



# Property

*Hospitality Proposal Form*

V0121

## Important Notices

**PEN UNDERWRITING PTY LTD**  
 ABN 89 113 929 516 AFSL 290518

### 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.

### UNDERINSURANCE / AVERAGE

An underinsurance / average condition clause applies to this Policy. This means that if you underinsure, you will become your own insurer for a portion of the damage. Please check your policy wording for the applicable percentage.

#### Example

The sum insured is declared as \$1,000,000. Property damage totalling \$500,000 occurs from an event covered by the Policy. The insurable value of such property at the commencement of the period of insurance is actually \$1,400,000. Average applies because the declared value is less than 85% of the insurable value calculated in accordance with the basis of settlement applicable. In this example, we would pay \$420,150 for the cost of reinstating your property, subject to the application of any excess.

<b>Actual Property Value</b>	$\$1,400,000 \times 85\% =$	\$1,190,000
<b>Sum Insured</b>	$\$1,000,000 / \$1,190,000 =$	84.03%
<b>Loss</b>	$\$500,000 \times 84.03\% =$	\$420,150
<b>Excess</b>	\$2,500	
<b>Insurer Pays</b>	\$420,150 less Excess	\$417,650

### PRIVACY

Pen Underwriting and the Insurer(s) handle your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom, Singapore, Germany, Sweden and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit <https://www.penunderwriting.com.au/important-information/>.

# Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

Please read this Proposal fully prior to answering the questions.

- Answer all questions in full. Where appropriate, tick the Yes, or No, box that best indicates your reply.
- If there is insufficient space, provide further information on your letterhead.
- All attached documents form part of this Property Survey.

This Property Survey is for  New Business  Renewal - Policy Number (if known) is: .....

## 1. Intermediary Information

Broker Name: .....

Broker Contact: .....

Email: ..... Phone: .....

## 2. Your Details

Period Of Insurance From: ..... To: .....

Insured Name: .....

Trading Name: .....

Property Owner Name ..... and are they to be noted on the policy?  Yes  No

Are there any other parties with a financial interest to be insured?  Yes  No

If **Yes**, Please detail: .....

Please provide an overview of all business activities: .....

How long has the insured occupied the premises? .....

If under two years, how many years of experience does the insured have in hospitality? .....

## 3. Claims and Insurance History

(If more than one person, director, company or entity comprises the Insured, all questions apply to all persons, directors, companies and entities and answers provided will be regarded as answers by all parties to this proposal.)

(a) Has any insurer declined an application from you, or cancelled or refused to renew a policy of yours or imposed special terms on your insurance?  Yes  No

(b) Has the business been operating for less than 24 months?  Yes  No

(c) Is any portion of the property to be insured in a state of disrepair or poor condition?  Yes  No

(d) Has the business been operating without insurance for more than 3 months?  Yes  No

(e) Have you, or any person who will receive insurance protection under the proposed policy been charged with, or convicted of any criminal offence in the past 10 years?  Yes  No

(f) Have you, or any person who will receive insurance protection under the proposed policy been declared bankrupt or put into receivership or liquidation?  Yes  No

(g) Are there any relevant facts relating to the proposed risk which you should disclose to us?  Yes  No

If **Yes**, to any of the above, please provide full details: .....

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- (h) Is the business trading profitably?  Yes  No
- (i) Estimated Turnover .....
- (j) Estimated Number of Employees .....
- (k) Are your financial accounts audited at regular periods?  Yes  No
- (l) Is a complete record kept of stock received and sold?  Yes  No

If **No**, explain how a loss could be quantified and valued: .....

.....

.....

Please detail any loss or damage to property (whether or not you made an insurance claim) in the last 5 years and, if applicable, the steps taken to prevent a recurrence:

Date Of Loss	Cause and Description	Amount \$	Applicable Excess \$	Insurer

Steps taken to prevent a recurrence: .....

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**4. Risk Details and Construction**

Situation Of Risk: .....

Age of building/Year Built: ..... No. of Storeys: ..... Heritage Listed:  Yes  No

Are the premises connected to Town/Main Water and Gas supply?  Yes  No

If **No**, Please Provide detail: .....

Are Electrical Switchboards Closed?  Yes  No      Are Circuit Breakers Present?  Yes  No

Has the plumbing wiring been replaced or upgraded since original:  Yes  No    If **Yes**, when: .....

Has the electrical wiring been replaced or upgraded since original:  Yes  No    If **Yes**, when: .....

Construction	Building No. 1	Building No. 2	Building No. 3
Walls			
Frame			
Roof			
Floors – Ground			



**8. Security Protection**

*Please tick which of the following are applicable*

- Are all perimeter doors and windows deadlocked?  Yes  No
- PIR (Motion Detectors)  Yes  No
- CCTV Cameras  Yes  No
- Bollards  Yes  No
- Is footage retained  Yes  No
- If **Yes**, for what period? .....
- Are Security Staff Used?  Yes  No
- If **Yes**, please specify the Days and Hours security is on site: .....
- Local sounding alarm only  Yes  No
- Alarm Connected to monitoring company  Yes  No
- If **Yes**, what type of system?  GPRS  Dedicated Line  Digital Dialler
- Who is notified in the event the alarm is activated  Client  Patrol  Police
- Does the monitoring company have access to the premises to investigate alarm activation?  Yes  No

**9. Money Handling**

- Where is the cash kept on premises during non-business hours? .....
- Details of safe (Type): ..... Is a time delay installed?  Yes  No
- Is the safe Torch, Drill and Fire Resistant?  Yes or  No Is the safe fixed to the floor?  Yes  No
- Is banking carried out daily?  Yes or  No If **No**, How many times per week? .....
- Are external contractors used to undertake banking?  Yes  No
- If **Yes**, how often are contractors used (per week)? .....
- Do you have ATMs on the premises?  Yes  No
- If **Yes**, how many ATMs are on the premises? .....
- Do you own the ATMs on the premises?  Yes  No
- If **No**, please provide detail: .....
- Do you have Gaming Machines on the premises?  Yes  No
- If **Yes**, how many machines are on the premises? .....
- Do you have Cash Redemption Terminals on site?  Yes or  No If **Yes**, how many on site? .....
- Are Note Stackers from the Poker Machines taken out at the end of the day or cleared early morning?  Yes  No
- If taken out at the end of the day and stored in a locked safe, are the Poker Machines doors left open to reduce the possibility of malicious damage to the machines?  Yes  No
- What is your average percentage turnover from gaming? .....

**10. Accommodation:**

- Does your business provide any accommodation on the premises?  Yes  No
- If **Yes**, how many Rooms? .....
- Is any accommodation provided occupied by long term tenants (more than 3 consecutive weeks):  Yes  No
- If **Yes**, how many Rooms? .....

**11. Entertainment:**

- Does your business operate a discotheque, nightclub or live music venue?  Yes  No

Does a separate business operate a discotheque, nightclub or music venue on your premises? Is there a cover charge/door charge?  Yes  No

What are the trading days and hours of the discotheque, nightclub or live music venue?  Yes  No

Does the business have Function Rooms?  Yes  No

If **Yes**, please provide detail: .....

**12. Coverage Details**

Section 1 Property Damage	Sum Insured \$	Section 2 Consequential Loss	Sum Insured \$
Buildings Including fixtures and fittings	\$	Gross Profit	\$
Plant, Machinery and other contents	\$	Gross Revenue	\$
Stock and Merchandise	\$	Gross Rentals	\$
Removal of Debris	\$	Additional Increased Cost of Working	\$
Extra Cost of Reinstatement	\$	Claims Preparation Costs	\$
Other (Specify).....	\$	Payroll (100%)	\$
Other (Specify).....	\$	Payroll (Dual Basis)	\$
Total Sum Insured	\$	Other (Specify) .....	\$

Limit Of Liability - Limit at any one occurrence: \$ ..... Indemnity Period (Months): .....

Payroll 100% for (Weeks): .....% ..... For (Weeks): .....

**13. Deductibles**

**Section 1:**

Earthquake: 1% of the total sum insured at the situation or \$20,000 - whichever is lesser

Fire: \$ .....

Asbestos: \$ .....

Personal Property: \$ .....

All Other Losses: \$ ..... Each and every claim

**Section 2:**

Excess Time ..... Hours

**14. Sub-Limits Section 1**

	Sublimit \$
Accidental Damage	\$
Extra Cost of Reinstatement	\$
Removal of Debris	\$
Burglary and or Theft (other than Money)	\$
Theft Without Forcible Entry	\$

	Submit \$
Money In Transit or Night Safe	\$
Money on Premises During Business Hours	\$
Money on Premises Outside Business Hours	\$
Money on Premises in Securely Locked Safe/Strongroom	\$
Money in Private Residence	\$
Theft of Property in the Open Air	\$
Glass Replacement Value	\$
Directors'/Employees' Personal Property	\$ per person
Directors'/Employees' Personal Property	\$ in the annual aggregate
Temporary Protection	\$
Locks & Keys	\$
Statutory Enquiries	\$
Statutory Authority Fees	\$
Fire Extinguishment Fees	\$
Rewriting of Records	\$
Liability to Make Enquiries	\$
Landscaping	\$
Damage to Property in Open Air as a result of Wind, Rainwater & Hail	\$
Unpacking Expenses	\$
Expediting Expenses	\$
Cost of Clearing Drains	\$
Loss of Land Value	\$
Additional Extra Cost of Reinstatement	\$
Liability for Duty	\$
Customers Goods	\$
Works of Art, Antiques and Curios	\$
Loss Minimisation Costs	\$
Customers Goods	\$



**15. Sub-Limits Section 2**

	Sublimit \$
Claims Preparation Costs	\$
Payroll (100%)	\$
Dual Basis	\$
Additional Increased Cost of Working	\$
Accounts Receivable	\$
Prevention of Access	\$
Other (Please Specify) _____	\$
Other (Please Specify) _____	\$

**16. Dual Payroll Limits:**

Initial Period ..... % for ..... weeks  
 Remainder Percentage ..... % for ..... weeks  
 Consolidation period:..... weeks

**17. Uninsured Working Expenses (applicable only to the definition of Gross Profit):**

Combined Section 1 & 2 .....  
 Acquired Companies .....  
 Acquired Properties .....  
 Other –Please specify .....

**DECLARATION**

I declare that:

- I am authorised by each of the Applicant(s) to sign this Proposal
- The statements in this Proposal are true and complete and no material information has been withheld
- I have read and understood the Important Notices accompanying this Proposal
- I have diligently made all necessary enquiries in order to comply with the duty of disclosure
- I have read the Pen Underwriting Privacy Statement on this Proposal and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement
- Where I have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement
- I acknowledge that Pen Underwriting relies on the information and representations in this Proposal and otherwise made by me or on my behalf in relation to this insurance
- Except where indicated to the contrary, I understand that any statement made in this Proposal will be treated as a statement made by all persons to be insured
- I undertake to notify Pen Underwriting of any material alteration to the information contained in this Proposal prior to inception of the proposed insurance
- I understand that no insurance is in place until such time as Pen Underwriting has confirmed acceptance of the proposed insurance

Signature:.....

Date: .....

Full Name:.....

Title: .....