn

9 Coleville Crescent, Spearwood PO Box 1215 Bibra Lake DC, WA 6965 Telephone: (08) 9411 3444 Facsimile: (08) 9411 3333 Email: rates@cockburn.wa.gov.au OFFICE HOURS: Monday to Friday 8.30am to 4.30pm INTERIM NOTICE

Financial Period 1 July 2018 - 30 June 2019 CEO S. Cain

PAY REF No.	1133151132	
	3315113	
PROPERTY NUMBER	07/03/2019	
311/31/14:	0770072010	

Issue Date

25/01/2019

Ward

West

\$342,225

**GRV Valuation UV Valuation** 

\$0

**VEN** 

141399

Late Payment Interest 7%

PLEANE READ Reveller in THIS HOTHER

ABN 27 471 341 209

Description of Rated Land

Lot 502 D 86169 Vol: 1994 Fol: 147 Area: 3878.000000 m2

237 Hamilton Road COOGEE WA 6166

Reason for Change: Reval Effective: 01/07/2017

St Giorgio Pty Ltd

26 Tweeddale Road

APPLECROSS WA 6153

Details	Financial Year	Paid 21/12/19	Total
Improved Commercial	2018/2019	20/2/16	8,255.90
Instalment Admin Fee	2018/2019	129/ NAR 1.29/	3.75
Lost Potential Interest	2018/2019	110 4000	62.95
Emergency Services Levy Cat 1 - Commercial	2018/2019	, ,	1,239.40
Second Recycle Service 240L	2018/2019		38.36
One Off Mobile Garbage Bin Levy 240L	2018/2019		100.00
Second Rubbish Service 240L	2018/2019		-723.29
		grant with the second s	A to the second

**Payment Amount Option 1** 

\$8,977.07

\$8,977.07

PAYMENT OPTION - 2 Instalments

1st instalment Due

2nd Instalment Due

3rd Instalment Due

Cost of Option: \$0.00

07/03/2019 10/05/2019

PAYMENT OPTION - 1 Full Amount Due by 7/03/2019

\$3,052,20 \$2,962.43

28/06/2019

\$2,962.43 \$8,977.07 **Payment Amount Option 2** 

\$3,052.20

# City of **COCKBURN**

Postal Remittances: No Receipt will be issued unless this notice is returned intact

Property No:

3315113

Name:

St Giorgio Pty Ltd

Property Address:237 Hamilton Road COOGEE WA 6166

Direct Debit: Please obtain a form from the Council office or download from the website www.cockburn.wa.gov.au and return it to us.



In Person Council Office - all payments



Internet Payments www.cockburn.wa.gov.au



Ref: 1133151132



Biller Code: 16212 Ref: 1133151132

Call 1300 085 035 Mastercard or Visa only



07 Mar 2019 Due Date \$8,977.07 OPTION - 1 \$3,052.20 OPTION - 2



\*481 02 00000175 1133151132

All changes of address must be in writing, either by mail, email (rates@cockburn.wa.gov.au) or fax 9411 3333



ե<u>վիրիլովի</u>

051 - 036252

ST. GIORGAO PTY LTD 26 TWEEDDALE RD APPLECROSS WA 6153

# Electricity Account Tax Invoice

Need help with your bill? Visit synergy.net.au/businesshelp

### Your account details

Account number 405 987 320
Invoice number 2040586217
Date of issue 04 Feb 2019
Account period 30 Nov 2018 - 04 Feb 2019
(67 days)

### Your account summary

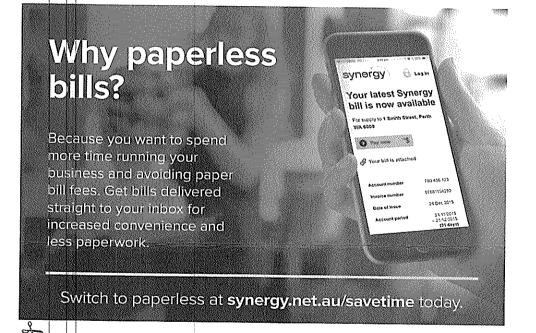
Opening balance

\$0.00

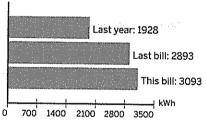
Direct Debit 20 Feb 2019 New charges \$938.45

> Total **\$938.4**5

If you have trouble meeting this payment, please contact Synergy at least 5 business days prior to the due date.



# How much energy have you used?



Your average daily usage 47.5846 units
Your average daily cost \$14.42 per day



To track your businesses' energy use and get access to a great range of energy management tools in one convenient spot, visit synergy.net.au/myaccount

### Payment options

Direct Debit\*

The set and forget way to pay. Visit synergy.net.au/directdebit



Orline: synergy.net.au/payments Phone: 1300 650 900

Mail

P765.INV.mail\_regular\_003 036252 000609

VISA

Send your cheque payable to Synergy with this payment slip to GPO Box U1913 Perth WA 6845.

\*Fees may apply

### BPAY®/BPAY View\* Biller Code: 2600

Reference: 405 987 3220 Contact your bank or financial institution to make this payment from your cheque, savings, debit or transaction account.



Post Billpay\*

Pay in person at any post office.



\*2608 4059873220

ST. GIORGAO PTY LTD Account number: 405 987 320



Payment number

405 987 3220

Direct Debit 20 Feb 2019

\$938.45

1 of 4



ABN: 58 673 830 106

### Your account details

Account number 275 832 020 Invoice number 2012587543 Date of issue 04 Feb 2019 Account period 30 Nov 2018 - 04 Feb 2019 (67 days)

### Your account summary

Opening balance \$0.00 New charges \$113.65 20 Feb 2019 0.00 810.465

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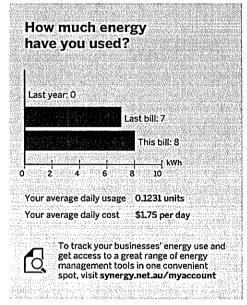
ST. GIORGIO PTY LTD 26 TWEEDDA'LE RD APPLECROSS WA 6153

**Electricity Account** 

Tax Invoice

Need help with your bill? Visit synergy.net.au/businesshelp





### Payment options

Direct Debit\*

The set and forget way to pay. Visit synergy.net.au/directdebit

Credit/Debit Card\*

Online: synergy.net.au/payments Phone: 1300 650 900

Send your cheque payable to Synergy with this payment slip to GPO Box U1913 Perth WA 6845.

\*Fees may apply

BPAY®/BPAY View®

Biller Code: 2600 Reference: 516 400 2016

Contact your bank or financial institution to make this payment from your cheque, savings, debit or transaction account.

Post Billpay\* Pay in person at any post office.

ST. GIORGIO PTY LTD Account number: 275 832 020



Payment number

516 400 2016

Due 20 Feb 2019

\$113.65

1 of 4



If you are a small-use customer, did you know that if Synergy or Western Power fails to meet certain standards of service, you might be eligible for a Service Standard Payment?

Synergy and Western Power have a range of Service Standard
Payments that can be made to our customers if our service
delivery falls short of the performance standards outlined in the Code
of Conduct or Network Quality and Reliability of Supply Code.

# Synergy's Service Standard Payments cover the following events:

Reconnections: a customer\* can claim (from Synergy) payments of \$60 a day for each day a reconnection is delayed beyond regulated timeframes, because of Synergy or Western Power, up to a maximum of \$300. The claim must be made within three months of the late reconnection.

Wrongful disconnection: in the event that Synergy arranges for a customer's energy supply to be disconnected, contrary to the Code of Conduct requirements, Synergy is required to make payment to a customer\* of \$100 per day for each day the customer remains wrongfully disconnected.

dustomer service: if a customer's written complaint is not acknowledged within 10 business days, or responded to by addressing the matter in the complaint within 20 business days, a customer\* can claim a \$20 payment from Synergy. The claim must be made within three months of the late acknowledgement or response.

# Western Power's Service Standard Payments cover the following events:

Notification of planned interruption: An eligible customer\* may claim a \$20 payment when 72 hours notice of a planned power interruption hasn't been given, except in the case of an emergency or if the interruption was requested by the customer or by the retailer. The claim must be made to Western Power within 60 days of the interruption.

Extended interruptions: An eligible customer's may claim an \$80 payment if the electricity supply to the customer's home was interrupted for more than 12 continuous hours, except in the case of an emergency or if the interruption was requested by the customer or by the retailer. The claim must be made to Western Power within 60 days after the interruption ceases.

Customer service: A customer\* may claim a \$20 payment if a written complaint is not acknowledged within 10 business days or responded to within 20 business days. The claim must be made to Western Power within 3 months of the late, or lack of, acknowledgement or response.

Wrongful disconnection: If Western Power disconnects a customer's electricity supply other than as authorised by the Code of Conduct or by Synergy, Western Power is required to pay the customer \$100 per day for each day the customer was wrongfully disconnected, except if the disconnection occurred for reasons outside of Western Power's control.

For more information about your eligibility and how to apply for Western Power's Service Standard Payments, go to westernpower.com.au

To view the Code of Conduct in full, visit synergy.net.au/terms

# DeGen Cleaning

ABN: 94 845 231 991

15 Sumich Gardens Coogee WA 6166 Ph: 040 777 6106 pas.degennaro@bigpond.com

## Tax Invoice

Invoice # 25 28 January 2019

St Giorgio Pty Ltd 26 Tweeddale Rd APPLECROSS WA 6153

Attention: Tony (nchomes@iinet.com.au)

Qty	<u>Description</u>	<u>Unit Price</u>	Total Price
1	Cleaning Services at Coogee Plaza January 2019	1,080.00	1,080.00
0.5	Attend Plaza to resolve bathroom blocked/leaking toilet x1	50.00	25.00
20	Watering of Plants (back of Chiro & rosemary)	50.00	100.00
4	Bathroom Cleaning Products (bleach)	5.00	20.00
	Sub Total GST		\$ 1,225.00 122.50
	Total including GST		\$ <u>1,347.50</u>

Bank Details:

Raid 1-2-19 NAB 4386

De Gennaro Group Pty Ltd atf De Gennaro Family Trust t/a DeGen Cleaning

BSB: 066107 Account #: 10695431 Reference: Invoice Number

# Value Tissue

Suppliers of Quality Disposable Paper Products and Dispensers Bin Liners and Cleaning Products

Unit 7 / 356 South Street, O'Connor WA 6163 Postal Address: PO Box 8052, Hilton WA 6163

Ph: (08) 93312516

Fax: (08) 93313145 Email: info@valuetissue.com.au

ABN: 79 784 499 797

Bill To:

St. Giorgio Pty Ltd 239 Hamilton Road COOGEE WA

Ship To:

St. Giorgio Pty Ltd 239 Hamilton Road COOGEE WA

1 1			!
	Invoice		~~=~
100	MIN ( ) ( )	**   11 11 17	X / ! !
1618	11 IV ( ) I I :	***************************************	DUID

PO#

www.valuetissue.com.au

Terms: Strictly 30 days net

31/01/2019

	Qty	Item Code	Description	Rate Unit	Amount	
	 5	HP400	Premium 400 sheet 2 ply Toilet Tissue 48 rolls per carton	\$35.00	\$175.00	GST
	5	VT444	Deluxe Toilet Rolls 2ply	\$31.00	\$155.00	GST
	1	8030	80 litre Extra Heavy Duty Bin Liners	\$34.00	\$34.00	GST
ĺ		į	10 rolls x 25 liners per carton			
	3	6623v	Ultraslim hand towel 16 x 150	\$28.00	\$84.00	GST
	1	RM5	Red magic 5L	\$20.10	\$20.10	GST

These goods remain the property of Value Tissue until this invoice is

paid in full.

Payments can be made directly into Value Tissue bank account:

Bank: NATIONAL AUSTRALIA BANK

BSB: 086 420 ACCOUNT NUMBER: 57191 7031

Sale Amount: \$468.10 Freight: \$0.00 GST GST: \$46.81 Total: \$514.91

Balance Due: \$514.91