

Insurance Renewal Questionnaire

Motel

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	<input type="text"/>
Policy Number	<input type="text"/>
Expiring Premium \$	<input type="text"/>
Limit of Liability Required	A\$5,000,000 <input type="checkbox"/> A\$10,000,000 <input type="checkbox"/> A\$20,000,000 <input type="checkbox"/> other <input type="checkbox"/> <input type="text"/>
Optional Excess	A\$5,000 <input type="checkbox"/> A\$10,000 <input type="checkbox"/>

Full Name of Insured(s)

Trading Name of Establishment

ABN

Interested Party (ies)

Type of Interest.(Eg L/ord, Financier, Local Council, etc)

Address of Insured Establishment State Postcode

Number of Years Trading at this venue

Contact Person

Telephone No

Web Address (If available)

Are you the Property Owner Only? yes no

Are you the Business Operator Only? yes no

Are you the Property Owner & Operator? yes no

Are you a member of any Accommodation Association(s)? yes no

If yes, which ones?

Operational Information

What is the type of establishment to be insured?

- Motel
 Motel with Licensed Restaurant
 Motel with Licensed Bar
 Motel with Function Centre
 Other, please specify

Do you have

Happy Hour/Discounted Drinks	yes	<input type="checkbox"/>	no	<input type="checkbox"/>			
If yes, duration frequency	1-2 hr	<input type="checkbox"/>	2-3 hr	<input type="checkbox"/>	4+ hr	<input type="checkbox"/>	
	daily	<input type="checkbox"/>	weekly	<input type="checkbox"/>	f/nightly	<input type="checkbox"/>	
	monthly	<input type="checkbox"/>	other	<input type="checkbox"/>			
Formalised Hens/Bucks parties	yes	<input type="checkbox"/>	no	<input type="checkbox"/>			
Childminding Facilities	yes	<input type="checkbox"/>	no	<input type="checkbox"/>			
Auditorium	yes	<input type="checkbox"/>	no	<input type="checkbox"/>			
Gymnasium	yes	<input type="checkbox"/>	no	<input type="checkbox"/>			
Dance Floor	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	Size (approx)	<input type="text"/> sqm	
Dancing	never	<input type="checkbox"/>	1-2 week	<input type="checkbox"/>	f/nightly	<input type="checkbox"/>	
					monthly	<input type="checkbox"/>	
					occassional	<input type="checkbox"/>	
Live Entertainment	never	<input type="checkbox"/>	1-2 week	<input type="checkbox"/>	f/nightly	<input type="checkbox"/>	
					monthly	<input type="checkbox"/>	
					occassional	<input type="checkbox"/>	
Discos	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	How Often?	<input type="text"/>	
A Cover Charge	yes	<input type="checkbox"/>	no	<input type="checkbox"/>			
Nightclub					yes	<input type="checkbox"/>	
<small>For definition see page 10 section 14.2 of the ASR Hotel/Motel/Backpacker Liability Wording</small>						no	<input type="checkbox"/>

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

Please supply details of any outside activities including fundraising conducted by the Insured (e.g. organise/sponsor fetes, rodeos, carnivals etc.)

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 on page 3 of this form.

Do you have a swimming pool, spa or sauna? yes no

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

Have you adopted the ASR Underwriting Quarterly Inspection Reports? 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 twelve months which may or may not result in a claim against this policy? If yes, please provide full details. yes no

Accommodation

How many bedrooms do you have for letting out or rental?

Max Number of Persons per room?

Do you comply with Government Regulations

yes no

Do you have smoke detectors?

yes no

If yes, Are they?

Hard Wired

Battery Operated

Are the smoke detectors monitored

By a Central Monitoring Station

Locally

Other fire protection (Please provide details)

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
Accommodation	\$ <input type="text"/>	\$ <input type="text"/>
Bar & Restaurant	\$ <input type="text"/>	\$ <input type="text"/>
Function Centre	\$ <input type="text"/>	\$ <input type="text"/>
Any Other Source	\$ <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

Important Notes

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

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.

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. 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 insurance company'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 insurance company may be able to 'avoid' your policy. This means that the insurance company 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.

Risk Survey

Acceptance of the proposed risk may be subject to a survey to be carried out by or on behalf of the underwriters. In the event that the survey results in findings of misrepresentation underwriters 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 underwriters 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.

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 underwriting and 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.

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