



PU/SLE Hotel Operators 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 name of the hotel? _____

2. What are the full names of the...
...owners? _____

...operators? _____

3. What is the name of the legal entity to be insured? _____

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

5. What is the street address of the hotel? _____

6. Policy cover is required from ____ / ____ / ____ to ____ / ____ / ____

7. The policy is currently insured by _____ (insurer)

PU/SLE Hotel Operators 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 hotel **in the previous five years?**

- No Yes; Please attach further details of: Number of claims; Incurred loss; Dates of loss; 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 Has any Insurer declined, refused, withdrawn, or cancelled a policy or imposed special conditions or excess on the owner or operator including any associated entity?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 or Publican, **ever...**

	Yes	No
...incurred a claim or uninsured loss in excess of \$100,000?	<input type="checkbox"/>	<input type="checkbox"/>
...been charged with a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
...been declared bankrupt or put into receivership or liquidation?	<input type="checkbox"/>	<input type="checkbox"/>
...had their Liquor License suspended or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>

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

- ...owned **this hotel?** _____ (years)
...owned **hotels in total** _____ (years)

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

- ...operated **this hotel?** _____ (years)
...operated **hotels in total** _____ (years)

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

- ...Owner _____

...Operator _____

Property

Construction

14. In what year were the premises...

Year

...originally built? _____
 ...most recently renovated _____

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 refurbish the premises in the next 12 months?

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

Maintenance

20. Do qualified tradespersons inspect and maintain **at least every 6 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 ...

	Year
...inspect the electrical wiring and boards?	_____
...thermographically scan the building?	_____
...rewire the building?	_____

PU/SLE Hotel Operators 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

Building Security

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

- | | | | |
|-------------|--|--|---|
| ...windows? | <input type="checkbox"/> Grilles | <input type="checkbox"/> Bars | <input type="checkbox"/> Keylocks |
| ...doors? | <input type="checkbox"/> Deadlocks? | <input type="checkbox"/> Padlocks | <input type="checkbox"/> Roller doors |
| ...alarms? | <input type="checkbox"/> Local | <input type="checkbox"/> Monitored | <input type="checkbox"/> Dedicated line |
| ...patrols? | <input type="checkbox"/> Owner/operator living on-site | <input type="checkbox"/> Patrol visits | |

Money Handling

36. 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? Key Time delay Other

How many of the following have access to the safes...

No. of staff

...owners?	_____
...managers?	_____
...staff?	_____

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

38. What is the amount of money banked...

Amount

... on average \$ _____

... maximum \$ _____

39. 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? _____

Gaming Machines

40. Does the hotel have gaming machines?

No

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

After closing are...

...note acceptors removed?

No

Yes

...machine doors left open?

No

Yes

Rodent Inspection

41. In what year were the premises most recently...

Year

...inspected for rodents?

...treated for rodents?

Liability

Business operation

42. What type of liquor licence does the hotel have? _____

43. Has the relevant licensing authority imposed any specific conditions on the operation of the hotel?

No Yes; Please specify _____

44. Has the Insured been granted extended trading hours for the hotel?

No Yes

45. What is the licensed total capacity of the hotel? _____ (total capacity)

46. Does the hotel have dedicated facilities for entertainment events?

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

47. What best describes the frequency of entertainment events at the hotel?

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

48. Does the hotel have a restaurant or other catering facilities?

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

49. Does the hotel have...

	No	Yes
...Car park?	<input type="checkbox"/>	<input type="checkbox"/> Specify the no. of spaces _____
...Playground?	<input type="checkbox"/>	<input type="checkbox"/>
...Swimming pools?	<input type="checkbox"/>	<input type="checkbox"/>
...Mechanical rides?	<input type="checkbox"/>	<input type="checkbox"/>
...Child minding or children's rooms?	<input type="checkbox"/>	<input type="checkbox"/>

Patron safety

50. Does the Insured hold a Master Security License?

No Yes

51. Does the Insured engage external security contractors?

No Yes, with their own liability insurance

52. Does the hotel 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

53. Does the Insured maintain an incident register?

No Yes

Revenue

54. Please estimate the annual gross revenue the hotel earns from...

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

Requested Limits of Indemnity

Public Liability

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

Property

Section 1 – Material damage (or attach broker's slip)

	Sum Insured
Building	\$ _____
Contents	\$ _____
Stock	\$ _____
Unspecified damage	\$ _____
Removal of debris	\$ _____
Extra cost of reinstatement	\$ _____
Burglary / Theft	\$ _____
Burglary / Theft alcohol & tobacco	\$ _____
Money...	
...in transit	\$ _____
...in private residence	\$ _____
...on premises during business hours	\$ _____
...on premises outside business hours	\$ _____
...in locked safe	\$ _____

Section 2 – Business Interruption (or attach broker's slip)

Indemnity Period	_____ (months)
Gross Profit	\$ _____
AICOW	\$ _____
Fees & prep costs	\$ _____
Accounts receivable	\$ _____
Loss of rent	\$ _____
Wages	\$ _____

Declaration

55. 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 ____/____/____

The Licensee / Publican _____

Date ____/____/____