



ASR Underwriting
Agencies

Proposal Form

PUBLIC AND PRODUCTS LIABILITY

BACKPACKER & BOARDING HOUSE

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 <input type="checkbox"/> Other |
| Optional excess | <input type="checkbox"/> A\$5,000 | | <input type="checkbox"/> A\$10,000 | | |
| Automatic cover for property in your CARE, CUSTODY OR CONTROL is provided up to a limit of \$50,000. Do you wish to increase this limit? If yes, to how much? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No \$ |
| Please describe the property in your care, custody or control | | | | | |

COMPANY INFORMATION

| | | | | | |
|---|---|--|--|--------------|----------|
| Full name of Insured | | | | | |
| Trading name of establishment | | | | | |
| ABN | | | | | |
| Address of insured establishment | | | | | State |
| | | | | | Postcode |
| Interested party(ies) | | | | | |
| Type of interest (eg. L/lord, 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 business operator only? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Are you the property owner and operator? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Are you a member of any accommodation association(s)? If yes, which one(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Where are you based? | <input type="checkbox"/> Rural <input type="checkbox"/> Suburbia <input type="checkbox"/> Other | | | | |

OPERATIONAL INFORMATION

| | | | | | | |
|--|--|--|---|---|--|-----|
| Type of establishment to be insured | <input type="checkbox"/> Backpackers | | <input type="checkbox"/> Boarding house | | <input type="checkbox"/> Student accommodation | |
| | <input type="checkbox"/> Residential care | | <input type="checkbox"/> Other (please specify) | | | |
| Do you have: | | | | | | |
| Communal kitchen | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Childminding facilities | <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 | | | | | |
| If you have a licensed restaurant, bar or function centre, 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 | | | | | |
| 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

If you have a licensed restaurant, bar or function centre, 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 | | |

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.)

ACCOMMODATION

| | | | |
|--|---|------------------------------|---|
| No. of bedrooms for letting out or rental | | Max. no. of persons per room | |
| Is there a managers residence? | | | <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: | | | |

CONSTRUCTION

| | | | |
|---|---------------------------------|--|--|
| Estimated total value of building | \$ | Age of building | years |
| Building materials (please mark all that are applicable) | | | |
| Roof | <input type="checkbox"/> Tile | <input type="checkbox"/> Iron/metal | <input type="checkbox"/> Concrete <input type="checkbox"/> Other |
| Walls | <input type="checkbox"/> Timber | <input type="checkbox"/> Brick | <input type="checkbox"/> Concrete <input type="checkbox"/> Other |
| Ground floor | <input type="checkbox"/> Timber | <input type="checkbox"/> Stone etc. | <input type="checkbox"/> Concrete <input type="checkbox"/> Other |
| Upper floor(s) | <input type="checkbox"/> Timber | <input type="checkbox"/> Steel | <input type="checkbox"/> Concrete <input type="checkbox"/> Other |
| External stairway | <input type="checkbox"/> Timber | <input type="checkbox"/> Steel | <input type="checkbox"/> Concrete <input type="checkbox"/> Other |
| No. of storeys | | No. of lifts | |
| | | No. of escalators | |
| | | No. of internal stairways | No. of external stairways |
| Are the stairways supported by handrails? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

ELECTRICAL

| | |
|--|--|
| Is your power/switch board compliant with modern Regulations and requirements? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 |

TOILETS

| | | | |
|--|--|------------|--|
| Are regular checks made? | <input type="checkbox"/> Yes <input type="checkbox"/> No | How often? | Every <input type="checkbox"/> 1 / <input type="checkbox"/> 2 / <input type="checkbox"/> 3 / <input type="checkbox"/> 4 hours / <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 placed on floor surfaces? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, are there sufficient measure to stop patrons slipping in the toilets? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are the toilets cleaned regularly? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECURITY

| | |
|---|--|
| 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 (days/weeks /months)? | |
| Do you utilise door control &/or security personnel? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, do you contract out to private firms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, it is a condition of coverage that you provide a certificate of the Security Companies liability insurance with your establishment as a named insured on their policy within 30 days of policy inception. Minimum A\$5,000,000 liability cover. | |

CARPARK AND SURROUNDING AREAS

| | | | |
|---|--|---|--|
| Do you have for hire or customer use: | | | |
| Bikes/non-motorised scooters | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bikes/motorised scooters | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Canoes/surfboards/windsurfers etc. | <input type="checkbox"/> Yes , how many? <input type="checkbox"/> No | Is instruction given on usage and safety? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you offer: (if yes to any, please provide details under additional information on page 5) | | | |
| Organised tours | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Horse riding activities | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| A children's playground or play area | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Mechanical rides | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Any other activities | <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 |

DAY TO DAY

| | |
|--|--|
| 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 |
| Do you utilise the ASR Underwriting Incident Reporting Forms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will you send copies to ASR Underwriting as and when incidents occur? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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 | |
|--------------------|-----------|--|-----------|--|
| Accommodation | \$ | | \$ | |
| Bar and restaurant | \$ | | \$ | |
| Function centre | \$ | | \$ | |
| Bottle sales | \$ | | \$ | |
| Any other source | \$ | | \$ | |
| Total | \$ | | \$ | |
| Number of staff | Full time | | Part time | |

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 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 the proposal. | | |
| | Whilst some or all of the answers to the questions may not be checked by me I certify they are correct to the best of my knowledge and belief. | | |
| Do you consider that your establishment is a good insurance risk? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please tell us if you think a reduction or loading should be implemented | | | |
| Authorised signatory | | Dated | |
| Name of signatory | | Position | |

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 | |

[PRINT FORM](#)

[RESET FORM](#)