



ASRTM
underwriting
AGENCIES

Insurance Renewal Questionnaire

Hotel / Motel / Resort / Restaurant

Public & Products Liability Insurance

Arranged through ASR Underwriting Agencies Pty Ltd Underwritten by Certain Underwriters at Lloyd's.

In order that we may consider offering renewal of the above account, we would ask that you have your client complete the following information in full and return to this office within three weeks prior to the renewal date. Please note that we require all questions to be answered, and we will require an original along with the Insured's signature if cover is required from Renewal date.

Cover Requirements

Due Date / / Policy Number

Limit of Liability Required A\$5,000,000 A\$10,000,000 A\$20,000,000 other

Optional Excess A\$5,000 A\$10,000

Full Name of Insured(s)

Trading Name of Establishment (Hotel) Address of Insured Establishment State Postcode

Trading Name of Establishment (Bottleshop) Address of Insured Establishment State Postcode

Are you the: (please circle) Licencee Only / Property Owner and Licencee

Do you have

Childminding Facilities yes no
Dance Floor yes no Size (approx) sqm
Dancing never 1-2 week f/nightly monthly occassional
Live Entertainment never 1-2 week f/nightly monthly occassional
Discos yes no How Often?
A Cover Charge yes no Please provide details

Nightclub For definition see page 10 section 14.2 of the ASR Hotel/Motel/Backpacker Liability Wording yes no

Do you have any playground or other activities available to patrons? yes no
If yes, conditions apply. Please provide all details in the space under Additional Information of this form.

Have you adopted the ASR Underwriting Incident Report Procedures? yes no

Have you complied with the risk recommendations requested by ASR Underwriting? (Only if applicable) yes no

Are you aware of any claims / incidents in the last five years which may or may not result in a claim against this policy and or any adjustments to previous insurers reserve/payments? If yes, please provide full details. yes no

If you have entertainment please describe what entertainment you provide. (Please provide details eg. Rock bands / duo's / country)

TURNOVER/INCOME DETAILS

Please provide your turnover for the following areas

If you provide just one figure for all areas then you will be charged the one rate on your entire turnover. By doing this you will not achieve the lowest possible premium.

	This Year	Last Year
Bar Sales	\$ <input type="text"/>	\$ <input type="text"/>
Bottle Sales from Hotel	\$ <input type="text"/>	\$ <input type="text"/>
Bottle Sales from offsite Bottle Shop	\$ <input type="text"/>	\$ <input type="text"/>
Food / Accommodation /All other	\$ <input type="text"/>	\$ <input type="text"/>
Nett Gaming	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL	\$ <input type="text"/>	\$ <input type="text"/>
Number of Staff		
	Full Time <input type="text"/>	Part Time <input type="text"/>

Additional Information

Risk Management

If you have not done so, it is a condition of this insurance that within one (1) week of the commencement of this insurance you must IMPLEMENT and maintain the following: -

Keep an incident report concerning –

- a) Formal complaints from patrons
- b) Patrons who have caused a fight or altercation in your establishment
- c) Ambulance calls to your premises
- d) Police called to your premises
- e) Patrons who have slipped and fallen on your premises
- f) Patrons who have been injured on your premises

This incident report log should be available for inspection if requested.

DECLARATION – YOUR DUTY OF DISCLOSURE

I confirm that:

I am authorised on behalf of the insured(s) to sign this proposal.

I understand that the duty of disclosure applies to all insured(s). The answers are provided on behalf of all persons/entities comprising the insured(s).

I understand the questions in the proposal.

Whilst some or all of the answers to the questions may not be checked by me I certify they are correct to the best of my knowledge and belief.

AUTHORISED SIGNATORY

Dated

NAME OF SIGNATORY

Position