

SLE HOSPITALITY LIABILITY INSURANCE PROPOSAL

General

***Please attach a claims history covering at least the past 5 years with your submission on Insurer letterhead**

1. What is the trading name of the premises? _____

2. What is the name of the Insured? _____

3. Cover Required for: Owner/Operator
 Owner
 Operator
4. Business Description (please include style of venue, e.g. hotel, wine bar etc) _____

5. What is the street address of the insured premises? _____

6. What Australian Business Numbers (ABN) does the Insured currently hold? _____

7. Website Address _____
8. Link to social media pages _____
9. Policy cover is required from ____ / ____ / ____ to ____ / ____ / ____
10. The policy is currently insured by _____ (insurer)

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11. Will the current insurer be offering renewal terms?

- No Yes

12. Has the owner or operator, including any associated entity, claimed or caused incidents that led to a claim against an insurance policy for this or any other business **in the previous five years**?

- No Yes; Please attach: Number of claims; Incurred loss; Dates & Cause of loss; Status of claim.

13. Has any Insurer declined, refused, withdrawn, or cancelled a policy or imposed special conditions or excess on the owner or operator including any associated entity?

- No Yes; Please specify _____

14. Has the owner or operator, including any associated entity, Licensee, Publican or tenant **ever...**

	Yes	No
- incurred a claim or uninsured loss in excess of \$100,000?	<input type="checkbox"/>	<input type="checkbox"/>
- been declared bankrupt or placed into receivership or liquidation?	<input type="checkbox"/>	<input type="checkbox"/>
- had their Liquor License suspended or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>
- pleaded guilty or been found guilty and convicted by a Magistrate for a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
- had any affiliation with Outlaw Motorcycle Gangs?	<input type="checkbox"/>	<input type="checkbox"/>

15. How many years has the **owner**:

- owned **this business**? _____ (years)
- owned **hospitality businesses in total** _____ (years)

16. How many years has the **operator**:

- operated **this business**? _____ (years)
- operated **hospitality businesses in total** _____ (years)

17. Please list **all other hospitality businesses** owned or operated in the last 5 years by the...

- Owner _____

- Operator _____

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Liability

Requested Limits of Indemnity:

\$10 Million \$20 Million Other \$M _____ (specify Limit of Indemnity)

18. How many storeys does the premises have?

One Two or more; Please specify the number of storeys _____

If there are multiple storeys, please confirm that all staircases meet Australian standards _____

19. Do the premises have a CCTV system?

No Yes; How many cameras? _____ (no. of cameras)

- What areas of the premises are covered? _____

- For what period is footage retained? _____ (months)

- Is the CCTV data stored electronically? No Yes

20. What type of liquor licence does the business have? _____

21. Has the relevant licensing authority imposed any specific conditions on the operation of the business?

No Yes; Please specify _____

22. What are the trading hours for the premises?

	Opening time	Closing time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

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23. What is the licensed total capacity of the premises? _____ (total capacity)

24. Does the venue have accommodation?

No Yes; If yes, how many rooms? _____

If venue allows camping or campervans/caravans to stay overnight please provide details. E.g. if there are any facilities available?

25. Do the premises have any live entertainment or events? (this may include but is not limited to live music, DJs, karaoke, dance acts)

No Yes;

If yes, please tick what best describes the entertainment:

Background music Live solo or duos Live bands DJs Dance Acts Karaoke

Other please specify _____

Please provide details of the events:

26. If answered yes to the above, is there usually a cover charge? No Yes

27. What best describes the frequency of entertainment/events at the premises?

Less than one event per month

More than one event per month, please specify _____

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28. Is there a dancefloor at the venue? Please include details if a space is cleared for a dancefloor _____

29. Do the premises have a restaurant or other catering facilities?

- No Yes, operated by the Insured
 Yes, operated by a contractor with their own liability insurance cover

30. Do the premises have:

- | | No | Yes |
|--|--------------------------|--|
| - Car park? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Playground/play facilities | <input type="checkbox"/> | <input type="checkbox"/> (If yes, Internal <input type="checkbox"/> or external <input type="checkbox"/>) |
| - Child minding or children's rooms? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Swimming pools? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Mechanical rides? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Nightclub? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Topless/lingerie staff or entertainment? | <input type="checkbox"/> | <input type="checkbox"/> |

Please list any other facilities the venue may have, e.g. Petrol pumps, laundromat _____

Patron safety

31. Does the Insured hold a Master Security License?

- No Yes

32. Does the Insured have security staff?

- No Yes; the Insured employs staff internally for security duties only;
 Yes; the Insured engages external security contractors with their own liability insurance and a policy limit of:
 Less than \$10 million;
 Greater than \$10 million.

33. Does the Insured maintain an incident register?

- No Yes

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Revenue

34. Please estimate the annual gross revenue the business earns from...

- bar sales	\$ _____
- bottle shop sales	\$ _____
- accommodation	\$ _____
- food	\$ _____
- gaming	\$ _____
- entertainment	\$ _____
- other (please provide details)	\$ _____
- Total	\$ _____

Declaration

35. Having been advised of their Duty of Disclosure, is the Insured, including any associated entity or operator, aware of any circumstances or matters of which the Insurer should be advised that may be material to its decision to accept the risk?

No

Yes; Please specify _____

Declared and signed by

The Insured _____

Date ____/____/____