



ASR Underwriting
Agencies

Proposal Form

HOTEL / RESORT / RESTAURANT

Arranged through ASR Underwriting Agencies Pty Ltd Underwritten by Certain Underwriters at Lloyd's

IMPORTANT NOTES

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE ATTACH IT TO THIS PROPOSAL FORM. This proposal must be typed, or completed in ink and signed and dated by such person (Proposer/You/Your) who must be of legal capacity and authorised by the Proposer to seek a quotation for Liability Insurance and any additional coverage that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.

Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number. It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.

For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgement and acceptance of Your Proposal. Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer.

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

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

PRIVACY

We are committed to protecting your privacy. We use the information you provide to us to assist with your insurance needs. We provide your information to insurance underwriters, brokers and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to certain Underwriters at Lloyd's when we are seeking insurance terms from them, or to reinsurers who are located overseas. We also supply your information to the providers of our policy administration and underwriting systems that help us to maintain our products and services. You will be advised where those companies are located at the time any advice is given to you. We do not trade, rent or sell your information. If you do not provide us with full information, we cannot properly seek insurance terms for you, or assist with claims and you could breach your duty of disclosure. For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by telephone to our Privacy Officer on 07 3442 3301 or visit our website www.asruw.com.au

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.

YOUR LEGAL LIABILITY

If you take out a Liability cover section, 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, when you take out a Liability cover section.

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.

RISK SURVEY

Acceptance of the proposed risk may be subject to a survey to be carried out by or on behalf of the Insurers. In the event that the survey results in findings of misrepresentation, Insurers may be able to decline any potential claim. Please note that by carrying out a site survey and report any ensuing requirements &/or recommendations shall not constitute any undertakings on the part of the Insurers or others to determine or warrant that the premises surveyed are safe, fit or compliant with any Federal, State, Local Government law, statute, by-law, rule, regulation, building code or the like.

BROKER DETAILS

Broker Name		Contact Name	
Phone Number		Fax Number	
Email Address			

LIABILITY COVER REQUIREMENTS

Period of cover required	from		to		
Current limit of indemnity	\$				
Expiring premium	\$				
Limit of liability required	<input type="checkbox"/> A\$5,000,000		<input type="checkbox"/> A\$10,000,000		<input type="checkbox"/> A\$20,000,000
Optional excess	<input type="checkbox"/> A\$5,000		<input type="checkbox"/> A\$10,000		
Full name of Insured					
ABN					
Trading name of establishment (hotel)	Address of insured establishment			State	Postcode
Trading name of establishment (bottleshop)	Address of insured establishment			State	Postcode
Interested party(ies)					
Type of interest (eg. L/ord, financier, local council etc)					
Number of years trading at this venue					
Contact person				Telephone no	
Web address					
Are you the property owner only?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you the licensee only?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you the property owner and licensee?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

OPERATIONAL INFORMATION

Type of establishment to be insured	<input type="checkbox"/> Licensed hotel		<input type="checkbox"/> Licensed hotel/motel		<input type="checkbox"/> Resort
	<input type="checkbox"/> Licensed restaurant		<input type="checkbox"/> Other (please specify)		
Hours of operation	Mon, Tues, Wed	From		To	
	Thurs, Fri, Sat, Sun	From		To	
Number of staff	Full time		Part time		
Do you use labour hire personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please advise activities of labour hire personnel		
Licensed capacity of venue (number of patrons)					
Do you comply with all legislative requirements for a licensed premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have:					
Happy hour/discounted drinks?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, duration frequency	<input type="checkbox"/> 1-2hr <input type="checkbox"/> 2-3hr <input type="checkbox"/> 4+hr	
				<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> f/nightly <input type="checkbox"/> monthly <input type="checkbox"/> other	
Formalised hens/bucks parties	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Topless wait staff	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Auditorium	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Gymnasium	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Dance Floor	<input type="checkbox"/> Yes <input type="checkbox"/> No		Dance floor size (approx)		sqm
Dancing	<input type="checkbox"/> Never <input type="checkbox"/> 1-2 week <input type="checkbox"/> f/nightly <input type="checkbox"/> monthly <input type="checkbox"/> Occasional				

OPERATIONAL INFORMATION

Do you have:

Live entertainment	<input type="checkbox"/> Never	<input type="checkbox"/> 1-2 week	<input type="checkbox"/> f/nightly	<input type="checkbox"/> monthly	<input type="checkbox"/> Occasional
Discos	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how often?		
Nightclub	<input type="checkbox"/> Yes	<input type="checkbox"/> No	For definition see page 13, section 14.2, of the ASR Hotel/Motel/Backpacker/Resorts Liability Wording		
A cover charge	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide details		

If you have any entertainment please provide full details eg. Rock bands/duos/soloists/guest DJ's/themed nights or promotional drinking nights.

Please supply details of any outside activities including fundraising conducted by the Insured (e.g. organise/sponsor fetes, rodeos, carnivals etc.)

Do you have any playground or other activities available to patrons? If yes, conditions apply.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a swimming pool, spa or sauna?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you have the correct signage regarding supervision of all children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you display signs on CPR and basic life saving techniques?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the security fence and gate compliant with all/any applicable legislation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Mandatory information required

Do you engage any labour hire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, estimated payments to labour hire	\$
Nature of work carried out by labour hire				
Do you engage sub-contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, estimated payments to sub-contractors	\$
Nature of work carried out by sub-contractors				

TURNOVER/INCOME DETAILS – Please provide your turnover for the following areas

If you provide just one figure for all areas then you will be charged the one rate on your entire turnover. By doing this you will not achieve the lowest possible premium.

	This year			Last year				
Bar sales	\$			\$				
Bottle sales from hotel	\$			\$				
Bottle sales from off site bottle shop	\$			\$				
Food/accommodation/all other	\$			\$				
Nett gaming	\$			\$				
Total	\$			\$				
Show percentage of work performed in each state:	NSW	%	ACT	%	QLD	%	WA	%
	VIC	%	TAS	%	SA	%	NT	%

SECURITY

Do you utilise door control &/or security contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, are they:	<input type="checkbox"/> contractors	<input type="checkbox"/> employees
If security staff are employees, do they have a current security license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Have security employees completed accredited security training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Do security contractors have their own liability insurance cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Number of security contractors/employees					
Do you have video surveillance of the car park?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Do you have video surveillance within the hotel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If yes, how long are surveillance films kept for?			<input type="checkbox"/> days	<input type="checkbox"/> weeks	<input type="checkbox"/> months

COMMON AREAS

Are the toilets cleaned regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often? Every:	<input type="checkbox"/> 1 hr <input type="checkbox"/> 2 hrs <input type="checkbox"/> 3 hrs <input type="checkbox"/> 4 hrs <input type="checkbox"/> Other
Do you fix doors, seats and soap dispensers when required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have anti-slip coatings been applied to non-carpet floor surfaces? If no, please advise details e.g. Non-slip floor mats etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are spilt drinks and broken glass cleaned away immediately?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you use signs warning patrons of slippery surfaces or wet areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are torn or ripped carpets mended or replaced as soon as possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you keep public walkways and emergency exits free of obstacles?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are bar stools fitted with anti-slip measures? i.e. rubber feet	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you refrain from having extension cords across walkways?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please describe your cleaning/spill check procedures and attach a copy of your documented procedures			

ACCOMMODATION

Age of premises	years	No. of bedrooms for letting out or rental	Max. no. of persons per room
Are evacuation procedures displayed in all accommodation rooms?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you comply with government regulations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are smoke detectors fitted in all accommodation rooms?	If yes, are they:	<input type="checkbox"/> Hard wired <input type="checkbox"/> Battery operated	
Are the smoke detectors monitored?	<input type="checkbox"/> By a central monitoring station <input type="checkbox"/> Locally		
Other fire protection, please provide details:			

ELECTRICAL

When was the last complete check of all wiring, both power and lighting, undertaken in the premises?	
Have all electrical appliances that plug into power points been checked by a licensed electrician and accordingly tagged in the last twelve (12) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all power circuits in your supply from the switchboard been upgraded to have personal earth leakage circuit breakers and/or residential current devices coupled to safety switches?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CARPARK AND SURROUNDING AREAS

How many car parking bays are there?		Type of surface e.g. bitumen, dirt etc.	
Does your car park have lighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the lighting on all night?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If there are speed bumps, are they clearly visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

DAY TO DAY

Are cracked plates and glasses disposed of immediately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you check bar furniture for rough edges and take action to reduce sharp edges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a documented staff-training programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a staff operational handbook?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MINIMISING CLAIMS AGAINST YOU

Do you have a formal incident report procedure in place for injuries sustained on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you adopt the ASR Underwriting Incident Reporting Document, and notify ASR Underwriting or your broker of all incidents described in the Document within 24hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree to complete the Quarterly Premises Inspection Report Form on a monthly basis and keep on file within your premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HISTORY – Important: if you are in any doubt refer to your broker to ensure all relevant details are disclosed.

Have you ever had any food or health violations against you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any persons connected with this insurance ever had a revoked license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any partner or director:	Been declared bankrupt, had legal proceedings lodged against you or been convicted of any criminal offences? If yes, please provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Had an insurer that has declined to insure you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Had an insurer that has declined to renew your insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Had an insurer that has imposed special conditions on your insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you within the last 10 years, suffered a claim that would have been covered by this insurance and or claimed for any loss or damage or received any demand or writ for personal injury or damage to property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	After enquiry, are you or any director or employee aware of or have any grounds for suspecting any circumstances which might give rise to a claim, against you or against any of the present or former directors during the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the above questions, please provide full details. With any previous claims, please detail amount paid or reserved, the year and your excess at the time and background information on the claim.

RISK MANAGEMENT

If you have not done so, it is a condition of this insurance that within one (1) week of the commencement of this insurance you must IMPLEMENT and maintain the following:

Keep an incident report concerning

- Formal complaints from patrons
- Patrons who have caused a fight or altercation in your establishment
- Ambulance calls to your premises
- Police called to your premises
- Patrons who have slipped and fallen on your premises
- Patrons who have been injured on your premises

This incident report log should be available for inspection if requested.

DECLARATION – YOUR DUTY OF DISCLOSURE

I confirm that:	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 the proposal		
Authorised signatory		Dated	
Name of signatory		Position	

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CANCELLATION CHARGES

If we are requested to cancel the policy, we will charge the following short period rate premiums. We will hold you and or your insurance intermediary liable to pay these amounts

Within 1 month of inception:	25% of the quoted premium	Thereafter at terms to be agreed with underwriters
Within 2 months of inception:	20% of the quoted premium	
Within 3 months of inception:	15% of the quoted premium	