

HOSTSURE

UNDERWRITING AGENCY

Level 5, 97-99 Bathurst Street, Sydney NSW 2000
PO Box A2016, Sydney South NSW 1235
Phone: (02) 9307 6600 Fax: (02) 9307 6699

ABN 44 108 154 829 AFSL 268726

www.hostsure.com.au info@hostsure.com.au

Industrial Special Risks Proposal Form

New Business or Renewal:

1. Proposer(s):

Name(s) in full of Principals/Partners/Directors:

.....

Trading Name:

.....

Trading Hours and Days:

..... Postcode:

Contact Name: Email:

Phone:

Is the Property Owner to be included? If Yes, then please advise name:

.....

2. Full Name of Interested Parties (e.g. Mortgagee):

Nature of Interest:

3. Period of Insurance Requested:

From: at 4pm To: at 4pm

4. Limits of Liability – Maximum Limit of Liability, any one loss at any one location:

Required Limit of Liability

Section 1 – Material Damage \$.....

Section 2 – Consequential Loss \$.....

Combined/ Overall Limit of Liability \$.....

5. Location(s) of all Situations to be Insured under this Policy: *(if insufficient space please attach separate list);*

Location 1

..... Postcode:

Location 2

..... Postcode:

6. Details of Premises listed (Provide details for each Location):

Occupancy	Location 1		Location 2	
Type of Business				
Please advise:				
Hotel/Restaurant	Yes	No	Yes	No
Gaming Venue	Yes	No	Yes	No
Tavern	Yes	No	Yes	No
Accommodation	Yes	No	Yes	No
(advise number of rooms)	.....	.....	.....	.....
Property Owners	Yes	No	Yes	No
Wine Bar	Yes	No	Yes	No
Bottle Shop	Yes	No	Yes	No
Other	.....	.....	.....	.....

(i) Are any of the buildings heritage listed and if so, please advise the type of listing (e.g. Local, State or National Listing)

.....

(ii) Insured's experience in running a licensed Hotel, Pub, Bar or Tavern

.....

(iii) Is there a Night Club on the Premises? Yes No

(iv) Is there a Children's Playground or Swimming Pool on the Premises? Yes No

7. Construction Details

- (i) Age of Building:
- (ii) Premises recently been renovated? (If yes, please provide details):
.....
.....
- (iii) General condition of the building? (E.g. Good/Average/Poor):
- (iv) Age of electrical wiring?
.....

If premises older than 40 years:

1. it must have been rewired since 1990 or
2. have obtained an electricians report confirming compliant condition or
3. had the wiring thermo graphically scanned within the past 2 years with no faults recorded.

Construction	Location 1	Location 2
Walls
Roof
Roof Frame
Floors – Ground
Floors – Other
No. of Storeys

8. Fire Protection (at each Location)

	Location 1		Location 2	
Is the building Sprinklered?	Yes	No	Yes	No
• Type of Supply (Single / Dual):	.....		.....
• Area Coverage (%):	.....		.....
Are Sprinklers maintained under a service contract?	Yes	No	Yes	No
Fire Alarm?	Yes	No	Yes	No
• Heat or Smoke?	.....		.....
• Area Coverage (%):	.....		.....

Fire Hydrants:	Yes	No	Yes	No
Hose Reels?	Yes	No	Yes	No
• (Quantity):	.....		.....
Extinguishers?	Yes	No	Yes	No
• (Quantity):	.....		.....
Is there a monitored alarm?	Yes	No	Yes	No
Is the alarm monitored by the fire brigade?	Yes	No	Yes	No
Smoke Detectors?	Yes	No	Yes	No
Hardwired	Yes	No	Yes	No
Thermal	Yes	No	Yes	No
Battery	Yes	No	Yes	No
• Area Coverage (%):	.....		.....
Is coverage for the extinguishers and hose reels to the Building Code of Australia Requirements?	Yes	No	Yes	No

Is all staff trained to use all the fire fighting equipment? Yes No

Is all fire fighting equipment serviced under contract? Yes No

Location 1

Location 2

Is the Premises connected to Town Water?	Yes	No	Yes	No
Is the fire brigade Full Time or Part Time (Volunteer)?	Yes	No	Yes	No

In reference to the above, what is the response time of the fire brigade? (Please consider 'peak times' of the day)

.....

9. Kitchen (at each Location)

Location 1

Location 2

How many deep fryers are there? (size, standalone or bench top)	.....		.....
Are the deep fryers thermostatically controlled with automatic cut off switches?	Yes	No	Yes	No

Are filters cleaned on a weekly basis?	Yes	No	Yes	No
Are hoods, filters and ducting cleaned every six months by a professional cleaner?	Yes	No	Yes	No
Is the kitchen fitted with the appropriate wet chemical fire extinguishers?	Yes	No	Yes	No
Is there a fire blanket available?	Yes	No	Yes	No
Year the building was re-roofed	.....		.....
Year the building was re-plumbed	.....		.....
Please advise the percentage of EPS:	.....		.....

10. Security Details

	<i>Location 1</i>		<i>Location 2</i>	
Are all perimeter doors:				
• Deadlocked	Yes	No	Yes	No
• Padlocked	Yes	No	Yes	No
• Other (details required)	.....		.....
	
Do all perimeter windows have:				
• Bars	Yes	No	Yes	No
• Key locks	Yes	No	Yes	No
• Other (details required)	.....		.....
	
Are all alarms:				
• Electronic burglar alarm with movement sensors	Yes	No	Yes	No
• Local sounding alarm	Yes	No	Yes	No
• Monitored alarm:	Yes	No	Yes	No
• Landline	Yes	No	Yes	No
• Polling	Yes	No	Yes	No
• Security Patrolled	Yes	No	Yes	No
Are there CCTV Cameras installed?	Yes	No	Yes	No
How many?	.....		.....
Is there exterior lighting around the premises?	Yes	No	Yes	No
	Yes	No	Yes	No
Are bollards installed in front of all ram raid accessible entry points?	.....		.....
How many ATMs are on the premises?	.....		.....
Where are the ATMs located?	.....		.....
And are they ram raid accessible?	Yes	No	Yes	No

Are the ATMs bolted to the floor?	Yes	No	Yes	No
What is the security on the ATMs? (Time delay, CCTV, motion detectors)	.....		.....

11. Loss History Past 5 Years *(if insufficient space please attach separate list)*

Date of Loss	Description of Loss	Excess Applicable	Amount Incurred
		\$.....	\$.....
		\$.....	\$.....
		\$.....	\$.....
		\$.....	\$.....

If a Loss/s was suffered, then please advise any corrective / loss mitigation measures taken to reduce the likelihood of an event occurring again:

12. Declared Values:

<i>Section 1 – Material Damage</i>	<i>Location 1</i>	<i>Location 1</i>
Building(s)	\$.....	\$.....
Plant, Machinery and all Contents (excl stock)	\$.....	\$.....
Stock	\$.....	\$.....

Required Sub-Limits of Liability:

Removal of Debris	\$.....
Extra Costs of Reinstatement	\$.....
Accidental Damage	\$.....

Section 2 – Business Interruption

Gross Profit	\$.....	\$.....
Loss of Rent	\$.....	\$.....
Payroll;		
Directors and Permanent Staff	Yes No	Yes No
Casual Staff	Yes No	Yes No

Indemnity Period (months)

Payroll Limits:

\$ for weeks

..... % forweeks

Consolidation Period

Please advise Uninsured Working Expenses (application only to the definition of Gross Profit)

.....

Required Sub-Limits of Liability:

Claims Preparation Costs:	\$.....
Additional Increased Cost of Working:	\$.....

Required Sub-Limits of Liability :

Burglary & Theft \$.....

Money

In Transit	\$.....
On Premises during Business Hours	\$.....
In Premises outside Business Hours	\$.....
In Locked Safe or Strongroom	\$.....
In Personal Custody	\$.....
Damage to Safe or Strongroom	\$.....

Liability Cover (Standalone)

Please provide Turnover spilt	<i>Location 1</i>	<i>Location 2</i>
Bar%%
Food%%
Gaming%%
Bottle shop%%
Accommodation%%
Entertainment		
(DJs, Band, Bands, Duos etc.)%%
Other%%

Turnover

Past 12 months:	\$.....	\$.....
Next 12 months:	\$.....	\$.....
Annual gross turnover/sales/revenue:	\$.....	\$.....
Annual gross salaries/wages:	\$.....	\$.....
Number of staff:	.....	.....

Please advise if security guards are engaged. Yes No

.....

Are they outsourced? Yes No

.....

13. Money Questionnaire:

- (i) How many safes are there on the premises, and what types of safes are they? Please also advise the maximum amount stored in each safe at any one time.

.....

.....

(ii) Who has access to the safe?

.....

(iii) What security is in place whilst cash is being counted? Is this conducted in a strongroom or similar? Please describe:

.....

(iv) Are Professional Money Carriers used?

.....

(v) Is banking done on a regular basis? (weekly or bi-weekly)

.....

(vi) How many gaming machines does the hotel have?

.....

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of General Insurance you have a duty, under the Contracts Act 1984, to disclose every matter you know, or could reasonably be expected to know that 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 your Insurance.

Your duty however, does not require disclosure of matters:

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

If there is inadequate space to answer our General Information or other questions or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this application giving full details of additional information.

PENALTY FOR NON-DISCLOSURE

If you do not tell us everything necessary, we may:

- Reduce or refuse to pay a claim, or
- Cancel your Policy

If you act dishonestly, the Insurer may also have the option of avoiding the contract from its beginning.

PRIVACY

New privacy legislation took effect on 14 March 2014. The legislation regulates the way private sector organisations can collect, use keep secure and disclose personal information. Hostsure Underwriting Agency has developed a privacy policy, which explains what sort of personal information we hold about you and what we do with that information. Please contact your broker for a copy or it is available on our website at www.hostsure.com.au.

SIGNATURE & DECLARATION

I/We declare that:

The particulars and statements in this form are true, correct and complete and contain all information known to me/us.

The Duty of Disclosure, Penalty for Non-Disclosure and Privacy, statements have been read and understood by me/us.

I/We certify that answers not in my own handwriting have been checked by me and are true and correct.

Insured's Printed Name:

Insured's Signature:

Date: