

INDUSTRIAL SPECIAL RISKS PROPOSAL FORM

IMPORTANT NOTICES

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(s), certain Underwriters at Lloyd's. Hostsure does not act as Your agent.

DEFINED TERMS

Some words used in this Proposal Form ('Proposal') have a special meaning as defined in the Policy wording and such other documents which make up the Policy which contain definitions.

For the purposes of the Important Notices section all references to:

- 'You' or 'Your' have the same meaning as "Insured";
- 'We', 'Us', or 'Our' have the same meaning as "Insurer(s)".

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 Insurer(s) 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 Privacy 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 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

You can download a copy of Hostsure's Privacy Policy by visiting www.hostsure.com.au

CO-INSURANCE (AVERAGE) CLAUSE

This Policy is subject to a co-insurance/average condition. The effect of this condition is that if at the time of loss the sum insured or limit of liability is less than the full value of the property or income insured, then You may not be covered for Your full loss. It is Your responsibility to ensure the adequacy of sum(s) insured or limit(s) of liability and You should re-assess these sum(s) insured or limit(s) of liability during the currency of the Policy and prior to renewal each year.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer any question or You need to disclose something to Us because of Your duty of disclosure, please attached a separate piece of paper to this Proposal giving full details of additional information.

Example:	
When: The value of the property is \$5,000,000	
The Co-insurance percentage is	85%
The sum insured or limit of liability for it is	\$2,125,000
The Deductible is	\$1,000
The amount of loss is	\$1,000,000
Step (1): \$5,000,000 x 85% = \$4,250,000 (the minimum amount of insurance to meet Your co-insurance requirements)	
Step (2): \$2,125,000 ÷ \$4,250,000 = .50	
Step (3): \$1,000,000 x .50 = \$500,000	
Step (4): \$500,000 - \$1,000 = \$499,000	
We will pay no more than \$499,000. The remaining \$501,000 is not covered.	

YOUR DETAILS

Proposer(s):	
Name(s) in full of principals/directors:	
Trading name (if applicable):	
Name(s) in full of property owner:	
Name(s) in full of interested parties:	
Nature of interest:	
Survey contact name:	
Phone number:	
Have you or any principal or director of the business ever:	
a) had any policy of insurance or declined, refused or cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) had any special terms, conditions or excesses imposed on any policy of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) had a claim rejected under a policy of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) been declared bankrupt or put into receivership or liquidation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) been charged with or convicted of a criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) had a liquor licence suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If You answered 'Yes' to any of the above questions, or if there are any other matters You should disclose (see 'Your Duty of Disclosure'), please provide complete details below:	

PERIOD OF INSURANCE

Expiring at 4pm EST:	From: / /	To: / /
Current insurer:		Current expiry date: / /

YOUR CLAIMS HISTORY

Have you in the last 5 years made any claim or sustained any uninsured loss or damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you at any time made any claim or sustained any uninsured loss or damage exceeding \$100,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'Yes', please provide further details:					
Date of loss	Insurer	Description of loss	Amount	Deductible	Open/Closed

BUSINESS DETAILS

(To be completed for each Situation to be covered under this Policy)

Address:						
Suburb:		State	Postcode			
Type(s) of Business:	<input type="checkbox"/> Hotel	<input type="checkbox"/> Bottle shop	<input type="checkbox"/> Tavern	<input type="checkbox"/> Wine bar	<input type="checkbox"/> Night club	<input type="checkbox"/> Property
	<input type="checkbox"/> Gaming	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Accommodation			
	<input type="checkbox"/> Other: _____					
Number of years in Business:	<input type="checkbox"/> New	<input type="checkbox"/> 2-3 years	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> Over 5 years		
Number of years at this location:	<input type="checkbox"/> New	<input type="checkbox"/> 2-3 years	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> Over 5 years		
Are the owners or operators planning to renovate or refurbish the premises in the next 12 months?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
If 'Yes', please specify the value of the contract of works:				\$		
Trading hours:		No of trading days:		From:	to:	
Do you provide any accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Number of rooms:		
Type of accommodation:	<input type="checkbox"/> Motel	<input type="checkbox"/> Hotel	<input type="checkbox"/> Hostel/Backpacker	<input type="checkbox"/> Other		
Do rooms have their own cooking facilities? If 'Yes', please provide details:				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do all rooms have smoke detectors installed?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do the premises have any fireplaces?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
If 'Yes', is the chimney inspected and cleaned at least once every year?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
FACILITIES						
Do you have any of the following?						
Night club/Disco				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Admission fee/Cover charge				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dance floor				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Drive-through bottle shop				<input type="checkbox"/> Yes <input type="checkbox"/> No		

LIVE ENTERTAINMENT											
Solo/Duo performance		<input type="checkbox"/> Yes <input type="checkbox"/> No				Frequency per week					
Live bands		<input type="checkbox"/> Yes <input type="checkbox"/> No				Frequency per week					
DJ background		<input type="checkbox"/> Yes <input type="checkbox"/> No				Frequency per week					
Strippers/Topless bar staff		<input type="checkbox"/> Yes <input type="checkbox"/> No				Frequency per week					
Event nights i.e. trivia		<input type="checkbox"/> Yes <input type="checkbox"/> No				Frequency per week					
Karaoke		<input type="checkbox"/> Yes <input type="checkbox"/> No				Frequency per week					
CONSTRUCTION OF THE BUILDING											
Year built:						Number of storeys:					
If the premises are more than 40 years old:											
a) What year were the wiring and switchboards last replaced?											
b) What year was the wiring last certified as compliant by a qualified electrician?											
c) What year was the last thermographic scan carried out with no faults recorded?											
d) What year was the plumbing last serviced or inspected by a qualified plumber?											
Has the roof been replaced or improved since the premises were built? (please provide details)										<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rate the condition of the premises: <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor											
Are any of the buildings heritage listed? <input type="checkbox"/> Yes (Local) <input type="checkbox"/> Yes (State) <input type="checkbox"/> Yes (National) <input type="checkbox"/> No											
How often is the roof inspected or maintained, including flashing, capping, guttering, and down pipes, to ensure adequate water drainage at times of severe and heavy storm conditions?											
How frequently are guttering and down pipes cleared of leaf litter and other debris?											
Wall:	Brick/Concrete	%	Iron/Metal	%	Timber	%	Fibro/Asbestos	%	Other	%	
Floor:	Concrete	%	Iron/Metal	%	Timber	%	Fibro/Asbestos	%	Other	%	
Roof:	Brick/Concrete	%	Iron/Metal	%	Timber	%	Fibro/Asbestos	%	Other	%	
If 'Other', please specify:											
Are there any EPS insulated panel walls?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', what is the % of the total floor area?										%	
PEST INFORMATION											
Date of last pest inspection:										/ /	
Was the roof inspected and was there evidence of rodent activity anywhere on the premises?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
What procedural action has been undertaken as a result of findings? (Copy of the inspection report will assist parties for the purpose of quoting.)											
FIRE PROTECTION											
Are these premises connected to reticulated town water supply?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the nearest fire brigade?										<input type="checkbox"/> Permanent full-time <input type="checkbox"/> Retained brigade <input type="checkbox"/> Volunteer	
What is the distance to the premises?					km		What is the approximate response time?			minutes	
Extinguishers?										<input type="checkbox"/> Yes <input type="checkbox"/> No	

Hose reels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do extinguishers and hose reels meet Building Code of Australia requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke detectors?	<input type="checkbox"/> Battery operated <input type="checkbox"/> Hardwired <input type="checkbox"/> None
Are fire alarms monitored by the fire brigade?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler system	<input type="checkbox"/> Full coverage <input type="checkbox"/> Partial coverage <input type="checkbox"/> None
Are staff trained to use all fire protection equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there service agreements in place on all fire protection equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequency of fire protection equipment service?	<input type="checkbox"/> 6 monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other
Date last serviced:	/ /
KITCHEN	
Cuisine/Style:	
<input type="checkbox"/> Natural gas <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Stoves/Ovens <input type="checkbox"/> Hot plates/Grills	
<input type="checkbox"/> Deep fryers <input type="checkbox"/> Woks <input type="checkbox"/> Salamanders <input type="checkbox"/> Other:	
Number of deep fryers:	Total combined volume of deep fryers:
Are all deep fryers thermostatically controlled with automatic cut-off switches?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequency of cleaning filters:	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Frequency of cleaning canopies:	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Filter and canopy cleaning carried out by:	<input type="checkbox"/> Staff <input type="checkbox"/> Contractor
Frequency of cleaning ducting/flues:	<input type="checkbox"/> 3 monthly <input type="checkbox"/> 6 monthly <input type="checkbox"/> Annually
Ducting/flue cleaning carried out by:	<input type="checkbox"/> Staff <input type="checkbox"/> Contractor
Contractor details:	
Fire blanket installed in kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum of 2 x 4.5kg dry or wet chemical fire extinguishers installed in kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SAFETY AND PROTECTION	
External doors:	<input type="checkbox"/> Key locks <input type="checkbox"/> Deadlocks <input type="checkbox"/> Other
External windows:	<input type="checkbox"/> Key locks <input type="checkbox"/> Bars/Grills <input type="checkbox"/> Other
Burglar alarms:	<input type="checkbox"/> Local siren <input type="checkbox"/> Back to Base (dedicated line) <input type="checkbox"/> GSM Back Up <input type="checkbox"/> Dialler/Radio
Which of the following are present and activate the alarm?	
<input type="checkbox"/> Reed Switches <input type="checkbox"/> Motion Detectors (PIR) <input type="checkbox"/> Trembler <input type="checkbox"/> IR Bream <input type="checkbox"/> Presser Pads <input type="checkbox"/> Heat Sensors <input type="checkbox"/> Panic Buttons	
Number of external CCTV cameras:	
Number of internal CCTV cameras:	
Is there exterior lighting around the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are bollards installed in front of all ram raid accessible entry points?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or a manager reside permanently at the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MONEY	
How frequently is banking done?	
What is the average amount banked?	\$
What is the maximum amount banked?	\$
Are professional money carriers used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of contractor:	
If 'No', please provide details in relation to the Insured's banking procedures (location of bank, who carries the money and how, varying routes and times used, etc.)	
Where is cash counted?	<input type="checkbox"/> Cash office <input type="checkbox"/> Strongroom <input type="checkbox"/> Other
Is this area separately alarmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there dual responsibility for counting cash and deposits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are the lock down protocols in place during cash counting?	
Do you have a safe or strongroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	How many?
Location	Maximum value at any one time
	Safe/Strongroom features
	\$
	\$
	\$
How many individuals have access to each safe or strongroom?	
Safe/Strongroom 1	Managers
Safe/Strongroom 2	Managers
Safe/Strongroom 3	Managers

ATMs	
How many ATMs on the premises?	
What is the maximum amount contained per machine?	\$
How often are they replenished?	
Who is responsible for replenishing the ATMs?	
Where are the ATMs located and are they ram raid accessible?	
Are the ATMs bolted to the floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the security on the ATMs? (Time delay, CCTV, motion detectors, etc.)	

GAMING MACHINES	
Number of gaming machines at the premises:	
Who owns the gaming machines?	
Are all gaming machines located within fully enclosed internal areas of the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all gaming machines covered by CCTV cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all gaming machines individually alarmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are note receptors removed from gaming machines after close and machine doors left open?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARED VALUES

SECTION 1 - MATERIAL LOSS OR DAMAGE			
Building	\$	Removal of Debris	\$
Plant, Machinery & Contents	\$	Extra Cost of Reinstatement	\$
Stock	\$		
Section 1 Total Declared Value	\$		
SECTION 2 - CONSEQUENTIAL LOSS			
Gross Profit	\$	Claims preparation costs	\$
Payroll	\$	Additional Increase in Cost of Working	\$
Loss of rent	\$		
Section 2 Total Declared Value	\$		
Indemnity Period		months	
Dual Basis Payroll Limits	Initial period	%	for weeks
	Remainder period	%	for weeks
	Consolidated period		weeks

LIMITS OF LIABILITY

Section 1 - Material Loss or Damage	\$
Section 2 - Consequential Loss	\$
Section 1 & 2 - Combined Limit of Liability for this Situation	\$
SUB-LIMITS OF LIABILITY	
Sub-Limit	Value
Removal of Debris	\$
Extra Cost of Reinstatement	\$
Accidental Damage	\$
Burglary (Excluding Money and tobacco)	\$
Burglary of tobacco	\$
Money in transit	\$
Money on Premises during business hours	\$
Money on Premises outside business hours	\$
Money in locked safe/ATM/gaming machines	\$
Money in personal custody	\$
Damage to safe/strongroom	\$
Claims preparation costs	\$
Additional Increase in Cost of Working	\$

PLEASE CHECK YOUR PROPOSAL CAREFULLY BEFORE SIGNING THE DECLARATION BELOW.

DECLARATION

I declare that:

- (a) I have read and understood the Important Notices set out in the Proposal.
- (b) I am authorised to complete and sign this declaration on behalf of the proposer.
- (c) 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.
- (d) I understand that if this Proposal is accepted, the insurance cover will be subject to the terms and conditions set out in the Policy.
- (e) I acknowledge that the particulars and statements contained in this Proposal shall form the basis of the contract should a Policy be issued.
- (f) I further acknowledge that Hostsure on behalf of the Insurer(s) may decline this Proposal.
- (g) I consent to Hostsure and the Insurer(s) collecting, storing, 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.
- (h) I understand that this insurance does not operate until Hostsure issues the Policy Schedule and the premium has been paid (except for any cover provided under an interim contract of insurance).

Your name

Your title

Date

Your signature