



HOTEL AND PUB PROPOSAL FORM

Contact us

 (08) 6555 7742

 contact@matrixinsurance.com.au

 matrixinsurance.com.au



Hotel & Pub Insurance Proposal Form

1. Please read the following Important Notices carefully before completing this documentation
2. This application forms part of the Policy Documents
3. Please answer all questions in full and if not applicable insert "N/A"
4. This is an important document. Please keep it with your schedule in a safe place.

Important Notices

Your duty of disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract.

Privacy

We are committed to ensuring the confidentiality and security of personal information.

We may disclose personal information to:

- a State or Federal Authority, an assessor or investigator (for the purpose of assessing or investigating your claims);
- a lawyer or recovery agent (for the purpose of defending an action by a third party against you or for the purpose of recovering our costs);
- another insurer or a reinsurer (for the purposes of seeking recovery from them or to assist them to assess insurance risks);
- an insurance reference bureau (for the purpose of recording any claims you make upon us); and
- other service providers (only for a purpose in connection with this insurance).

Personal information may also be obtained about you or your employees from the above people or organisations. We will give you and your employees the opportunity to correct this personal information, or obtain access to it. We will provide our dispute resolution procedures to you in respect of any complaint you may have regarding your personal information. You may request access to information held by us about you, by contacting us. Our and our Group's Privacy Statement are also available on our Website.

Co-insurance Provisions

Section 1 – Property Damage (Fire and Perils)

This section contains a Co-insurance clause which applies when the property covered at the situation is not insured for its full value and may affect the basis on which your claim is settled.

Section 2 – Consequential Loss (Business Interruption)

This Section also contains clauses relating to Co-insurance. These clauses apply when the value declared is less than the amount required to fully insure you in line with the policy specifications.

Note: The adequacy of the values declared is your responsibility and if they are correct the above penalties will not apply.

Client Information

Period of Insurance Required:

From:

To:

Insured Name:

Insured:

Occupier Only

Owner Occupier

Property Owner Only

Trading Name:

ABN#:

Interested party:

Contact Phone:

Work:

Mobile:

Email:

Current Insurer

Expiry Date:

Full Business Description:

Years of industry experience?

Have you either alone, or in partnership, or jointly with any other party, or if you are a corporation, has the corporation, or any of its directors:

i. Made any claim under an Insurance Policy covering risks of the kind to which this Proposal Form relates in the last 5 years;

Yes

No

ii. Been involved in any incident in the last 12 months that may give rise to a claim and/or action against you in respect of risks of the kind to which this Proposal Form relates?

Yes

No

iii Had an insurer decline, refuse to renew, cancel or impose special terms or conditions in respect of risks of the kind to which this Proposal Form relates

Yes

No

iv. Been charged with a criminal offence or been declared bankrupt?

Yes

No

v Any claims been made against the Company for professional negligence, error or omissions in the last 5 years?

Yes

No

If you answered Yes to any of the above, please provide details below:

Date of Loss

Cause of Claim/Incident

Amount of Claim \$

Insurer

Insured Location Details

Insured Location Address: Street:

Suburb/Town:

State:

Postcode:

Construction Details

Please Select

External Walls Brick / Concrete Iron/Metal Wood Other

Provide percentage of external wall construction split if mixed

Floor Concrete Wood Other

Roof Concrete Iron Tiles AC Sheeting Other

General condition of building Good Average Poor

If metal roof is it secured with screw fixings Yes No if yes %

Any coolrooms on the premise: Yes No if yes how many

Year Built Heritage Listed Yes No Last Rewired:

Date of last electrical inspection Date of last thermo scan of switchboards

Closed switch boards? Yes No Circuit breaker? Yes No

Number of storeys: Stairwells / Fire Stairs Number of internal: Number of external:

Are you aware of any asbestos on the premises? if so please detail, or attach asbestos register:

Fire Protection Details

Please Select

Fire Protection Fire Sprinklers Extinguishers Fire Blankets Smoke Detectors hard wired

Smoke Detectors battery operated Fire Hydrants Hose Reels

Do smoke detectors cover all areas? Yes No
if no advise where

Fire Alarm connected back to the Fire Brigade or Alarm Monitoring Company Yes No

Coverage of fire alarm in building %

Is all fire equipment tagged and tested? Yes No

Is the Insured Premise connected to Town Water Supply? Yes No
if no advise water supply

Local Fire Fighting Services Manned Full Time Volunteer Distance to nearest fire station KM

Security Details

Please Select

External Doors Dead Bolts Dead Locks Electronic Card Other

External Windows None Bars / Grills Window locks Are all windows fitted with key locks? Yes No

Burglar Alarms None Local Alarm Monitored Alarm to Mobile to Security Company

CCTV if so how many CCTV retained If incident, how long is footage saved for?

Other Security

What areas does the security alarm cover?

Cash Management

| | | |
|---|---------------------|----|
| Details of safe: Type/make | key or combination? | |
| Is the safe bolted to the floor? | Yes | No |
| Do you use external cash carriers? | Yes | No |
| Do you have an ATM? | Yes | No |
| Do you have any Pokie Machines? – If yes how many? | Yes | No |
| If you have Pokies do you empty money in machines at close of business? | Yes | No |

Kitchen / Cooking Areas Please Tick appropriate box

| Equipment | Quantity | Cleaned Weekly | Cleaned Fortnightly | Cleaned Monthly | Cleaned Every 6 months | Cleaned Every 12months |
|--|----------|----------------|---------------------|-----------------|------------------------|------------------------|
| Bench Top Fat Fryer | | | | | | |
| Deep Fat Fryer (standalone units) | | | | | | |
| Commercial Oven | | | | | | |
| Ducted Range Hood Exhaust | | | | | | |
| Range Hood Filters | | | | | | |
| Pizza Oven | | | | | | |
| Other | | | | | | |
| Are your deep fryers fitted with an automatic thermostatic cut off device? | | Yes | No | | | |
| Oil Litre Capacity per Unit? | | | | | | |
| Do you use a commercial cleaning company for the kitchen exhaust system? | | Yes | No | | | |
| Servicing / Cleaning Company Details: | | | | | | |

Property Section – Sums Insured

| Fire & Perils | | Business Interruption | | |
|----------------------------|----|--------------------------------|----------|----------|
| Building | \$ | Indemnity Period | | |
| Contents, Plant, Equipment | \$ | 12 Month | 18 Month | 24 Month |
| Stock | \$ | Annual Gross Profit | | \$ |
| Removal of Debris | \$ | Claim Preparation Costs | | \$ |
| Other | \$ | Additional Cost of Working | | \$ |
| Please specify | | Rent payable / Rent receivable | | \$ |
| | | Total | | \$ |
| Total | \$ | | | |

Glass Cover

| | | |
|---|-----|----|
| External and internal glass cover required? | Yes | No |
|---|-----|----|

Theft Cover

| | | | |
|------------------|----|------------------------------------|----|
| General Contents | \$ | Stock – Including Liquor / Alcohol | \$ |
| Theft Limit | | Theft Limit | |

Money Cover

| | | | |
|--|----|--|----|
| Money in Transit | \$ | Money on the Premises – Business Hours | \$ |
| Money on the Premises – Outside Business Hours | \$ | Money in Private Residence | \$ |
| Money in Locked Safe | \$ | Damage to Safe | \$ |
| Money in ATM | \$ | | |

Machinery Breakdown

| | | | | | | |
|--|---------|---------|----------|-------|-----|----|
| Do you require Machinery Breakdown cover? | | | | | Yes | No |
| Deterioration of Stock cover required following a breakdown? | | | | | Yes | No |
| Spoilage of Stock Limit | \$2,500 | \$5,000 | \$10,000 | Other | | |

Management Liability

| | | | | | |
|---|------|------|------|-------|----|
| Would you like to cover for Management Liability? | | | | Yes | No |
| Limit cover required | \$1M | \$2M | \$5M | Other | |

Public & Products Liability

General Third Party Public & Products Liability: Sum Insured / Limits of Liability Required. Please Tick:

| | |
|---|---|
| \$10,000,000 Public Liability any one occurrence; | \$20,000,000 Public Liability any one occurrence; |
| \$10,000,000 Products Liability any one occurrence & in the Aggregate during the Policy Period. | \$20,000,000 Products Liability any one occurrence & in the Aggregate during the Policy Period. |

Turnover Breakdown: Expected turnover next 12 months

| | |
|---|----|
| Annual Turnover – Bar Receipts | \$ |
| Annual Turnover – Bottle Shop or Takeaway Alcohol | \$ |
| Annual Turnover - Restaurant / Food Sales | \$ |
| Annual Turnover - Gaming Commissions | \$ |
| Annual Turnover - Accommodation | \$ |
| Annual Turnover - Other | \$ |
| Annual Turnover - Total | \$ |

Wages

| | |
|--------------------------------|----|
| Estimated wages next 12 months | \$ |
| Number of staff employed | |

Liability Questions

Normal trading Hours

| Cover Required: | Occupier Only | Property Owners | Owner Occupier |
|--|---------------|-----------------|----------------|
| Licence Capacity (Max number of persons in venue) | | | |
| Has your liquor license ever been suspended or revoked? | | | Yes No |
| Are your staff trained in the responsible serving of liquor? | | | Yes No |
| Do you manufacture any products, including brewing beer, distilling spirits? | | | Yes No |
| Do you offer any equipment or activities for guests? If yes describe. | | | Yes No |
| Have you ever had any food or health violations? | | | Yes No |
| Does your staff check regularly for spills and cleanliness of toilets? | | | Yes No |
| Are cleaning checks documented? | | | Yes No |
| Do you have an incident register? | | | Yes No |
| Do you have a Dance Floor? If yes how many sqm | | | Yes No |
| Children's Playground? If yes describe | | | Yes No |
| Drive through bottleshop? | | | Yes No |
| Does a caretaker live on premises? | | | Yes No |
| Solo / Duo / Trio Artists? If yes provide details eg frequency | | | Yes No |
| DJ's / Karaoke? If yes provide details eg frequency | | | Yes No |
| Nightclub? | | | Yes No |
| Do you have happy hour? | | | Yes No |
| If yes, what is the frequency? | | | Yes No |
| Other | | | |

Security:

| | | |
|--|-----|----|
| Do you have your own Security Staff? | Yes | No |
| Do you contract out your Security Staff? | Yes | No |
| Frequency and number of security staff | | |
| Estimated annual payments to security | \$ | |
| Does the security company have its own insurance in place? | Yes | No |

Accommodation:

| | | |
|--|-----|----|
| Do you provide Accommodation? If yes – No of Rooms? | Yes | No |
| Are all accommodation rooms fitted with hard wired smoke detectors? | Yes | No |
| Do you provide caravan sites or camping facilities? | Yes | No |
| If yes, please advise number of powered and unpowered sites as well as tent sites? | | |
| Describe style of rooms: Motel / Hotel / B&B / Backpackers | | |

Your Declaration

Declaration

I/We the undersigned declare that:

- (i) I am/We are authorised by each of the Proposers to sign this Proposal Form; and
- (ii) The above statements are correct, true and complete; and
- (iii) No information material to this Proposal Form has been withheld; and
- (iv) I/We have read and understand the notices contained in this Proposal Form under the heading Important Notices
- (v) I/We have diligently made all necessary and detailed enquiries in order to comply with the Duty of Disclosure ; and
- (vi) I/We understand that no insurance is in force until such times as the insurer has confirmed acceptance of the proposed insurance; and
- (vii) I/We undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance;
and

I/We acknowledge that the Insurer relies on the information and representations in this Proposal Form and otherwise made by me/us in relation to this insurance; and except where indicated to the contrary, we understand that any statement made in this application will be treated by Matrix Insurance Group as a statement made by all persons to be insured; and

- (viii) I / We have read Matrix Insurance Group's Privacy Statement on this Proposal Form and consent to the use, disclosure and obtaining of personal information about the Proposers for the purposes shown in the Privacy Statement.

Signed:

Name of Principal, Partner(s) or Director(s)

On behalf of (name of firm or company):

Date: