

Accommodation Insurance Application



Send quotation requests to:
Email: distribution@breezeuw.com.au
Phone: 1300 556 826

Important Notices

The Cover

Please read the Breeze Accommodation Insurance Policy Wording available on our website www.breezeuw.com.au before applying for this insurance. It contains important information to help you understand the product and decide whether it is appropriate for you.

Workers' compensation is compulsory in all States and Territories of Australia. This Business Pack does not include Workers' compensation cover.

Duty of Disclosure

Under the Insurance Contracts act 1984 (the Act), you have a duty of disclosure. You are required before you enter into, renew, vary extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

You don't need to tell us about any matter:

- that reduces the risk,
- is of common knowledge,
- that we already know, or ought to know in the ordinary course of our business as an insurer, or
- we indicate we do not want to know.

If you do not tell us

If you do not comply with your Duty of Disclosure we may:

- reduce or refuse to pay a claim, or
- cancel your Policy.

If your non-disclosure is fraud, we may also have the option of avoiding the Policy from its beginning.

Privacy

Privacy legislation regulates the way private sector organizations can collect, use, keep secure and disclose personal information. Breeze Underwriting has developed a privacy policy which explains what sort of personal information we hold about you and what we do with it. You can obtain a copy of the Breeze Underwriting Privacy information brochure by contacting us at 1300 556 826 or from our website www.breezeuw.com.au

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Broker Details

Brokerage: _____ Phone: _____
Broker Contact: _____ Email: _____

Client Details

Insured Name: _____
Property Owner Name: _____
Trading Name: _____
Period of insurance: From: ____/____/____ To: : ____/____/____ expiring 4.00pm
Website: _____
ABN: _____
Interested Parties: _____

Current Insurance Details

Location

Address: _____
Suburb: _____ State: _____ Postcode: _____

Occupation (please tick)

- | | | | |
|----------------------------------|--------------------------|---------------------------------------|--------------------------|
| Motel | <input type="checkbox"/> | Airbnb / Stayz Free-Standing Property | <input type="checkbox"/> |
| Hotel – boutique accommodation | <input type="checkbox"/> | Holiday Cabins | <input type="checkbox"/> |
| Serviced Apartments – Short Stay | <input type="checkbox"/> | Backpackers | <input type="checkbox"/> |
| Bed & Breakfast | <input type="checkbox"/> | Guest House | <input type="checkbox"/> |

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Trading Activity

▪ Is the property listed on and booked through a recognized platform?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
▪ How many accommodation rooms are there?								
▪ Is the owner/manager/or staff present on-site 24 hours a day?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If No provide details of day to day site management								
▪ What is the Annual turnover?			\$	Non-Accommodation turnover %				
Do all other public/guest facilities in conform to all local, regulatory and/or Australian Standards?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
▪ Is there a restaurant?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
▪ Is there a function center?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Does the business have a license to sell alcohol?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
▪ Is There a Swimming Pool or Outdoor Spa?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is it fenced to Australian Standards with signs posted specifying usage, accepted behavior and life saving procedures?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Premises

▪ What is the year of construction?				▪ How many floors does the building have?				
▪ If built prior to 1950, can you confirm if the building has been completely re-wired?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
▪ If over 30 years, has premises been fully rewired OR within the past 5 years has an electrical inspection conducted OR been thermographically scanned with no faults recorded?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
▪ Is the building subject to Heritage or National Trust listing?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
▪ Is there a reticulated town water supply provided by a public supply authority?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
▪ Are all rooms fitted with Smoke Detectors compliant with Australian Standard AS3786?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Construction

Walls:	Brick or Concrete	<input type="checkbox"/>	Iron	<input type="checkbox"/>	Timber	<input type="checkbox"/>	Asbestos/Fibro	<input type="checkbox"/>
Ground Floor:	Brick or Concrete	<input type="checkbox"/>	Timber	<input type="checkbox"/>	Timber	<input type="checkbox"/>	Asbestos/Fibro	<input type="checkbox"/>
Roof:	Concrete/Tile	<input type="checkbox"/>	Iron	<input type="checkbox"/>	Timber	<input type="checkbox"/>	Asbestos/Fibro	<input type="checkbox"/>
Is any of the premises constructed with or lined by Expanded Polystyrene (EPS) panels?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
							Amount in Total Square Metres	

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Fire Protection

▪ Hose reels/Hydrants	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
▪ Smoke/Fire Detectors MONITORED by the fire brigade or a monitoring company	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
▪ Is the whole property Fully Sprinklered compliant to Australian Standard AS2118 and subject to a current service contract?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Security

▪ Excluding Guest Rooms, are external doors fitted with Dead Locks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
▪ Is premises fitted with a monitored back to base alarm	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
▪ Is the premises fitted with a local alarm (siren)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
▪ Do you keep money in a safe	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Applicant History

Has the insured or any partner(s) or director(s) of the business:

▪ Had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
▪ Ever been declared bankrupt?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
▪ Ever been involved in a company or business which became insolvent or was subject to any form of insolvency administration?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
▪ Been convicted of any criminal offence (other than minor traffic offences) within the last 5 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
▪ Been penalized or convicted under any Health or Food Act or other authority?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have answered **Yes** to any of these questions, please provide details below:

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Claims

Has the insured or any partner(s) or director(s) of the business had any claims in the last 5 years or Suffered any loss or damage that would have been covered by the proposed insurance policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If **Yes** please advise the details of the claims:

Date of Loss	Excess Applicable	Loss Amount	Brief Description

Signature and Declaration

By completing and signing this application form You declare that:

1. you have read and understood your Duty of Disclosure and the Breeze Accommodation Policy Wording and agree to be bound by its terms and conditions should the application be accepted;
2. the disclosed information in this application is true and accurate in every respect and no information has been withheld which is likely to affect our decision about accepting this insurance;
3. if there is more than one insured and all have not signed this application, you have signed for and on their behalf;
4. you acknowledge we reserve the right to decline any application.

You consent to:

1. the use and disclosure of your personal information for the purposes shown in the Privacy Section in the Breeze Accommodation Policy Wording;
2. our obtaining claims and other information relating to this insurance from my previous insurers or any credit reference bureau.

Applicant's Signature(s): _____

Date: _____

Applicants Title: _____

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Coverage Required

Part A

Property **Excess: \$500** **\$1000**

▪ Building	\$	
▪ Contents including Stock	\$	
▪ Removal of Debris in addition to the policy limit	\$	

Business Interruption

▪ Gross Income (Money paid to you for goods sold and/or services rendered or for rent received in the course of the business less purchase cost of stock.)	\$	
▪ Additional Increased Cost of Working (Automatic Cover \$25,000)	\$	
▪ Rent Payable	\$	
▪ Goodwill		
▪ Claims preparation costs (Automatic Cover \$25,000)	\$	
Indemnity period (Months)	6	<input type="checkbox"/>
	12	<input type="checkbox"/>
	18	<input type="checkbox"/>
	24	<input type="checkbox"/>

Theft – Excess same as Property

▪ Contents and Stock excluding Tobacco Products	\$	
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Money (Blanket Cover) – Excess same as Property

▪ Blanket cover subject to Limits for 3) & 5) below	\$	
Covering Money Under items 1-5 below: Money In Transit 1) Money on Business Premises 2) Money on Business Premises outside Business Hours 3) Money on Business Premises in a locked Safe or Strongroom 4) Money in a Private Residence 5) Money in Transit limited to: - \$5,000 when on Business Premises outside of Business Hours & - \$10,000 in Private Residence		

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Glass – Excess same as Property

▪ Replacement Value	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cover	Standard Limit		Revised Limit	
1) Temporary Protection and shuttering	\$8,000			
2) Items Affixed to glass	\$8,000			
3) Shopfronts	\$8,000			
4) Damage to Property	\$8,000			
5) Damage to electrical signs	\$8,000			

Broadform Liability

▪ Limit of Liability	\$10,000,000	<input type="checkbox"/>	\$20,000,000	<input type="checkbox"/>
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Machinery Breakdown

Excess: \$500 \$1,000 \$2,000

▪ Limit Any One Item	\$10,000	<input type="checkbox"/>	\$20,000	<input type="checkbox"/>
▪ Deterioration of Stock				\$
▪ Number of Items				

If cover required for any Item in Excess of \$20,000, provide full details of each item

Description		\$	
Description		\$	

Electronic Equipment – Excess same as Property

▪ Limit any one Loss	\$	
▪ Electronic Data and Electronic Data Media	\$	
▪ Increased Cost of Working	\$	

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General Property Items – Excess same as Property

Description		\$	
Description		\$	
Description		\$	
Description		\$	

Employee Dishonesty – Excess same as Property

▪ Sum Insured	\$10,000	<input type="checkbox"/>	\$20,000	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
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Tax Audit – Excess same as Property

▪ Sum Insured	\$10,000	<input type="checkbox"/>	\$20,000	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
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Transit – Excess same as Property

▪ Sum Insured	\$10,000	<input type="checkbox"/>	\$20,000	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
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Part B

Personal Contents – Excess same as Property

▪ Sum Insured		\$	
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Unspecified Personal Valuables – Excess same as Property

▪ Sum Insured		\$	
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Specified Personal Valuables – Excess same as Property

Description		\$	
Description		\$	
Description		\$	
Description		\$	