

SLE HOSPITALITY INSURANCE PROPOSAL

General

NB Please attach copies of the:

- Electrical wiring report
- Property valuation
- Insurance loss history of at least five years
- Documents to support the declared turnover and profit figures
- Most recent annual fire safety statement

1. What is the trading name of the premises? _____

2. What is the name of the Insured? _____

3. What is the street address of the insured premises? _____

4. What Australian Business Numbers (ABN) does the Insured currently hold? _____

5. Policy cover is required from _____ / _____ / _____ to _____ / _____ / _____
6. The policy is currently insured by _____ (insurer)
7. Will the current insurer be offering renewal terms?
 No Yes

SLE HOSPITALITY INSURANCE PROPOSAL

8. Has the owner or operator, including any associated entity, claimed or caused incidents that led to a claim against an insurance policy for this or any other business **in the previous five years?**

- No Yes; Please attach: Number of claims; Incurred loss; Dates & Cause of loss; Status of claim.

9. Has any Insurer declined, refused, withdrawn, or cancelled a policy or imposed special conditions or excess on the owner or operator including any associated entity?

- No Yes; Please specify _____

10. Has the owner or operator, including any associated entity, Licensee, Publican or tenant **ever...**

	Yes	No
- incurred a claim or uninsured loss in excess of \$100,000?	<input type="checkbox"/>	<input type="checkbox"/>
- been declared bankrupt or placed into receivership or liquidation?	<input type="checkbox"/>	<input type="checkbox"/>
- had their Liquor License suspended or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>
- pleaded guilty or been found guilty and convicted by a Magistrate for a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
- had any affiliation with Outlaw Motorcycle Gangs?	<input type="checkbox"/>	<input type="checkbox"/>

11. How many years has the **owner**:

- owned **this business?** _____ (years)
- owned **hospitality businesses in total** _____ (years)

12. How many years has the **operator**:

- operated **this business?** _____ (years)
- operated **hospitality businesses in total** _____ (years)

13. Please list **all other hospitality businesses** owned or operated in the last 5 years by the...

- Owner _____

- Operator _____

SLE HOSPITALITY INSURANCE PROPOSAL

Property

Construction

14. In what year were the premises:

	Year
- originally built?	_____
- most recently renovated	_____
- reroofed	_____

15. Is there a heritage listing for any part of the premises?

- No
 Yes

16. What are the construction materials for the *(if more than one type please state % of each)*:

	Wood	Masonry	Metal/steel/tin	Fibro/asbestos
- external walls?	_____ %	_____ %	_____ %	_____ %
- wall frames?	_____ %	_____ %	_____ %	_____ %
- roof sheeting?	_____ %	_____ %	_____ %	_____ %
- roof frames?	_____ %	_____ %	_____ %	_____ %
- floors	_____ %	_____ %	_____ %	_____ %

17. What % of the floor area is of expanded polystyrene (EPS) construction? _____ (% floor area)

18. How many storeys does the premises have?

- One
 Two or more; Please specify the number of storeys _____

Do the upper floors have **at each level...**

- Brick or concrete enclosed stairs? No Yes
 - Fire doors protecting openings? No Yes

19. Are the owners or operators planning to renovate or demolish the premises in the next 24 months?

- No
 Yes; Please specify the value of the contract of works \$ _____

SLE HOSPITALITY INSURANCE PROPOSAL

Maintenance

20. Do qualified tradespersons inspect and maintain **at least every 12 months** the...

	Yes	No
- roof sheeting?	<input type="checkbox"/>	<input type="checkbox"/>
- roof attachment?	<input type="checkbox"/>	<input type="checkbox"/>
- flashing and capping?	<input type="checkbox"/>	<input type="checkbox"/>
- roof gutters?	<input type="checkbox"/>	<input type="checkbox"/>
- downpipes?	<input type="checkbox"/>	<input type="checkbox"/>

Kitchen

21. Does the kitchen have deep fryers?

- No
 Yes; What type?
 Electric
 Gas

 Do they have automatic cut-off mechanism?
 No
 Yes

22. How often do staff clean the filters?

- Once per week at least
 Less often than once per week

23. How often do external contractors clean the ducts and hoods?

- Twice per year at least
 Less often than twice per year

24. Is the kitchen fitted with chemical extinguishers and fire blankets according to *AS 1851: 2005 Maintenance of Fire Protection Systems and Equipment*?

- No
 Yes

Electricity

25. In what year did a qualified tradesperson most recently ...

- inspect the electrical wiring and boards? _____ (year)
- thermographically scan the building? _____ (year)
- rewire the building? _____ (year)

SLE HOSPITALITY INSURANCE PROPOSAL

Fire Detection and Protection

26. Are the premises connected to town water?

No Yes

27. Is a public fire brigade located within 25km?

No Yes; What type? Full-time Volunteer

28. Does the premises have fire detectors?

No Yes; What type? Hardwired Battery

- What % of floor area is covered? _____%

- Are the alarms:

- maintained according to AS1851(2012)? No Yes

- monitored by the fire brigade? No Yes

29. Are the premises protected by automatic sprinklers?

No Yes; What percentage of the floor area is covered? _____%

- Are the sprinklers maintained according to AS1851(2012)? No Yes

30. Does the premises have fire extinguishers?

No Yes; What type? Wet Dry

- How many in total? _____ (no. of extinguishers)

31. Does the premises have fire hose reels?

No Yes

32. Are all staff trained in the use of firefighting equipment?

No Yes

33. Does the premises have accommodation?

No Yes; How many rooms? _____ (no. of rooms)

- Do all rooms have smoke detectors? No Yes

34. Does the premises have an open fire?

No Yes; Is the fireplace permanently protected by a guard? No Yes

- Is the chimney inspected and cleaned at least once every year? No Yes

SLE HOSPITALITY INSURANCE PROPOSAL

Building Security

35. What security does the premises have for *(tick more than one box if necessary)* ...

- windows? Grilles Bars Keylocks
- doors? Deadlocks? Padlocks Roller doors
- alarms? Local Monitored Dedicated line
- patrols? Owner/operator living on-site Patrol visits

36. Do the premises have a CCTV system?

- No Yes; How many cameras? _____ *(no. of cameras)*

- What areas of the premises are covered? _____
- For what period is footage retained? _____ *(months)*
- Is the CCTV data stored electronically? No Yes
- Are all staff trained to use the CCTV system? No Yes

Money Handling

37. Does the premises have safes?

- No Yes; How many? _____ *(no. of safes)*

- What is the maximum stored in each safe at any one time? \$ _____
- Please specify where the safes are located _____
- What are the safe types? 2 Key Time delay Other
- How many of the following have access to the safes...

No. of staff

- owners? _____
- managers? _____
- staff? _____

38. On how many days per week is money usually banked? _____ *(days per week)*

39. What is the amount of money banked:

Amount

- on average \$ _____
- maximum \$ _____

SLE HOSPITALITY INSURANCE PROPOSAL

40. Are contracted money carriers used?

- Yes; Please specify the contractor _____
- No; - Who carries the money? _____
- How is the money carried? _____
- What is the distance to the bank? _____

41. Do the premises have gaming machines?

- No Yes; How many? _____ (no. of gaming machines)

42. After closing are:

- | | | |
|----------------------------|-----------------------------|------------------------------|
| - note acceptors removed? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| - machine doors left open? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

43. Do the premises have ATM's?

- No Yes; How many? _____ (no. of ATM's)

44. After closing are the cash cassettes removed?

- No Yes

Rodent Inspection

45. In what year were the premises most recently:

- | | Year |
|--------------------------|-------|
| - inspected for rodents? | _____ |
| - treated for rodents? | _____ |

SLE HOSPITALITY INSURANCE PROPOSAL

Liability

Business operation

46. What type of liquor licence does the business have? _____

47. Has the relevant licensing authority imposed any specific conditions on the operation of the business?

No Yes; Please specify _____

48. What are the trading hours for the premises?

	Opening time	Closing time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

49. What is the licensed total capacity of the premises? _____ (total capacity)

50. Do the premises have dedicated facilities for entertainment events?

No Yes; What is the capacity? _____ (no. of patrons)
 - Is there usually a cover charge? No Yes

51. What best describes the frequency of entertainment events at the premises?

Less than one event per month
 More than one event per month, please specify _____

SLE HOSPITALITY INSURANCE PROPOSAL

52. What best describes the type of entertainment at the premises?

- Background music
 Live solo or duos
 Live bands
 Other please specify _____

53. Do the premises have a restaurant or other catering facilities?

- No
 Yes, operated by the Insured
 Yes, operated by a contractor with their own liability insurance cover

54. Do the premises have:

	No	Yes
- Car park?	<input type="checkbox"/>	<input type="checkbox"/>
- Playground?	<input type="checkbox"/>	<input type="checkbox"/>
- Child minding or children's rooms?	<input type="checkbox"/>	<input type="checkbox"/>
- Swimming pools?	<input type="checkbox"/>	<input type="checkbox"/>
- Mechanical rides?	<input type="checkbox"/>	<input type="checkbox"/>
- Dedicated dance floor?	<input type="checkbox"/>	<input type="checkbox"/>
- Nightclub?	<input type="checkbox"/>	<input type="checkbox"/>
- Topless/nude staff or entertainment?	<input type="checkbox"/>	<input type="checkbox"/>
- Brothel?	<input type="checkbox"/>	<input type="checkbox"/>

Patron safety

55. Does the Insured hold a Master Security License?

- No
 Yes

56. Does the Insured have security staff?

- No
 Yes; the Insured employs staff internally for security duties only;
 Yes; the Insured engages external security contractors with their own liability insurance and a policy limit of:
- Less than \$10 million;
 Greater than \$10 million.

57. Does the Insured maintain an incident register?

- No
 Yes

SLE HOSPITALITY INSURANCE PROPOSAL

Revenue

58. Please estimate the annual gross revenue the business earns from...

- bar sales	\$ _____
- bottle shop sales	\$ _____
- accommodation	\$ _____
- food	\$ _____
- gaming	\$ _____
- entertainment	\$ _____
- other	\$ _____
- Total	\$ _____

Public Liability

Requested Limits of Indemnity

- \$10 Million
 \$20 Million
 Other \$M _____ *(specify Limit of Indemnity)*

Property

Declared Values

Section 1 – Material damage

	Sum Insured
Building	\$ _____
Contents	\$ _____
Stock	\$ _____
Removal of debris	\$ _____
Extra cost of reinstatement	\$ _____
Additional extra cost of reinstatement	\$ _____
Unspecified damage	\$ _____
Burglary / Theft	\$ _____
Burglary / Theft alcohol & tobacco	\$ _____

SLE HOSPITALITY INSURANCE PROPOSAL

Money:

- in transit \$ _____
- in private residence \$ _____
- on premises during business hours \$ _____
- on premises outside business hours \$ _____
- in locked safe \$ _____

Section 2 – Consequential Loss

- Indemnity Period _____ (months)
- Gross Profit \$ _____ (per year)
- Loss of rent \$ _____ (per year)
- Wages \$ _____ (per year)
- Accounts receivable \$ _____ (per year)
- AICOW \$ _____ (per year)
- Claims preparation fees & costs \$ _____ (per year)

SLE HOSPITALITY INSURANCE PROPOSAL

Declaration

59. Having been advised of their Duty of Disclosure, is the Insured, including any associated entity or operator, aware of any circumstances or matters of which the Insurer should be advised that may be material to its decision to accept the risk?

No

Yes; Please specify _____

Declared and signed by

The Insured _____

Date ____ / ____ / ____