



PROPOSAL FORM

FOR HOTEL/MOTEL LIABILITY INSURANCE



IMPORTANT NOTICE TO THE PROPOSER ON COMPLETION OF THIS PROPOSAL FORM

1. DISCLOSURE

Any 'material change' must be disclosed to Insurers..

A 'material change' is any information which may alter the judgement of an Insurer or their perception of risk and exposure that has not previously been disclosed as a material fact.

Failure to provide all 'material facts' and/or notify all "material changes' may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.

2. PRESENTATION

This Proposal Form must be completed and signed in ink by an authorised individual, a partner, principal or director of the Proposer.

All questions must be answered. If not applicable, state N/A.

If there is insufficient space to provide answers, additional information should be provided on the Proposer's letter headed paper.

Where available, brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability or willingness of Insurers to offer terms.

3. GUIDANCE

If in doubt as to the meaning of any question contained within this proposal form or the issues raised in Disclosure and/or Presentation, advice should be sought from your contact at Lion Underwriting.

Additional information should be provided on separate sheets clearly identifiable as forming part of the proposal form on company letterhead.

GENERAL DETAILS

1. Full name of insured:
2. Situation/Premises:
3. ABN:
4. Are you entitled to claim a full or partial input tax credit for the premium of this policy? Yes No
If **"YES"**, to that extent are you entitled to claim an input tax credit?
5. Website:
6. Period of insurance: ___ / ___ / ___ to ___ / ___ / ___ at 4:00pm
7. Business Discription:

ENTERTAINMENT

8. Are any of the following taken place on your premises?
- | | | | |
|---------------------------------------------------|------------------------------|-----------------------------|---------------------------------------------|
| (a) Soloist/Duo - with dancing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Performances per week: <input type="text"/> |
| (b) Soloist/Duo - no dancing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Performances per week: <input type="text"/> |
| (c) Bands: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Performances per week: <input type="text"/> |
| (d) DJ - with dancing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Performances per week: <input type="text"/> |
| (e) DJ - no dancing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Performances per week: <input type="text"/> |
| (f) Strippers/Topless bar staff: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Performances per week: <input type="text"/> |
| (g) Nightclub: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Nights per week: <input type="text"/> |
| (h) Karaoke: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Nights per week: <input type="text"/> |
| (i) Event nights - trivia, poker, pool comp, etc: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Events per week: <input type="text"/> |
| (j) Childrens playroom/Child minding: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Does it have appropriate disclaimer signage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
9. Licensed trading hours:
10. Actual trading hours:
11. Licensed capacity:

12. Do you:

(a) Charge an admission fee/cover charge? Yes No

(b) Have a dance floor? Yes No

Size:

(c) Have happy hour drinks or free drink cards? Yes No

How often:

(d) Have an incident register? Yes No

ACCOMMODATION

13. No. of rooms:

14. Standard of rooms:

Motel

Hotel

Backpackers

Other

15. Do the rooms have cooking facilities? Yes No

16. No. of licensed Caravan park type sites:

17. No. of privately owned cabin or caravans:

No. of caravans:

18. No of park owned cabin or caravans:

No. of tents:

19. Are pets allowed? Yes No

Animals (petting): Yes No

20. Are any of the following available on your premises?

(a) Petrol/service station: Yes No

No. of bowsers:

(b) Jet ski hire: Yes No

No. of jet skis:

(c) Canoe hire: Yes No

No. of canoes:

(d) Boat hire: Yes No

No. of boates: Over 8m Length

(e) Sailing boat hire: Yes No

No of sailing boats:

(f) Push bike hire: Yes No

No of push bikes:

Swimming pool Yes No

Spa Yes No

Sauna Yes No

Water slide Yes No

Tennis court Yes No

Segways Yes No

Mini golf Yes No

Horse riding Yes No

Snorkelling Yes No

Scuba Diving Yes No

Day spa Yes No

Playground Yes No

Gymnasium Yes No

Rock climbing Yes No

Water feature/s Yes No

Boat ramp Yes No

Abseiling Yes No

Jetty Yes No

Kiosk Yes No

General store Yes No

Fire place Yes No

Jumping pillow Yes No

Snow equipment Yes No

LPG Gas Yes No

21. Has your liquor license ever been suspended or revoked? Yes No

22. Are all your staff trained in incident response? Yes No

23. Are you staff trained in the responsible serving of liquor? Yes No

24. Do you employ any security personnel? Yes No

If "YES", please provide full details:

25. Do staff check for spills and cleanliness of toilets? Yes No

26. Have you ever had any food or health violations? Yes No

If "YES", to any above question, please provide full details:

27. Limit of indemnity: \$5,000,000 \$10,000,000 \$20,000,000

TURNOVER

28. Bar Receipts:

29. Bottle Shop:

30. Restaurant:

31. Accommodation:

32. Functions/Conferences:

33. Gaming Machines:

34. TAB:

35. Other:

36. Split of turnover or employee No.'s per state:

ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Overseas
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

37. No. of employees:

WAGES/PAYROLL

38. Contractors: \$

Activities:

39. Subcontractors: \$

Activities:

40. Labour Hire Personnel: \$

Activities:

41. Do they have carrying their own General & Products Liability & Workers Compensation insurance? Yes No

42. No. of years experience:

43. 5 year claims experience:

Please attach 5 year claims history on previous insurer's letterhead (if applicable)

44. Have you or any director/partner/manager of the business ever:

- | | | |
|---------------------------------------------------------------------|------------------------------|-----------------------------|
| (a) Had insurance declined or cancelled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Had an insurer refuse or not invite renewal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Had any special conditions imposed on a policy of insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Had a special excess imposed on a policy of insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Had a claim rejected under a policy of insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Been declared bankrupt or put into receivership or liquidation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Been charged with or convicted of a criminal offence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "YES", please provide full details below:

DECLARATION

By signing this proposal form you consent Lion Underwriting Pty Ltd using the information we may hold about you for the purpose of providing insurance advice and, where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, Insurers, (including their re-insurers, legal advisers, loss adjustors or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to the Insurer's consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed. I/We understand that the information I/We provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I/We understand that if my/our business acquires, merges with or absorbs another business during the period of insurance, the insurer will require similar information in relation to that business and may charge an additional premium.

Print name:

Signature:

On behalf of:

Date:

Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this proposal form. An original signature is required before a contract of insurance can be made. Encrypted signatures are not acceptable.

Signing this form does not bind the Proposer to complete the insurance. We recommend that you should keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.