

Hotel Package proposal form

Instructions to proposer:

- Before completing this Proposal Form please read the 'Important Notices' on pages 11 – 12.
- The Declaration Section on Page 9 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Has any insurer declined, refused, withdrawn or permitted withdrawal or cancelled a proposal or policy or imposed special terms?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 |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> | <input type="text"/> |
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PROPERTY SECTION

Type of business

Hotel Yes No Nightclub Yes No Wine bar Yes No
Gaming venue Yes No Tavern 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

Construction details

Age of building Premises recently renovated? Yes No If YES, please provide details

General condition of building (check one box only): Good Average Poor Age of electrical wiring

If premises older than 40 years:

- 1. it must have been rewired since 1990 OR
- 2. have obtained an electricians report confirming compliant condition OR
- 3. had the wiring thermo graphically scanned within the past 2 years with no faults recorded

Is this building Heritage Listed? Yes No

Age of roof Has roof been replaced since original construction? Yes No If YES, please provide details

Frequency of roof inspection or maintenance, including guttering and downpipes to ensure adequate water drainage at times of severe and heavy storm conditions

If there is overhanging vegetation and trees to the property, are gutters routinely checked and cleared of leaf litter and debris? Yes Frequency No / NA

Building construction

(If mixture please provide % of each)

Walls Floors Roof

Pest information

Date of last pest inspection

Was the roof space inspected and was there evidence of rodent activity anywhere on the premises? Yes No

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What procedural action has been undertaken as a result of findings? (Copy of the inspection report will assist parties for the purposes of quoting.)

[Empty text box for procedural action]

Fire protection

Are sprinklers installed? Yes No
Single or dual supply? Single Dual Area coverage %

Fire alarm installed? Yes No
Heat or smoke? Heat Smoke Area coverage %

If monitored, is the fire alarm monitored to the fire brigade? Yes No

Are smoke detectors installed? Yes No
Hardwired or battery? Hardwired Battery Area coverage %

Do all accommodation rooms have smoke detectors installed? Yes No

Are fire extinguishers present? Yes No

Are hose reels available? Yes No Quantity

Type

Is coverage for the extinguishers and hose reels to the Building Code of Australia requirements? Yes No

Are staff trained to use all the fire fighting equipment? Yes No

Is all fire fighting equipment serviced 6 monthly? Yes No

Premises connected to town water? Yes No

What is the fire brigade? Full-time Volunteer

What is the distance from the hotel to the nearest fire station? What is the response time?

Kitchen

How many deep fryers are there?

Are the deep fryers thermostatically controlled with automatic cut off switches? Yes No

Are filters cleaned on a weekly basis? Yes No

Are hoods and ducting cleaned every six months by a professional cleaner? Yes No

Is the kitchen fitted with 2 x 4.5kg dry or wet chemical fire extinguishers? Yes No

Are there a fire blanket installed? Yes No

Security details

Doors

Deadlocks Yes No Padlocks Yes No

Other (details required)

[Empty text box for other security details]

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Windows

Bars Yes No Keylocks Yes No

Other (details required)

Alarm

Monitored Yes No Dedicated line Yes No Security patrols Yes No

Other (details required)

Are there CCTV cameras installed? Yes No Number of cameras

Is there exterior lighting around the premises? Yes No
Are all perimeter points protected? Yes No
Are bollards installed in front of all ram raid accessible entry points? Yes No

How many ATM's are on the premises?

Where are the ATM's located and are they ram raid accessible?

Are the ATM's bolted to the floor? Yes No

What is the security on the ATM's? (Time delay, CCTV, motion detectors etc)?

Property section: money questionnaire

How many safes are there on the premises?

Safe 1: Location Type (see legend below) Maximum in safe at any one time

Safe 2: Location Type (see legend below) Maximum in safe at any one time

Safe 3: Location Type (see legend below) Maximum in safe at any one time

A = Key Lock, **B** = Key/Combination, **C** = Two Key Lock, **D** = Electronic, **E** = Combination, **F** = Time Delay (please specify how many minutes),
G = Free Standing, **H** = Fixed

How many individuals have access to each of the safes?

Mangers: **Safe 1** **Safe 2** **Safe 3**

Owners: **Safe 1** **Safe 2** **Safe 3**

Other staff: **Safe 1** **Safe 2** **Safe 3**

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What is the average amount banked? What is the maximum amount banked?

Banking procedures: Are professional money carriers used? Yes No If YES, who?

If NO, please describe banking procedures below (distance to bank, how is money carried, who carries the money etc)

Are note acceptors removed from gaming machines (not applicable in South Australia and Western Australia) after close and poker machines doors left open? Yes No

How many gaming machines does the hotel have?

What security is in place whilst cash is being counted? Is this conducted in a strongroom or similar? Please describe

DECLARED VALUES/LIMITS OF LIABILITY

Section 1: Material damage

Limit of Liability \$

Declared Values for the purpose of Co-insurance and Premium

| | Sum insured |
|---|--------------------------------|
| Buildings and adjoining structures (including removal of debris) | \$ <input type="text"/> |
| Plant, machinery and all other property and contents unless otherwise specified (including removal of debris) | \$ <input type="text"/> |
| Stock in trade and/or merchandise | \$ <input type="text"/> |
| Total declared value Section 1 | \$ <input type="text"/> |

Specified items (please provide details in a separate list)

Optional Cover:

Flood Yes No
Action by the sea, tidal wave, water Yes No
Docks, wharves and piers not forming part of any building Yes No

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Section 2: Business interruption

| | |
|---|-----------------------------|
| Gross Profit Basis | |
| Gross profit : Inclusive of payroll, bistro, bottleshop, accommodation etc | \$ <input type="text"/> |
| Gaming profit | \$ <input type="text"/> |
| Loss of rent | \$ <input type="text"/> |
| All Other: | |
| 1. Professional fees | \$ <input type="text"/> |
| 2. Additional increased cost of working | \$ <input type="text"/> |
| Total Declared Section 2 | \$ <input type="text"/> |
| Indemnity period | <input type="text"/> months |

Section 3 : Burglary/Theft

Contents including liquor, tobacco and cigarettes

\$

Section 4: Money

Money in transit or night safe

\$

Money on the business premises during normal business trading hours

\$

Money on the business premises outside normal business trading hours

\$

Money in locked safe

\$

Money in private residence

\$

Money in ATM

\$

Section 5: Glass

\$

Section 6: Employee dishonesty – Limit any one loss

\$

Section 7: Accidental damage

\$

Section 8: Extra cost of reinstatement

\$

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PUBLIC AND PRODUCTS LIABILITY SECTION

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)

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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 has not been advised to One Underwriting? 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 One Underwriting 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

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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):

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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 One Underwriting confirming that cover is in place.

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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

One Underwriting 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

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K. Complaint and dispute resolution

Any enquiry or complaint relating to your Lloyds policy or a claim should be address to your Client Relationship Manager or via an email sent to One Underwriting Pty Ltd's mailbox – oneunderwriting@oneunderwriting.com.au in the first instance.

If your complaint is not satisfactorily and promptly resolved, please contact One Underwriting Pty Ltd's National Complaints Manager Telephone No. 02 8298 0700 who will attempt to resolve it in accordance with our Complaints and Disputes Handling Policy. You may obtain a copy of this policy from the National Complaints Manager or from our website: oneunderwriting.com.au

If after 10 days you are still not satisfied with the outcome determined, you should contact Lloyd's Underwriters' General Representative in Australia, Level 9, 1 O'Connell St, Sydney, NSW 2000 Telephone No. (0)2 8298 0700 Facsimile Number: (0)2 8298 0788.

Alternatively, if your concern is with the Insurer, you may contact the General Insurance Division of the Financial Ombudsman Service on 1300 780 808.

L. Privacy statement

1. One Underwriting Pty Ltd ("One Underwriting") is committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer our various insurance services we are involved in as set out in the One Underwriting Privacy Notice. In order to do this, we may also share your information with other persons or entities who assist us in providing or promoting our services as set out in the One Underwriting Privacy Notice. Further information about our privacy practices can be located in the One Underwriting Privacy Policy, a copy of which can also be sent to you on request by your One Underwriting representative. You may also gain access to your personal information, or modify your privacy preferences, by contacting your One Underwriting representative or our Privacy Officer through the means set out in the One Underwriting Privacy Notice.
2. If you are disclosing personal or sensitive information about any other person to One Underwriting, you confirm that you have obtained the consent of that person to disclose to One Underwriting their personal or sensitive information and you have made them aware that One Underwriting will or may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If you have not obtained consent from this other person to disclose their personal or sensitive information to One Underwriting, you will inform us before providing the relevant information to us.

By submitting this Proposal form, you acknowledge that you have read the One Underwriting Privacy Notice and agree that we can handle any personal information you have provided to us in the manner set out above.

Unless you tick here, we or any of our group of companies may be in touch by any means (including email or SMS) at any time to let you know about goods, services or promotions that may be of interest to you.

One Underwriting are committed to protecting your privacy. For more information about One Underwriting's privacy policy, please refer to our website: oneunderwriting.com.au

Submit your proposal form

oneunderwriting@oneunderwriting.com.au
phone 02 9253 7600

Privacy policy. At One Underwriting we take privacy very seriously.
For full details please refer to oneunderwriting.com.au/privacy

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