

Proposal Form

Property Insurance



IMPORTANT NOTES

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE ATTACH IT TO THIS PROPOSAL FORM.

This proposal must be typed, or completed in ink and signed and dated by such person (Proposer/You/Your) who must be of legal capacity and authorised by the Proposer to seek a quotation for Liability Insurance and any additional coverage that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.

Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number. It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.

For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgement and acceptance of Your Proposal. Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer.

Your Duty of Disclosure

Before You enter into an insurance policy, it is Your duty to disclose every matter that You know, or could reasonably be expected to know, to be relevant to the Insurer's decision whether to give You insurance cover and, if so, on what terms.

Consequences of Non-Disclosure or Misrepresentation

If You breach Your duty of disclosure; the Insurer(s) may be able to refuse to pay a claim or to cancel Your policy. The same applies where You have made a misrepresentation, if fraudulent (ie. done deliberately for the purpose of obtaining insurance, or for obtaining it on favourable terms) the Insurer(s) may be able to 'avoid' Your policy. This means that the Insurer(s) can treat the policy as never having existed. Non-disclosure or misrepresentation in relation to one policy may affect Your ability to obtain other insurance in the future.

If You are unsure whether some information may be disclosable or not we suggest You call Your insurance broker and seek guidance.

Privacy

We are committed to protecting Your privacy. We only use the personal information You provide to us to quote on and insure this risk. We only provide Your personal information to our Insurer(s) and Reinsurers (and their representatives) and those we appoint to assist us with claims under Your policy (ies). We do not trade, rent or sell Your information. Some or all of the Insurer(s) and Reinsurers may be overseas.

If You don't provide us with complete information, we cannot properly quote for Your insurance and we cannot insure You. You can check the information we hold about You at any time. For more information about our Privacy Policy, ask us for a copy. Copies of the Proposal Form should be retained for Your own records.

Excess

The policy provides that You will be required to bear a specified amount of all claims and this is for each and every claim made against You including defence costs. We will let You know when the excess is payable.

Your Legal Liability

If you take out a Liability cover section, the financial risk of court awards through litigation is ever increasing and we recommend that You select a Limit of Liability that takes into account the future cost of claims including legal fees and costs of defence. Even higher limits are available than your current limit if required. Defence costs are included within the limit of liability, when you take out a Liability cover section.

Waiver of Rights

If You have entered into an agreement with another party, which prevents your Insurer from taking recovery action for compensation from that party it may affect Your rights to cover under this Policy. Should You now be a party to such an agreement or be requested to enter such an agreement in the future, please advise your Broker in writing so we may notify the Insurer.

Risk Survey

Acceptance of the proposed risk may be subject to a survey to be carried out by or on behalf of the Insurers. In the event that the survey results in findings of misrepresentation, Insurers may be able to decline any potential claim. Please note that by carrying out a site survey and report any ensuing requirements &/or recommendations shall not constitute any undertakings on the part of the Insurers or others to determine or warrant that the premises surveyed are safe, fit or compliant with any Federal, State, Local Government law, statute, by-law, rule, regulation, building code or the like.

Broker	<input type="text"/>	Phone	<input type="text"/>
Contact Name	<input type="text"/>	Fax	<input type="text"/>
		Email	<input type="text"/>

Details

New Business Renewal Inception Date Current Insurer

Insured

Contact

Situation

State Postcode Phone

Interested Party

Gross Annual Turnover \$ of which \$ is derived from gaming

Geographical Location of area risk is situated
ie. nearest main town or centre/location on a map

Description of area risk is situated
ie. city/suburban/rural etc. Please describe in more detail

Direct distance from coastline

Crime Rate of area risk is situated Distance to Police services

Clientele Type
ie. local/community/tourist/transient etc. Please describe in more detail

Licence Details Hotel Tavern Backpackers Motel Restaurant Other

Age of Building <10 years 10-30 years 30-50 years 50+ years (advise age)

Heritage Listed yes no

Number of Storeys Single Double Other

Condition of Building Excellent Good Average Poor

Basis of Settlement Indemnity Value Only R & R Conditions

Nearest Neighbours Adjoining <5m 5-10m 10-20m 20m+

Single Tenancy Multiple Tenancy Please supply list of tenants and their occupations (on page 8)

Occupation of Neighbour

Construction

Are all the **external walls** brick/concrete from the ground to the roof line? yes no

If no, what are they? Iron Wood
Mixed Brick % Wood % Other %

The **roof** is? Concrete Tiles Iron, Steel, Metal AC Sheet Other

If other, please describe

The **Ground Floor** is? Concrete Brick, Stone, Slate Wood Earthen Other

If other, please describe

The **Upper Floors** are? Concrete Brick, Stone, Slate Wood Other

If other, please describe

The **Staircase** is? Concrete Brick, Stone Wood Other

If other, please describe

The **Balcony** is? Concrete Brick, Stone Wood Other

If other, please describe

Is the **Balcony** enclosed? yes no

If yes, how is the area used?

Construction

Are there any **Outbuildings** at the premises? Please detail below: yes no

Bottleshop <input type="checkbox"/>	Sheds <input type="checkbox"/>	Shower/Toilet Block <input type="checkbox"/>	Other describe <input type="text"/>
Brick <input type="checkbox"/>	Brick <input type="checkbox"/>	Brick <input type="checkbox"/>	Brick <input type="checkbox"/>
Iron <input type="checkbox"/>	Iron <input type="checkbox"/>	Iron <input type="checkbox"/>	Iron <input type="checkbox"/>
Wood <input type="checkbox"/>	Wood <input type="checkbox"/>	Wood <input type="checkbox"/>	Wood <input type="checkbox"/>

Fire Protection

Type of Fire Service Is Property connected to mains water? yes no

Distance to Fire Brigade (klms) Fire Brigade response time (mins)

Protection

- No Protection
- Fully Sprinklered (100%)
- Partially Sprinklered (min 50%)
- Hydrants & Hose Reels
- Fire Alarms - Local
- Fire Alarms - Back to Base
- Fire Alarms - To Brigade
- Fire Alarms - Thermal
- Fire Alarms - Smoke

Extinguishers

- | | |
|---------------------------------------|----------------------|
| Number | |
| <input type="checkbox"/> Dry Chemical | <input type="text"/> |
| <input type="checkbox"/> BCF | <input type="text"/> |
| <input type="checkbox"/> CO2 | <input type="text"/> |
| <input type="checkbox"/> Water | <input type="text"/> |
| <input type="checkbox"/> Foam | <input type="text"/> |

Last day of Service

Maintenance Contract? yes no

Other Protection

Do higher than normal exposures exist in respect of:

- | | | | | | |
|-------------------------------------|--|------------------------------------|---------------------------------------|---|---------------------------------|
| Bush Fire <input type="checkbox"/> | Storm & Tempest <input type="checkbox"/> | Flood <input type="checkbox"/> | Water Damage <input type="checkbox"/> | Cyclone <input type="checkbox"/> | Impact <input type="checkbox"/> |
| Earthquake <input type="checkbox"/> | Sea & Tidal Surge <input type="checkbox"/> | Lightning <input type="checkbox"/> | Explosion <input type="checkbox"/> | Malicious Damage <input type="checkbox"/> | |

If other, please describe

Housekeeping Tidy Untidy Congested

Waste Disposal Daily Weekly Accumulated

Glass

Please complete only if cover for Glass (internal and external) is required

Number of Windows 1-5 5-10 10-15 15-20 21+

How many windows exceed 2m x 2m in dimension?

Is there any Stained Glass? yes no

If yes, please describe

Accommodation

Number of Rooms Does Licensee live on the premises? yes no

Are rooms rented by permanents? yes no If so, how many rooms?

Is each room fitted with a Smoke Detector? yes no

Are the detectors hard-wired into electrical circuit? yes no

Do Detectors feature battery back-up? yes no

Are the Detectors battery operated only? yes no

Kitchen

Grills/Exhaust Clean Fire Blanket Extinguisher

General Cleanliness Good Fair Poor

Is there any deep frying? yes no

Are deep fryers thermostatically controlled? yes no

Is there an automatic cut off? yes no

Who cleans the Ducts & Flues? yes no

How often are they cleaned? weekly f/nightly monthly Date of the last ducting service

Electrical

Fuses Circuit Breakers Board Clear Extension Cords New Modern Old

If other, please describe

Is your power/switch board compliant with modern Regulations and requirements?

yes no

When was the last complete check of all wiring, both power and lighting undertaken in the premises?

Have all electrical appliances that plug into power points been checked by a licensed electrician and accordingly tagged in the last twelve (12) months?

yes no

Have all power circuits in your supply from the switchboard been upgraded to have personal earth leakage circuit breakers and/or residential current devices coupled to safety switches?

yes no

Security

External Doors

- Dead Bolts
- Dead Locks
- Other Key Locks
- Padlocks

External Windows

- Bars/Grills
- Key Locks

Burgular Alarms

- Local
- Back to Base
- Dedicated

Which of these activates the alarm?

- Reed Switches
- Motion Detectors
- Tremblers
- Smoke
- Pressure Pads
- Heat Sensors
- Panic Buttons
- Infa Red Beams

Other Security

Safes

Safe 1: Fixed Floor Wall Free Standing Not Applicable

Make & Type

Torch/Drill Resistant? yes no Time Delay Lock Fitted? yes no

Safe 2: Fixed Floor Wall Free Standing Not Applicable

Make & Type

Torch/Drill Resistant? yes no Time Delay Lock Fitted? yes no

Entertainment Features

Normal Trading Hours am/pm to am/pm

Licensed to Trade hours per day - Entertainment

hours per day - Gaming

hours per day - Bar/Bottleshop

Are Crowd Control Staff engaged? yes no How many nights per week?

Are Crowd Controllers: Employees Contractors Do they carry own liability insurance? yes no

Do discount drinks apply? yes no

Is there a dance floor? yes no

Is Live Entertainment employed? yes no

If yes, what format does this take? eg. singles, duos, discos

What nights are entertainment employed?

Is there an entrance fee charged for entertainment? yes no rarely If so, how much? \$

Do you operate a Night Club? yes no

SECTION ONE Fire and Extraneous Perils

<i>Description eg. Hotel</i>	<i>Motel</i>	<i>Bottle Shop</i>
Big No 1 <input type="text"/>	Big No 2 <input type="text"/>	Big No 3 <input type="text"/>
Contents \$ <input type="text"/>	Contents \$ <input type="text"/>	Contents \$ <input type="text"/>
Managers Contents \$ <input type="text"/>	Managers Contents \$ <input type="text"/>	\$ <input type="text"/>
Stock \$ <input type="text"/>	Stock \$ <input type="text"/>	Stock \$ <input type="text"/>
ROD \$ <input type="text"/>	ROD \$ <input type="text"/>	ROD \$ <input type="text"/>
A/D \$ <input type="text"/>	A/D \$ <input type="text"/>	A/D \$ <input type="text"/>
Other \$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION TWO Business Interruption

Gross Profit: Including Standing Charges	\$ <input type="text"/>
Wages (Dual wages method)	\$ <input type="text"/>
Professional Fees	\$ <input type="text"/>
Additional Increased Cost of Working	\$ <input type="text"/>
Other <input type="text"/>	\$ <input type="text"/>
Indemnity Period <input type="text"/> Months	

SECTION THREE Burglary

Stock of every description (excluding Tobacco Products)	\$ <input type="text"/>
Contents	\$ <input type="text"/>
Other	\$ <input type="text"/>

SECTION FOUR Money

Money In Transit	\$ <input type="text"/>
Money on Premises DBH	\$ <input type="text"/>
Money on Premises OSBH	\$ <input type="text"/>
In Locked Safe	\$ <input type="text"/>
Damage to Safe	\$ <input type="text"/>
Money at Private Residence	\$ <input type="text"/>
Money in ATM	\$ <input type="text"/>

SECTION FIVE Glass

Replacement Value	yes <input type="checkbox"/>	no <input type="checkbox"/>	
Damage to illuminated signs	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$ <input type="text"/>
Damage to NON illuminated signs	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$ <input type="text"/>

SECTION SIX Employee Dishonesty

Is cover required? yes no If yes, please answer the following questions

Number of Employees Limit \$ any one Employee and in the aggregate during any one policy year

Has an auditor reported any defects in your control procedures? yes no

If yes, supply details

How often is an audit of your cash, accounts, inventory and stock carried out?

Are audits completed by an external Auditor? yes no

Name & Address of current Auditor

Contact Details

Previous Underwriter Policy Number Expiry Date

SECTION SEVEN Machinery & Electronic Equipment Breakdown

Cover Required yes no

Damage to Refrigerated Stock yes no Sub Limit \$5,000

Limit any one Loss for Machinery & Electronic Equipment Breakdown Cover Section \$20,000

Do you have any Alarms/Sensors fitted to Refrigeration Equipment? yes no

Details

Do you have any Maintenance Agreements in place for Refrigeration /Electronic Equipment? yes no

Details

INSURED'S HISTORY

Important: Ensure all relevant details are disclosed. Any wrong answer you provide may affect your future claims

How many years has insured operated this business? years

Previous Hotel or other business experience? years

Have you ever had any food or health violations against you? yes no

Have you or any persons connected with this insurance ever had a revoked licence? yes no

Have you or any partner or director

Been declared bankrupt or had legal proceeding lodged against you? yes no

Had an insurer that has declined to insure you? yes no

Had an insurer that has declined to renew your insurance? yes no

Had an insurer that has imposed special conditions on your insurance? yes no

Have you within the last 5 years, suffered a claim that would have been covered by this insurance and or claimed for any loss or damage or received any demand or writ for personal injury or damage to property? yes no

After Enquiry, are you or any director or employee aware of or have any grounds for suspecting any circumstances which might give rise to a claim, against you or against any of the present or former directors during the last 5 years? yes no

If yes to any of the above questions, please provide full details on the next page

INSURED'S HISTORY

Important: Ensure all relevant details are disclosed. Any wrong answer you provide may affect your future claims

CLAIMS EXPERIENCE Last Five Years

With any previous claims, please detail amount paid or reserved, the year and your excess at the time and background information on the claim

Date of Loss	Loss Description	Incurred Amount
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Please attach a separate page if insufficient space provided

Tenant List

Tenant List	Occupation
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

AUTHORISED SIGNATORY

Dated

NAME OF SIGNATORY

Position

CANCELLATION CHARGES

If we have to cancel the policy due to non-payment of the premium we will charge the following short period rate premiums. We will hold you and or your insurance intermediary liable to pay these amounts.

Within 1 month of inception:	15% of the quoted premium
Within 2 months of inception:	20% of the quoted premium
Within 3 months of inception:	25% of the quoted premium

Thereafter at terms to be agreed with underwriters.

Please note that in the event of a mid-term cancellation request, we shall require a copy of the written notification evidencing the request. In the case of joint or multiple insureds the person notifying cancellation will need to have the required authority.