

Breeze Underwriting Application Form Restaurant Insurance



Send quotation requests to:

Email: distribution@breezeuw.com.au

Phone: 1300 556 826

Important Notices

The Cover

Please read the Hospitality Business Pack Policy 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 organisations 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

Restaurant Insurance – Application Form



Broker Details

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

Client Details

Insured Name: _____
Trading Name: _____
Period of insurance: From: ____/____/____ To: : ____/____/____ expiring 4.00pm
Phone/Email/Website: _____
ABN: _____

Current Insurance Details

Current Insurer: _____ Current Broker: _____

Location

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

Occupation

- | | |
|---|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Internet Café |
| <input type="checkbox"/> Café | <input type="checkbox"/> Kiosk |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Pizza Restaurant |
| <input type="checkbox"/> Takeaway Food (please confirm split over page) | |

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Takeaway Turnover Split

If providing any Takeaway food, please indicate type and percentage of total turnover:

<input type="checkbox"/> Charcoal Chicken	<input style="width: 50px;" type="text" value="%"/>	<input type="checkbox"/> Juice Bar	<input style="width: 50px;" type="text" value="%"/>
<input type="checkbox"/> Chicken – not charcoal grill	<input style="width: 50px;" type="text" value="%"/>	<input type="checkbox"/> Kebabs/Souvlaki	<input style="width: 50px;" type="text" value="%"/>
<input type="checkbox"/> Coffee	<input style="width: 50px;" type="text" value="%"/>	<input type="checkbox"/> Noodle Bar	<input style="width: 50px;" type="text" value="%"/>
<input type="checkbox"/> Fish & Chips	<input style="width: 50px;" type="text" value="%"/>	<input type="checkbox"/> Pizza	<input style="width: 50px;" type="text" value="%"/>
<input type="checkbox"/> Hamburger	<input style="width: 50px;" type="text" value="%"/>	<input type="checkbox"/> Sandwich Shop	<input style="width: 50px;" type="text" value="%"/>
<input type="checkbox"/> Ice Cream	<input style="width: 50px;" type="text" value="%"/>	<input type="checkbox"/> Snack Bar	<input style="width: 50px;" type="text" value="%"/>

Trading Activity

Has the business been in operation for more than 2 years? Yes No

How long have you operated this business?

If less than 2 years, what relevant experience does the owner/manager have?

What is the Annual turnover? \$

What is the Seating Capacity?

Are there functions held other than in a sit-down restaurant Yes No

o Maximum number in attendance o Turnover

Number of Staff Full Time Part-time – max any one time

Does the business have a license to sell alcohol? Yes No

Does the business remain open after 12.00am (midnight)? Yes No

o If Yes Between 12.00am to 1.00am After 1.00am

Details

Is entertainment provided other than background music (soloists/duets)? Yes No

o If Yes, please provide details:

Is door security staff engaged at any time? Yes No

Are contact/labour hire employees engaged? Yes No

o If Yes provide details

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Kitchen

- ☒ **Do you use any type of deep frying?** Yes No
If Yes, what is the total capacity of all deep frying units Litres
- ☒ **Are the deep fryer thermostat/s controlled with an automatic cut off switch?** Yes No
If No, provide details
- ☒ **How often do you filter the cooking oil or fat?** Daily Weekly Other
If More than Weekly, provide details
- ☒ **Is Wok frying used?** Yes No
- ☒ **Is Charcoal cooking used?** Yes No
- ☒ **Do you have a Wood Fired Oven?** Yes No

Commercial Cooking Condition

It is a condition of this policy that the Insured ensures that in relation to any commercial cooking facilities at the Location, the following minimum standards are complied with:

1. That the exhaust / extraction system ducting is professionally cleaned annually
2. That the exhaust / extraction system filters are cleaned weekly
3. That a minimum of 2 x 4.5kg dry chemical extinguishers are located within the kitchen at a suitable location which generally complies with the following requirements:
 - 3.1 the extinguishers shall be in a conspicuous and readily accessible position
 - 3.2 where practicable, the extinguishers shall be located along normal paths of travel and near exits
 - 3.3 they shall not be located in areas where they will be exposed to temperatures outside of the range 50C to -50C
4. That a fire blanket is located in the kitchen.
5. Charcoals must either be removed from the premises and extinguished, or a stainless steel lid placed over the top of the charcoal bed during non trading hours.

If You do not carry out or maintain these minimum standards, We may reduce or refuse to pay a claim or may cancel this policy.

I confirm that I am compliant with the above conditions Yes No

If No, provide details

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General

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 No
- Ever been declared bankrupt?
 Yes No
- Ever been involved in a company or business which became insolvent or was subject to any form of insolvency administration?
 Yes No
- Been convicted of any criminal offence (other than minor traffic offences) within the last 5 years?
 Yes No
- Been penalized or convicted under any Health or Food Act or other authority?
 Yes No

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

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 No If Yes, please provide details:

Date of loss	Excess	Loss amount	Brief description

Signature and Declaration

By completing and signing this application form:
 You declare that:

- you have read and understood your Duty of Disclosure and the Hospitality Business Pack and agree to be bound by its terms and conditions should the application be accepted;
- 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;
- if there is more than one insured and all have not signed this application, you have signed for and on their behalf;
- you acknowledge we reserve the right to decline any application.

You consent to:

- the use and disclosure of your personal information for the purposes shown in the Privacy Section in the Hospitality Business pack;
- our obtaining claims and other information relating to this insurance from my previous insurers or any credit reference bureau.

Applicant's Signature(s) _____

Date _____

Applicant's Title _____

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Coverage Required

Property Excess: \$500 \$1,000

- Building \$
- Contents including Stock \$
- Removal of Debris; automatic cover \$50,000 \$

Business Interruption – Excess same as Property

- Gross Income \$
*Money paid or payable to you for goods sold and/or services rendered or for rent received or payable (plus outgoings specified in any lease) in the course of the business **less** purchase cost of stock.
 - Additional Increased Cost of Working; automatic cover \$25,000 \$
 - Claims preparation costs; automatic cover \$20,000 \$
- Indemnity period 6 months 12 months 18 months 24 months

Theft – Excess same as Property

- Contents and Stock excluding Tobacco Products \$

Money – Excess same as Property

- Blanket cover subject to Limits for 3) & 5) below \$

Covering Money Under items 1-5 below with Money on Business Premises during Business hours and in Private Residence limited to a maximum of \$7,500 or the sum insured whichever is the lesser

- 1) Money in Transit
- 2) Money on Business Premises
- 3) Money on Business Premises outside Business hours
- 4) Money on Business Premises in a locked Safe or Strongroom
- 5) Money in a Private Residence

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

- Limit any one Item \$10,000 \$20,000

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

- Deterioration of Stock \$

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Electronic Equipment – Excess same as Property

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

Broadform Liability – Excess same as Property

- Limit of Liability \$10,000,000 \$20,000,000

Glass – Excess same as Property

- Replacement Value Yes No

Cover	Standard Limit	Revised Limit
1) Temporary Protection and shuttering	\$7,500	
2) Items Affixed to glass	\$7,500	
3) Shopfronts	\$7,500	
4) Damage to Property	\$7,500	
5) Damage to electrical signs	\$7,500	

General Property Items – Excess same as Property

Description	<input type="text"/>	\$	<input type="text"/>
Description	<input type="text"/>	\$	<input type="text"/>
Description	<input type="text"/>	\$	<input type="text"/>
Description	<input type="text"/>	\$	<input type="text"/>

Employee Dishonesty – Excess same as Property

- Sum Insured \$10,000 \$20,000 Not Required

Tax Audit – Excess same as Property

- Sum Insured \$10,000 \$20,000 Not Required

Transit – Excess same as Property

- Sum Insured \$10,000 \$20,000 Not Required

Employment Practices

- Excess: \$2,500 \$5,000
- Sum Insured \$100,000 \$250,000 Not Required

Statutory Practices

- Excess: Nil \$2,500
- Sum Insured \$250,000 Not Required