



## 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

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 Has any Insurer declined, refused, withdrawn, or cancelled a policy or imposed special conditions or excess on the owner or operator including any associated entity?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

## 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*)...

	<b>Wood</b>	<b>Masonry</b>	<b>Metal/steel/tin</b>	<b>Fibro/asbestos</b>
...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 \$ \_\_\_\_\_

### Maintenance

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

	<b>Yes</b>	<b>No</b>
...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"/>

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)

PU/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

## 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 |   |

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      \$ \_\_\_\_\_

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)

After closing are...

...note acceptors removed?  No  Yes

...machine doors left open?  No  Yes

42. Do the premises have ATM's?

No  Yes; How many? \_\_\_\_\_ (no. of ATM's)

After closing are the cash cassettes removed?  No  Yes

### Rodent Inspection

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

	Year
...inspected for rodents?	_____
...treated for rodents?	_____

## Liability

### Business operation

44. What type of liquor licence does the business have? \_\_\_\_\_

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

No                       Yes; Please specify \_\_\_\_\_  
\_\_\_\_\_

46. What are the trading hours for the premises?

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

47. What is the licensed total capacity of the premises? \_\_\_\_\_ (total capacity)

48. 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

49. 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 \_\_\_\_\_  
\_\_\_\_\_

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

Background music                       Live solo or duos                       Live bands  
 Other please specify \_\_\_\_\_

51. 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



52. Do the premises have...

	<b>No</b>	<b>Yes</b>
...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

53. Does the Insured hold a Master Security License?

- No                       Yes

54. 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.

55. Does the Insured maintain an incident register?

- No                       Yes

### Revenue

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

...bar sales	\$ _____
...bottle shop sales	\$ _____
...accommodation	\$ _____
...food	\$ _____
...gaming	\$ _____
...entertainment	\$ _____
...other	\$ _____
<b>...Total</b>	<b>\$ _____</b>

## 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	\$ _____
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	_____ ( <i>months</i> )
Gross Profit	\$ _____ ( <i>per year</i> )
Loss of rent	\$ _____ ( <i>per year</i> )
Wages	\$ _____ ( <i>per year</i> )
Accounts receivable	\$ _____ ( <i>per year</i> )
AICOW	\$ _____
Claims preparation fees & costs	\$ _____

**Declaration**

57. 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 \_\_\_\_/\_\_\_\_/\_\_\_\_