

# ACCOMMODATION BROADFORM LIABILITY PROPOSAL

Level 5, 97-99 Bathurst Street, Sydney NSW 2000  
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**HOSTSURE**  
UNDERWRITING AGENCY

## IMPORTANT INFORMATION

### BINDER AGREEMENT

The contract of insurance is arranged by Hostsure Underwriting Agency Pty Ltd (ABN 44 108 154 829, AFSL 268726) ('Hostsure') acting under a binding authority as agent for the Insurer, certain Underwriters at Lloyd's. Hostsure does not act as Your agent.

### YOUR DUTY OF DISCLOSURE

Before You enter into an insurance contract, You have a duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

You have this duty until We agree to insure You.

You have the same duty before You renew, extend, vary or reinstate an insurance contract.

You are not required to tell Us anything that:

- reduces the risk We insure You for; or
- is common knowledge; or
- We know or should know as an insurer; or
- We waive Your duty to tell Us about.

### If You do not tell Us something

If You do not tell Us anything You are required to, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

### PRIVACY STATEMENT

In this privacy statement the use of 'We', 'Us' and 'Our' means the Underwriters and Hostsure unless specified otherwise.

The privacy statement set out below refers to Hostsure's Privacy Policy in dealing with Your information and processing of Your Policy. This will differ from the privacy policy of Your broker as set out on their website.

We are committed to protecting Your privacy. We are bound by the obligations of the *Privacy Act 1988* (Cth). This sets out basic standards relating to the collection, use, storage and disclosure of personal information.

We need to collect, use and disclose Your personal information (which may include sensitive information) in order to consider Your application for insurance and to provide the cover You have chosen, administer the insurance and assess any claim. You can choose not to provide Us with some of the details or all of Your personal information, but this may affect Our ability to provide the cover, administer the insurance or assess a claim.

The primary purpose for Our collection and use of Your personal information is to enable Us to provide insurance services to You.

Personal information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from Your insurance intermediary or co-insureds). If You provide personal information for another person

You represent to Us that:

- You have the authority from them to do so and it is as if they provided it to Us;
- You have made them aware that You will or may provide their personal information to Us, the types of third parties We may provide it to, the relevant purposes We and the third parties We disclose it to will use it for, and how they can access it. If it is sensitive information We rely on You to have obtained their consent on these matters. If You have not done or will not do either of these things, You must tell Us before You provide the relevant information.

We may disclose the personal information We collect to third parties who assist Us in providing the above services, such as related entities, distributors, agents, insurers, reinsurers and service providers. Some of these third parties may be located outside of Australia. In all instances where personal information may be disclosed to third parties who may be located overseas, We will take reasonable measures to ensure that the overseas recipient holds and uses Your personal information in accordance with the consent provided by You and in accordance with Our obligations under the *Privacy Act 1988* (Cth).

In dealing with Us, You consent to Us using and disclosing Your personal information as set out in this statement. This consent remains valid unless You alter or revoke it by giving written notice to Hostsure's Privacy Officer. However, should You choose to withdraw Your consent, We may not be able to provide insurance services to You.

Hostsure's Privacy Policy which is available at [www.hostsure.com.au](http://www.hostsure.com.au) or by calling Hostsure, sets out how:

- Hostsure protects Your personal information;
- You may access Your personal information;
- You may correct Your personal information held by Us;
- You may complain about a breach of the *Privacy Act 1988* (Cth) or Australian Privacy Principles and how Hostsure will deal with such a complaint.

If You would like additional information about privacy or would like to obtain a copy of the Privacy Policy, please contact Our designated Privacy Officer by:

**Postal address:** PO Box A2016, Sydney South NSW 1235

**Phone:** +61 2 9307 6656

**Fax:** +61 2 9307 6699

**Email:** [privacyofficer@steadfastagencies.com.au](mailto:privacyofficer@steadfastagencies.com.au)

You can download a copy of Hostsure's Privacy Policy by visiting [www.hostsure.com.au](http://www.hostsure.com.au)

### DEFINED TERMS

We have capitalised words with special meaning wherever they appear in the Proposal, to show that those words have a particular defined meaning. These words are defined in the Definitions section of the Policy.

All questions are to be answered. If there is insufficient space, please attach additional information to this form.

**APPLICANT DETAILS**

|                                                     |                                                          |                                                          |          |  |
|-----------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------|--|
| Name of Insured<br>(incl. all subsidiary companies) |                                                          |                                                          |          |  |
| Postal address                                      |                                                          |                                                          |          |  |
| Suburb / city                                       | State                                                    | Postcode                                                 |          |  |
|                                                     | ABN                                                      | Taxable (GST input)                                      | %        |  |
| Is Your Business registered for GST?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                          |          |  |
| Period of Insurance                                 | (DD/MM/YYYY) to                                          | (DD/MM/YYYY) at 4.00 pm                                  |          |  |
| Your contact details                                | Name                                                     |                                                          |          |  |
|                                                     | Private phone                                            | Business phone                                           |          |  |
|                                                     | Fax number                                               | Mobile                                                   |          |  |
|                                                     | Email                                                    |                                                          |          |  |
|                                                     | Website                                                  | Years in Business                                        |          |  |
|                                                     | Business premises - 1                                    | State                                                    | Postcode |  |
| Business premises - 2                               | State                                                    | Postcode                                                 |          |  |
| Business premises - 3                               | State                                                    | Postcode                                                 |          |  |
| Business premises - 4                               | State                                                    | Postcode                                                 |          |  |
| Business premises - 5                               | State                                                    | Postcode                                                 |          |  |
| Interested parties                                  |                                                          |                                                          |          |  |
| Above parties interest                              |                                                          |                                                          |          |  |
| Limit of Liability required                         | \$                                                       |                                                          |          |  |
| Optional Benefits                                   | Criminal Defence Expense Insurance                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |  |
|                                                     | WorkCover Defence Costs                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |  |
| Please describe Your Business activities            |                                                          |                                                          |          |  |
| Operation hours / days                              |                                                          |                                                          |          |  |

**UNDERWRITING INFORMATION**

|                                                                                                                                            |          |    |     |   |           |   |     |                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------|----|-----|---|-----------|---|-----|----------------------------------------------------------|--|
| Please provide details of any professional advice or service provided for a fee.                                                           |          |    |     |   |           |   |     |                                                          |  |
| Please provide Your actual total turnover for the previous Period of Insurance.                                                            |          | \$ |     |   |           |   |     |                                                          |  |
| Please provide Your estimated total turnover for the coming Period of Insurance.                                                           |          | \$ |     |   |           |   |     |                                                          |  |
| Please provide Your estimated total wages for the coming Period of Insurance.                                                              |          | \$ |     |   |           |   |     |                                                          |  |
| Please provide details of Your estimated turnover as a percentage per state.                                                               | ACT      | %  | NSW | % | NT        | % | QLD | %                                                        |  |
|                                                                                                                                            | SA       | %  | TAS | % | VIC       | % | WA  | %                                                        |  |
| Do You sell or distribute any products? If "Yes" please complete the Products Module Questionnaire.                                        |          |    |     |   |           |   |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Please provide details of the type of accommodation You provide. (i.e. short term, long term, permanent)                                   |          |    |     |   |           |   |     |                                                          |  |
| Please provide details of the number of rooms and beds.                                                                                    |          |    |     |   |           |   |     |                                                          |  |
| Please provide details of any:                                                                                                             |          |    |     |   |           |   |     |                                                          |  |
| • Swimming pools                                                                                                                           |          |    |     |   |           |   |     |                                                          |  |
| • Sporting facilities                                                                                                                      |          |    |     |   |           |   |     |                                                          |  |
| • Amusement facilities                                                                                                                     |          |    |     |   |           |   |     |                                                          |  |
| • Children's playgrounds                                                                                                                   |          |    |     |   |           |   |     |                                                          |  |
| • Tennis / squash / basketball courts etc.                                                                                                 |          |    |     |   |           |   |     |                                                          |  |
| • Trampolines                                                                                                                              |          |    |     |   |           |   |     |                                                          |  |
| • Other:                                                                                                                                   |          |    |     |   |           |   |     |                                                          |  |
| Are soft fall areas installed in all playground areas?                                                                                     |          |    |     |   |           |   |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Are playground areas adequately fenced?                                                                                                    |          |    |     |   |           |   |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Are all flammable and toxic liquids stored in an appropriately bundled or protected area?                                                  |          |    |     |   |           |   |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Do You organise or manage tours?                                                                                                           |          |    |     |   |           |   |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If "Yes", please advise:                                                                                                                   | Activity |    |     |   | Frequency |   |     |                                                          |  |
|                                                                                                                                            |          |    |     |   |           |   |     |                                                          |  |
|                                                                                                                                            |          |    |     |   |           |   |     |                                                          |  |
|                                                                                                                                            |          |    |     |   |           |   |     |                                                          |  |
|                                                                                                                                            |          |    |     |   |           |   |     |                                                          |  |
| Do You provide live entertainment?                                                                                                         |          |    |     |   |           |   |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If "Yes", please provide details of frequency and attendance.                                                                              |          |    |     |   |           |   |     |                                                          |  |
| Do You have security personnel on site?                                                                                                    |          |    |     |   |           |   |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Do You utilise the services of contractors / subcontractors during the Period of Insurance?                                                |          |    |     |   |           |   |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <i>Please note that should You utilise the services of contractors / subcontractors during the Period of Insurance You must advise Us.</i> |          |    |     |   |           |   |     |                                                          |  |
| If "Yes", what services do they provide? (% split by activity)                                                                             |          |    |     |   |           |   |     |                                                          |  |

**UNDERWRITING INFORMATION** continued

|                                                                                                                                                                  |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Are the contractors / subcontractors self-employed or are they employed by a company?                                                                            |                                                          |
| Do You utilise the services of a labour hire firm?                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What are the total annual wages paid to contractors / subcontractors?                                                                                            | \$                                                       |
| Do You keep and maintain a written record of their public liability insurance?<br>(This should carry a minimum limit of \$10,000,000 with an authorised insurer) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do You have an active emergency evacuation plan?                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do You have a written cleaning procedure and log?                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do You have a written maintenance and service programme and keep a log of same?                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do You keep and maintain an incident report procedure and log?                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do You have a written Risk Management programme?                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do You have the appropriate current accreditation in Risk Management and Occupational Health and Safety?                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do You comply with all relevant Australian / New Zealand Standards and legislation that pertain to Your Business?                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do You have suitable first aid equipment?                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are personnel appropriately trained in its application?                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do You provide babysitting or child minding services?                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do You and all of Your employees, contractors and subcontractors comply with relevant child protection legislation?                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do You have a café, snack bar or restaurant?                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does it include deep frying or wok cooking? (If "Yes", please complete Cooking Addendum)                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please advise details of the seating capacity.                                                                                                                   |                                                          |
| Do You have function facilities?                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do You sell, supply or serve alcohol?                                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do bar staff meet legislative requirements in relation to Responsible Service of Alcohol?                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**COOKING ADDENDUM**

|                                                            |                                                          |
|------------------------------------------------------------|----------------------------------------------------------|
| Do You use wok cooking?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do You use a deep fryer?                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please advise the capacity.                                | Litres                                                   |
| Does the fryer / wok have an automatic thermostat cut off? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are the filters and flues cleaned by professionals?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How often are the filters and flues cleaned?               |                                                          |
| Please provide details of the fire protection available:   |                                                          |
| • Fire blanket                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Extinguishers                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please advise the type and number of extinguishers.        |                                                          |

**CLAIMS HISTORY**

|                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                |             |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|
| Your current insurer                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                | Expiry date | / /                                                      |
| Have You or any other party noted as the named Insured ever had insurance refused or cancelled or has any insurer ever imposed special terms, conditions or restrictions on Your policies? |                                                                                                                                                                                                                                                                                                                                |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes", please provide full details.<br>(If insufficient room continue on a separate sheet)                                                                                              |                                                                                                                                                                                                                                                                                                                                |             |                                                          |
|                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                |             |                                                          |
| Detail all insurance claims made in the last five years. Please include dates and amounts.<br>(If insufficient room continue on a separate sheet)                                          |                                                                                                                                                                                                                                                                                                                                |             |                                                          |
|                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                |             |                                                          |
| Are You aware of any uninsured losses or unreported incidents that may give rise to a claim?<br>(If insufficient room continue on a separate sheet)                                        |                                                                                                                                                                                                                                                                                                                                |             |                                                          |
|                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                |             |                                                          |
| a)                                                                                                                                                                                         | Has there been, or is there now pending, any action, litigation or other proceedings (criminal or civil) against any proposed Insured person, in their capacity as a director, officer, secretary, board or committee member or employee of either the named Insured or any other company, organisation, association or trust? |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b)                                                                                                                                                                                         | Has there been or is there now pending any investigation, examination, inquiry or other proceedings in relation to the affairs of the named Insured?                                                                                                                                                                           |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c)                                                                                                                                                                                         | Do any circumstances exist that may give rise to any event described under a) or b) above?                                                                                                                                                                                                                                     |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d)                                                                                                                                                                                         | Have You or any partner(s), board or committee member(s) of the Business ever been declared bankrupt?                                                                                                                                                                                                                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e)                                                                                                                                                                                         | Have You or any partner(s), board or committee member(s) of the Business ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)?                                                                                            |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If You answered "Yes" to part a), b), c), d) or e) above, please supply details.                                                                                                           |                                                                                                                                                                                                                                                                                                                                |             |                                                          |
|                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                |             |                                                          |

**PLEASE CHECK YOUR PROPOSAL CAREFULLY BEFORE SIGNING THE DECLARATION BELOW.**

## DECLARATION

I / We declare that:

- 1) I have read and understood my duty of disclosure and the privacy statement contained in the Important Information section set out in the Proposal.
- 2) I am authorised to complete and sign this declaration on behalf of all the applicants.
- 3) I confirm that the answers and statements in this Proposal are true and correct and I have not withheld any information which may affect the decision to accept this Proposal or the terms and conditions of any insurance provided.
- 4) I understand that up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform Hostsure Underwriting Agency of any change in the particulars or statements contained in this Proposal or in any attachments.
- 5) I understand that if this Proposal is accepted, the insurance cover will be subject to the terms and conditions set out in the Policy.
- 6) I acknowledge that the particulars and statements contained in this Proposal shall form the basis of the contract should a Policy be issued.
- 7) I further acknowledge that Hostsure Underwriting Agency on behalf of the Insurer may decline this Proposal.
- 8) I consent to Hostsure Underwriting Agency and the Insurer collecting, using and disclosing personal information as set out in the privacy statement. Where I have provided personal information on behalf of another person I have complied with my obligations as set out in the privacy statement.
- 9) I understand that this insurance does not operate until Hostsure issues the Schedule and the premium has been paid (except for any cover provided under an interim insurance contract).
- 10) I understand that the Insurer reserves the right to vary the premium and / or the Policy terms and conditions on receipt of the completed Proposal.

Your signature

Your name

Date

Your title