



Hotel Package proposal form

Instructions to proposer:

- Before completing this Proposal Form please read the 'Important Notices'.
- The Declaration Section of this Proposal Form must be signed for this form to be complete.
- All questions must be answered in FULL. If there is insufficient space to complete your answer then please attach a separate, signed and dated sheet identifying the Hotel name and the question concerned.

Operator/insured name

Mr Mrs Miss Ms Dr

First name Family name

Property owner/name

Situation Address

Suburb State Postcode

Phone Mobile

Email Fax

Policy period

Date to

How many year experience has the insured had operating this type of risk?

Do you wish for both Operator & Property Owner to be noted on this policy? Yes No

Your Duty of Disclosure

Has any insurer declined, refused, withdrawn or permitted withdrawal or cancelled a proposal or policy or imposed special terms? Yes No

Are there any circumstances of which the insurer should be advised which could be material to its decision to accept this risk? Yes No

Claims experience – Last 5 years

(If no claims over past 5 years, please note NIL CLAIMS below)

Date of loss	Class	Current status	Amount paid \$	Details of loss
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Type of business

Hotel Yes No

Gaming venue Yes No

Nightclub Yes No

Tavern Yes No

Wine bar Yes No

Property owners Yes No

Accommodation Yes No If YES, number of rooms

Bottleshop (N.B. If detached please complete separate questionnaires) Attached Detached

Other Yes No If YES please provide details

Current underwriter

PUBLIC AND PRODUCTS LIABILITY

Limit of liability \$10,000,000 \$20,000,000

Annual Revenue Figures

Bar receipts \$

Gaming (Net gaming revenue less tax, excluding GST) \$

Bottleshop (Excluding GST) \$

Restaurant (Excluding GST) \$

Accommodation (Excluding GST) \$

All Other (Excluding GST) \$

Total of above \$

Rental income (Excluding GST) – Property owners only \$

What is the annual wage roll? \$

Number of employees Full time Part time Casual

Location City Country

Is the venue capacity greater than 200 people? Yes No Does the facility have disco/nightclub operations? Yes No

Is an entry fee charged (i.e, cover charge)? Yes No If YES how many nights per week/ times per year?

Is there a dance floor at this venue? Yes No If YES average monthly usage Size of dance floor (sq metres)

Do you have records of cleaning and inspection of spills on floor surfaces? Yes No If YES please provide details:

Do you have a policy to prevent drinks taken onto dance floors? Yes No If YES please provide details:

Does the facility have any live entertainment? Yes No

If YES please specify FULL details including estimated number of times per year (e.g. duos/rock bands/jazz quartet)

What are the actual trading hours of the facility? (*Not licensed hours*)

Does the facility hire security staff (i.e. bouncers)?

Yes No

Is this security either:

a. Internal – staff employed by Insured for security duties **only**

Yes No

b. External – contracted security

Yes No

c. Combination of a) and b)

Yes No

If EXTERNAL, what is the name of security company? (Insured should ensure that contractor has current liability & workers comp in place)

Does the facility have video surveillance?

Yes No

Is this surveillance Internal External Both

Is the footage recorded?

Yes No

If YES how long is it kept for?

Are staff trained in completion of Day Book in respect of incident reports?

Yes No

Is the building more than 3 storeys?

Yes No

If YES how many?

Do you have any outside activities including – fundraising conducted by the insured? Yes No If YES, please provide details:

Do you organise or sponsor fetes, rodeos, wrestling matches, mechanical bull rides, carnivals, etc? Yes No If YES, please provide details:

Do you have OH&S procedures in place?

Yes No

Do staff receive formal training procedures prior to commencing work?

Yes No

Are there Emergency Evacuation Procedures documented and posted in the premises in clear sight for patrons to see?

Yes No

Is a Risk Assessment completed and Reviewed Annually

Yes No

(If YES please attach documentation to assist our assessment)

Have any incidents occurred that may give rise to a claim that have not been advised to Precision?

Yes No

(If YES please provide details of updated claims experience for this preceding period on Insurer letterhead)

Have you incurred a claim with an underwriter other than Precision during the last 5 years?

Yes No

(If YES please provide details of updated claims experience for this preceding period on Insurer letterhead)

Please advise if you have any of the following facilities on site and, if so, provide the additional information required.

Accommodation

Yes No

If YES number of rooms

Swimming pool/Spa

Yes No

If YES how many?

Tennis courts

Yes No

If YES how many?

Poker/card machines

Yes No

If YES how many?

Care custody control Limit \$

Bistro/restaurant staff Yes No

Own staff Yes No

Contractors Yes No

If CONTRACTORS do you wish to extend your policy to include contractors company name? Yes No If YES, please provide details:

Squash courts Yes No

If YES how many?

Bowling greens Yes No

If YES how many?

Child care facilities Yes No

If YES please indicate capacity

Golf course/driving range Yes No

Beauty treatment facilities Yes No

If YES, please provide details of activities:

Playground Yes No

If YES, what type of playground?

Gymnasium Yes No

If YES, please provide details of activities:

Car park owned by the insured? Yes No

If YES please indicate number of car parking spaces:

Other Yes No

If YES, please provide details:

Does the facility's air-conditioning unit operate/involve cooling towers?

Yes No

If yes, does it meet with state legislative requirements in respect to Legionella?

Yes No

Property owner liability only

Please list all tenants in building

Other details

Please advise of any additional information the insurers should be made aware about (Refer to the Duty of Disclosure):

Declaration and agreement

I confirm that:

I am authorised on behalf of the insured(s) to sign this proposal.

I understand that the duty of disclosure applies to all insured(s). The answers are provided on behalf of all persons/entities comprising the insured(s).

I understand the questions in this proposal form.

Whilst I may not answer some of these questions, I certify that I have checked them and that they are correct to the best of my knowledge and belief.

I/We agree that this proposal shall be the basis of the contract between me/us & the Insurers and I/we agree to accept the Policy subject to its terms, conditions & exclusions. Note: This proposal form can only be actioned once ALL questions have been answered and the above declaration has been signed and dated. If the proposal form is incomplete, no cover will be effected until all of the necessary information is received.

This proposal must be signed by the GENERAL MANAGER, SECRETARY OR PRESIDENT.

Signature

Title (e.g. Manager/Secretary)

Date

Liability of the Insurer does not commence until the Insurer has accepted the application.

Binding is contingent upon Precision confirming that cover is in place.

Important notices

A. Duty of Disclosure

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Cth) to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance.

You do not need to tell the insurer anything that:

- reduces the risk that is insured;
- is common knowledge;
- your insurer knows or should know as an insurer; or
- the insurer waives compliance with your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact your Aon Client manager.

B. Non-disclosure

If you do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

C. Utmost good faith

Every insurance contract is subject to the doctrine of utmost good faith which requires that parties to the contract should act toward each other with the utmost good faith. Failure to do so on your part may prejudice any claim or continuation of cover provided by the Insurer.

D. Not a renewable contract

Cover under this policy will terminate at expiry of the Period of Insurance specified in your policy document. If you wish to effect similar insurance for a subsequent period, it will be necessary for you to complete a new proposal form prior to the termination of the current policy so that terms of insurance and quotation/s can then be developed for your consideration.

E. Change of risk or circumstances

It is vital that you should advise us of any departure from your "normal" form of business (i.e. that which has already been conveyed to the Insurer). For example, acquisitions, changes in location or new overseas activities.

F. Waiver of rights

If you have entered into an agreement with another party, which prevents your Insurer from taking recovery action for compensation from that party it may affect Your rights to cover under this Policy. Should you now be a party to such an agreement or be requested to enter such an agreement in the future, please advise Your Broker in writing so we may notify the Insurer.

G. Excess

The policy provides that You will be required to bear a specified amount of all claims and this is for each and every claim made against you including defence costs. We will let you know when the excess is payable.

H. Your legal liability

The financial risk of court awards through litigation is ever increasing and we recommend that you select a Limit of Liability that takes into account the future cost of claims including legal fees and costs of defence. Even higher limits are available than your current limit if required. Defence costs are included within the limit of liability.

I. Your premium calculation

The key factors that affect your premium are reflected in the questions asked in this document and the information sought at the time of taking out your Insurance. Sensitive information we rely on you to have obtained their consent on these matters.

J. General insurance code of practice

Precision is bound by the General Insurance Code of Practice and have processes are in place to adhere to the requirements of the Code. Refer to www.codeofpractice.com.au for details of the code.