

General & Products Liability | Hospitality

Proposal

Intermediary _____ Interim Cover No. _____

The Proposer

Name(s) in full _____

Trading as _____

Are You registered for GST purposes? Yes No What is Your ABN? _____

Postal Address _____

Postcode _____

Contact No. Phone _____ Fax _____ Mobile _____

Email Address _____ Website _____

Are you the Property Owner of the Venue? Yes No

If No, is cover required for the Property Owner under this Policy? Yes No

If Yes, what is the name(s) of Property Owner? _____

Are there any other Interested Parties? Yes No

If Yes, please list:

1. Period of Insurance From ____ / ____ / ____ To ____ / ____ / ____

2. Description of Trade or Business (Please attach brochures if available)

3. Location of Premises (attach a list if more than one location)

Postcode _____

4. Limit of Indemnity Required

General Liability - Limit any one occurrence \$ _____

Products Liability - Aggregate Limit in each period of insurance \$ _____

5. Security

Are Crowd Control Staff engaged? Yes No

If Yes, are Crowd Controllers: Employees Contractors

How many nights per week? _____

Do you require them to carry their own Public Liability Insurance? Yes No

6. Facilities

Please tick and give details if you have:

- Swimming Pool / Spa _____
- Playground _____
- Mechanical Rides _____
- Child Care Facilities _____
- Car Parking Number of spaces _____
- Card Machines Pub Tab Sky TV Juke Box
- Pool Tables How many? _____
- Other _____

Licensed no. of seats / persons _____

7. Turnover / Revenue (Estimated for the next 12 months)

Accommodation Bar	\$	_____
Sales	\$	_____
Bottle Shop Sales	\$	_____
Kitchen / Restaurant	\$	_____
Entertainment Gaming	\$	_____
Other	\$	_____
Please specify	\$	_____

Total	\$	_____
Actual Turnover (Last 12 months)	\$	_____
Actual Wageroll (Last 12 months)	\$	_____
No. of Employees	Full-Time _____ Part-Time _____	

8. Entertainment

Trading Hours From: _____ To: _____
From: _____ To: _____
From: _____ To: _____

Is there a dance floor? Yes No

If Yes, what is floor area? _____

What format of Live Entertainment do you employ? eg. singles, duos, bands, DJ's:

How often is entertainment employed? _____

9. Accommodation

Number of Rooms _____

Number of Beds _____

Are all rooms fitted with a Hard Wired Smoke Detector? Yes No

Do you have evacuation procedures posted? Yes No

Are all fire exits kept clear? Yes No

General Information

A. Have You, in the last 5 years

- 1. made any claim(s) on an insurer for loss or damage? Yes No
- 2. had any insurance declined or cancelled, proposal / application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer? Yes No
- 3. suffered any loss or damage which would have been covered by the proposed insurance policy? Yes No

B. Have You or Your Partners or Directors

- 1. ever been declared bankrupt? Yes No
- 2. in the last 10 years been involved in a company or business which became insolvent or was under the control of a liquidator or receiver? Yes No
- 3. been convicted of any criminal offence or served a prison sentence? Yes No

If you answered YES to any question in (A) or (B) above, please provide full details in the space below:

Claims History

Please give full details of all Claims and / or complaints made against You in the past five (5) years

Important Notices

Your Duty of Disclosure

This policy is subject to The Insurance Contracts Act 1984. Under that Act You have a Duty of Disclosure.

This means:

1. When You ask for cover, You must tell Us all that You know about the risk that You want covered which may affect Our decision:
 - (a) To offer You cover, and
 - (b) The terms and the cost of such cover.
2. If You ask for the cover to be renewed, extended, altered or reinstated You must tell Us:
 - (a) If there have been any changes in what is covered, and
 - (b) Of all things that may increase the chances of a claim.

What You Don't Have to Tell Us

You do not have to tell Us of anything;

1. That reduces the chances of a claim. But, if You do, it may let Us offer You better terms.
2. That is common knowledge.
3. That we should know as a normal part of Our business.
4. If We waive Your Duty of Disclosure.

Non-Disclosure

If You don't tell Us something that You know which may affect Our decision to offer You cover or the terms of that cover We may be allowed to:

1. Reduce the amount that We have to pay for a claim. This may mean that We would pay You nothing.
2. Cancel this policy. We may even be allowed to cancel this policy from the date that the cover started if You lie to Us or deliberately keep information from Us or mislead Us.

Declaration

By signing this Proposal form You declare that:

1. You have read the above Important Notices
2. You understand and have complied with Your Duty of Disclosure.
3. The property that You want covered is in good condition.
4. All the information You have given in this form is correct.

Please sign below

Signature _____

Date / / _____

Title/Position _____