



PROPOSAL FORM

FOR ISR HOPITALITY 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. Broker Contact:
2. Brokerage:
3. Phone No.:
4. Insured Name to appear on policy:
5. Occupier Name:
6. Situation:
Suburb: Postcode:
7. Business Description:
8. Years in operation:
9. Heritage Listed: License Trading Hours:
10. Inception Date: To:
11. Interested Parties:
12. Current Insurer: Expiry Date:

INSURANCE CLAIM HISTORY

- | | | |
|---|-----|----|
| 13. Has the insured, or any Director, ever had insurance declined or cancelled or had any special terms imposed by an insurance company? | Yes | No |
| 14. Has the insured, or any Director, ever been convicted of any offence? | Yes | No |
| 15. Has the insured, or any Director, suffered any Property claims in the last 5 years?
If “YES” , please provide full details: | Yes | No |

Date of loss	Description	Amount Paid	Amount Outstanding
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CONSTRUCTION DETAILS

- 16.** Walls: Brick / Concrete Iron Wood Other:
- If Mixed construction please detail percentages of each:
Brick / Stone: % Wood: % Other: %
- 17.** Floor: Concrete Wood Other:
- 18.** Roof: Iron Tiles Asbestos Concrete
- 19.** Number of Storeys: Year Built: Last Renovation:
- 20.** When were the switchboards last replaced? Last Inspected:
- 21.** When was the property last rewired? Last Inspected

FIRE PROTECTION

- 22.** Fire Protection in place: 100% Fire Sprinkler System Coverage Hard Wired Smoke / Heat Detectors
Battery Operated Smoke / Heat Detectors Required Extinguishers Fire Hydrants / Hose Reels
- 23.** Fire Alarm connected back to the Fire Brigade or Alarm Monitoring Company? Yes No
- 24.** How far is the nearest fire brigade?
- 25.** Are the Insured Premises connected to Town Reticulated Water Supply? Yes No

SECURITY

- 26.** External Doors: Dead Bolts Dead Locks Padlocks Other Key Locks
Other:
- 27.** External Windows: All Fixed Plate Glass Bars / Grills Key Locks Nil
- 28.** Burglar Alarms: No Alarm Local Alarm Only Dialler Securitel
Dedicated Landline GSM Back Up
- 29.** CCTV Cameras Yes No Number of Cameras:
- 30.** Are CCTV Cameras Installed and Operational In All Main Public Areas?
e.g. Main Bar & Seating Areas, Entry & Exits Yes No
- 31.** Gaming Machines Yes No
Number of Gaming Machines: Owner of Gaming Machines:
- 32.** Do you or a Manager live on the premises? Yes No
- 33.** Do you employ any staff/contract staff for crowd control?
If "YES", please provide full details: Yes No

KITCHEN/COOKING AREAS

- 34. Are there Deep Fryers installed? Yes No If **"YES"** Bench Top Free Standing
- 35. Do you have thermostatic controls / automatic cut off switches on the deep fryers? Yes No
- 36. Fire Blanket Installed? Yes No
- How often are the filters cleaned? Weekly Fortnightly Monthly 6 Monthly
- 37. Do you have a Professional Contractor clean the Extraction System? Yes No
- 38. How often is this carried out?

MONEY

- 39. Do you have a safe? Yes No Safe Location:
- Safe Type Maximum in safe at any one time \$
- How many individuals have access to the safe(s)?
- 40. How often is banking done?
- Average amount Banked:
- 41. Are Professional money carriers used? Yes No
- If **"YES"**, who?
- If **"NO"**, please describe banking procedures:

FACILITIES

- 42. Do you have any of the following?
- a) Night Club: Yes No b) A Drive In Bottle Shop: Yes No
- c) Admission Fee / Cover Charge: Yes No d) Dance Floor: Yes No
- e) Children's Playground: Yes No
- Does the playground have appropriate disclaimer signage i.e. Parental Supervision etc Yes No
- f) Disco: Yes No
- If yes, does it meet government standards? Yes No
- 43. Do you provide accommodation? Yes No Number of Rooms:
- 44. Standard of Rooms: Motel Hotel Backpackers
- Other:

LIVE ENTERTAINMENT

45. Is there live entertainment?			Yes	No
Solo / Duo with Dancing:	Yes	No	Performances Per Week:	
Solo / Duo Background Music Only (No Dancing):	Yes	No	Performances Per Week:	
Bands:	Yes	No	Performances Per Week:	
DJ with Dancing:	Yes	No	Performances Per Week:	
DJ Background Music Only (No Dancing):	Yes	No	Performances Per Week:	
Strippers / Topless Bar Staff:	Yes	No	Performances Per Week:	
Event Nights i.e. Trivia:	Yes	No	Event Nights Per Week:	
Karaoke:	Yes	No	Nights Per Week:	

DECLARED VALUES

46. Material Damage:	Sum Insured		
Building:	\$		
Contents:	\$		
Stock:	\$		
Sub Total:	\$		
47. Business Interruption:	Sum Insured		
Gross Profit:	\$		
Additional Increased Cost of Working:	\$ 100,000		
Professional Fees & Claims Preparation Cost:	\$ 50,000		
Loss of Rent:	\$		
Sub Total:	\$		
48. Indemnity Period:	12 Months	18 Months	24 Months
49. Total Declared Value:	\$		
50. Combined Limit of Liability:	\$		

OUR POLICY SUB LIMITS

Section 1 – Material Loss or Damage

Unspecified Damage	AUD 250,000
Architects & Consulting Engineers Fees	AUD 50,000
Statutory Authority Fees	AUD 10,000
Fire Extinguishment Costs	AUD 25,000
Costs of Temporary Protection	AUD 20,000
Costs of Replacing Locks & Keys	AUD 15,000
Removal of Debris	AUD 500,000
Personal Property, Tools & Effects of Directors & Employees (per person) (any one event and in the aggregate)	AUD 5,000 AUD 20,000
Personal of Welfare, Sport & Social Clubs (per person) (any one event and in the aggregate)	AUD 5,000 AUD 20,000
Burglary and Theft of Property (other than Money and Theft of Property in the Open Air)	AUD 50,000
Theft of Property other than money whilst in the Open Air	AUD 10,000
Money in Transit	AUD 10,000
Money on Premises During Normal Business Hours	AUD 10,000
Money on Premises outside Normal Business Hours not in securely locked Safe or Strongroom	AUD 5,000
Money on Premises in securely locked Safe or Strongroom	AUD 50,000
Money in Private Residence of the Insured or an Employee of the Insured (any one event & in the aggregate)	AUD 5,000
Money in ATM	Not Insured
Rewriting of Records	AUD 50,000
Extra Costs of Reinstatement	AUD 250,000
Additional Extra Costs of Reinstatement	AUD 100,000
Expediting Expenses	AUD 50,000
Unpacking Expenses	AUD 25,000
Costs of Clearing Blocked Drains	AUD 25,000
Liability to Make Enquiries	AUD 25,000
Restoration of Landscaping comprising lawns, gardens, ornamental plants, shrubs & trees	AUD 10,000
Loss of Land Value	AUD 100,000
Customs Excise & other Duties	AUD 25,000
Fine Arts	AUD 1,000
Glass Breakage	Replacement Value

Section 2 – Consequential Loss

Claims Preparation Costs	AUD 50,000
Additional Increased Cost of Working	AUD 100,000
Remote Premises of Public Utilities (Amount not exceeding 5% of Section 2 declared value, subject to maximum)	AUD 50,000
Human Infectious or Contagious Disease (Any one event and in the Aggregate)	AUD 50,000
Murder/Suicide (Any one event and in the Aggregate)	AUD 50,000
Prevention of Access (Amount not exceeding 5% of Section 2 declared value, subject to maximum)	AUD 50,000
Loss of Attraction (Amount not exceeding 5% of Section 2 declared value, subject to maximum)	AUD 50,000
Unspecified Suppliers and/or Customers (Australia only) (Any one event and in the Aggregate)	AUD 50,000
Accounts Receivable	AUD 50,000

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.