

Arch Industrial Special Risks Insurance Proposal Form

IMPORTANT NOTICES

INSURANCE CONTRACTS ACT 1984

In this section “We”, “Our” or “Us” means the **Insurers**. “You”, “Your”, “Yours” means the **Insured**.

Your Duty of Disclosure

Before You enter into an insurance contract with an insurer, You have a duty, under the *Insurance Contracts Act 1984* (Cth), to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer’s decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that We know or should know in Our business as an insurer; or
- that We waive Your duty to tell Us about.

Non-Disclosure

If You fail to comply with your duty of disclosure, We may cancel Your Policy or reduce Our liability under the Policy in respect of a claim to the extent We have been prejudiced by Your failure to comply, or both. If Your non-disclosure is fraudulent, We may refuse to pay a claim and treat the Policy as if it never existed.

Your duty of disclosure also applies when You amend or vary the Policy in any way and continues after the proposal form is completed until the Policy commences.

Co-Insurance

Please note that co-insurance provisions apply to the Policy. This means that if You underinsure, You will become Your own insurer for a portion of the damage/loss. Please check the policy wording for further details in respect of the co-insurance provisions.

Utmost Good Faith

This policy is based on the utmost good faith requiring us and the proposer/Insured(s) (including third party beneficiaries after the policy is entered into) to act towards each other with the utmost good faith in respect of any matter relating to the policy. A failure to comply is a breach of the *Insurance Contracts Act 1984* (Cth).

General Insurance Code of Practice

The Insurance Council of Australia Limited has developed the General Insurance Code of Practice (“the Code”), which is a voluntary self-regulatory code. The Code aims to raise the standards of practice and service in the insurance industry.

Lloyd’s has adopted the Code on terms agreed with the Insurance Council of Australia. For further information on the Code please visit www.codeofpractice.com.au

The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers’ compliance with the Code. For more information on the Code Governance Committee (CGC) go to www.insurancecode.org.au

Sanction Limitation and Exclusion Clause

Please note Condition 19. Sanction Limitation and Exclusion Clause within “Conditions Applicable to all Sections” of the Policy which prevents Us from providing cover, benefits or paying claims where that would expose Us to sanctions, prohibitions, or restrictions.

PRIVACY STATEMENT

Unless the context otherwise provides, in this section:

- “We”, “Our” or “Us” means the **Insurers** and Arch; and
- “You”, “Your” or “Yours” means the **Insured**.

Personal information is essentially any information or an opinion about an identified individual, or an individual who is reasonably identifiable See the *Privacy Act 1988* as amended by the *Privacy Amendment (Notifiable Data Breaches) Act 2017* for full details of what constitutes personal information.

This privacy notice details how We collect, disclose and handle personal information.

Why We collect Your personal information

WE collect personal information (including sensitive information) so We can:

- identify You and conduct necessary checks;
- determine what service or products We can provide to You e.g., offer Our insurance products;
- issue, manage and administer services and products provided to You or others, including claims investigation, handling and settlement; and
- improve Our services and products, e.g., training and development of Our representatives, product and service research and data analysis and business strategy development.

What happens if You don't give Us Your personal information?

If You choose not to provide Us with the information We have requested, We may not be able to provide You with Our services or products or properly manage and administer services and products provided to You or others.

How We collect Your personal information

Collection can take place through websites (from data input directly or through cookies and other web analytic tools), email, by telephone or in writing. We collect it directly from You unless You have consented to collection from someone other than You, it is unreasonable or impracticable for Us to do so or the law permits Us to.

If You provide Us with personal information about another person You must only do so with their consent and You agree to make them aware of this privacy notice.

Who We disclose Your personal information to

We share Your personal information with third parties for the collection purposes noted above.

The third parties include: Our related companies and Our representatives who provide services for Us, other insurers and reinsurers; Our claim management partner(s); Your agents; Our legal, accounting and other professional advisers; data warehouses and consultants; investigators, loss assessors and adjusters; other parties We may be able to claim or recover against; anyone We appoint to review and handle complaints or disputes; and any other parties where permitted or required by law.

We may need to disclose information to persons located overseas who will most likely be located in the United Kingdom. Who they are may change from time to time. You can contact Us for details or refer to Our Privacy Policy available at Our website. In some cases We may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire Our services and products You agree that You cannot seek redress under the Act or against Us (to the extent permitted by law) and may not be able to seek redress overseas.

Accuracy of and access to Your personal information

We will take reasonable steps to ensure that the personal information You provide is accurate, complete and up to date, whenever it is used, collected or disclosed. You are entitled to access Your personal information if You wish and request correction if required. We may request reasonable costs from You to cover the expenses We incur retrieving this information.

Notifiable Data Breach

If We identify a breach or suspected breach of Your personal information We will make an assessment expeditiously and within 30 days to determine if a breach has occurred that is likely to cause You serious harm, known as an “eligible data breach”. If an eligible data breach is identified We will notify You and the Australian Information Commissioner of the breach as soon as practicable. We will also provide You with recommendations of the steps You should take in response to the breach. When making contact with You, We will use the usual method of communication. If We cannot contact You, We will place a notice on Our website.

More information, access, correction or complaints

For more information about Our privacy practices including how We collect, use or disclose information, how to access or seek correction to Your information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to Our Privacy Policy. It is available at Our website www.archinsurance.com.au or by contacting Us on (02) 8284 8400 EST 9 a.m.-5 p.m., Monday-Friday.

Your Choices

By providing Us with personal information, You and any person You provide personal information for, consent to this use and these disclosures unless You tell Us otherwise. If You wish to withdraw Your consent, including for things such as receiving information on products and offers by Us or persons We have an association with please contact Us.

THIS FORM MUST BE COMPLETED IN FULL IN ORDER TO OBTAIN TERMS

CLIENT INFORMATION

Insured Names- owner of premises:

Insured Names- occupier of premises:

Trading name of Hotel:

Contact Name:

Situation of Property:

Suburb:

State:

Postcode:

Period of Insurance

From:

To:

Have you ever declared bankruptcy? Yes No

Do you have a criminal record? Yes No

If so please detail:

OCCUPATION DETAILS

Details of Occupation:

How long at this Hotel?

What are the normal Trading Hours?

Do you Provide accommodation?

Is there any Swimming Pools/ Spas?

Do you supply food on the premises?

Is there any nightclub operation?

Is the business currently trading?

Are there any renovations planned in the next 12 months? Yes No

If yes, please provide details below:

CONSTRUCTION DETAILS

Age of Building:

Last year Renovated:

Does your building have any heritage listing: Yes No

Construction of Walls: Brick/Massive Timber Mixed Other if so what? Please provide details below:

Construction of Ground Floors: Brick/Massive Timber Mixed Other if so what? Please provide details below:

Construction of Upper Level Floors: Brick/Massive Timber Mixed Other if so what? Please provide details below:

Construction of roof: Concrete Tiles Metal Other, if so what? Please provide details below:

What is the standard of the building Good Average Poor

Is there any Asbestos in the structure or Insulation of the building Yes No

If Yes, please advise detailed areas:

ELECTRICS

Age of Wiring:

Age of Switchboard:

When was the last inspection and service by a qualified electrician?

Do you use charging stations for any lithium ion Batteries?

FIRE PROTECTION

What type is the nearest fire brigade? Full time fire brigade Volunteer fire brigade

Where is the nearest Fire Station? Less than 10 kms More than 10kms but less than 25km Over 25km

Is the premises protected by sprinklers? Yes No Partial%

Is there a Fire alarm installed? Yes No

What type of alarm is installed? Back to Base Fire Alarm Local Siren Fire Alarm

Does the premises have Smoke detectors providing 100% coverage? Yes No

If 'No' please advise coverage % and areas not covered:

If Smoke detectors are present what type? Hardwired Battery

Are Smoke detectors & alarms monitored? Yes No

If Yes, by whom? Please provide details below:

Do the premises have Hose Reels? Yes No

Do the premises have Fire Extinguishers? Yes No

What types of fire protection is located in the Kitchen area? Dry Chemical Extinguishers CO2 Extinguishers Fire Blankets

When was the fire equipment last serviced? Date:

By Who? Company Name:

What Type of cooking is completed on the premises? Deep Fryers Woks Stoves Grills Electric Units Gas Units

Are the Deep Fryers thermostatically controlled with auto cut off? Yes No

Are Filters and Flues cleaned by contracted professionals? Yes No

How often are the Filters and Flues cleaned? Filters: Weekly Monthly Quarterly

Flues: Weekly Monthly Quarterly 6 Monthly

Does the Premises have a fireplace? Yes No If yes;

Are mesh guards in use at all times when operating? Yes No N/A

Is fireplace fully extinguished at close of trade? Yes No N/A

SECURITY PROTECTION

Is an Alarm installed? Yes No Partial%

Details of the Alarm installed: Back to Base Securitel System Direct Dialler Local Siren only Panic Button

Is the Alarm monitored with a response by security company and or Police? Yes No

Does the premises have CCTV/ Video Surveillance? Yes No

If Yes, how many CCTV Cameras?

Do you engage Security Contractors? Yes No

MONEY SECURITY PROTECTION

How many safes are on the Premises?

What type of safes? Key Lock 2 Key Lock Combination Key & Combo Electronic Drop Safe Time Delay

If Time Delay, how long is the delay?

How often is banking completed?

Do you use a Third Party cash collection company? Yes No

If Yes, how often?

How many Gaming Machines are licensed?

Are Gaming Machines in a separate room with CCTV coverage? Yes No

Are Gaming Machine doors left open and money cleared after hours? Yes No

Is there any ATM Machines on Premises? Yes No

If Yes, is the ATM bolted to the wall/floor? Yes No

FINANCIAL INFORMATION

How much debt does your business hold? \$

Annual Turnover (last Financial year) \$

Total Assets (last Financial year) \$

Total Liabilities (last Financial year) \$

Pre-Tax Net Profit (or Loss) \$

Date of last completed financial accounts

Has your business or any director frozen any loans since March 2020? if yes, please list:

Have any renovations/refurbishment been completed since March 2020? if yes, please provide details and value:

Most recent Business Activity Statement figure submitted to ATO
(Period ending) Profit or (Loss) \$

COVER REQUIRED – SECTION 1		SECTION 2	
Building	\$	Gross Profit	\$
Contents	\$	Insured Wages	\$
Stock in Trade	\$	Loss of Rent	\$
Removal of Debris	\$	Claims Preparation Costs	\$
		AICOW	\$
		Payroll	\$
Section 1 Total DV	\$	Section 2 Total DV	\$
		Section 1 & 2 Total DV	\$

CLAIMS HISTORY

Have you made any claim(s) under an insurance policy in the last 5 years? Yes No

Aware of any uninsured or unreported incidents that may give rise to a claim?

Date of Loss:	Nature of Incident:	Amount of Loss:

DECLARATION

I declare that I have made all necessary inquiries into the accuracy of the responses given in this Proposal and confirm that the statements and particulars provided in it are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that if any of the information given by me or the proposer, alters between the date of this Proposal and the inception date of the insurance to which it relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the Important Notices contained in this Proposal and that I have read and understood the content of them, including the duty to take reasonable care not to make a misrepresentation. I agree to the terms of the Privacy Statement. I also acknowledge that the insurance will be provided in whole or in part by overseas insurers.

I confirm that I am legally authorised by the proposer and its partners/principals/directors (if applicable) to complete this Proposal and to accept the quotation terms for this insurance on their behalf.

Name and Title	
Date	
Signature	

HOW TO CONTACT THE INSURER:

Melbourne: Suite 11.02, Level 11,
360 Collins Street,
Melbourne VIC 3000

P (03) 9629 5444
F (03) 9629 1854

Sydney: Level 10, 155 Clarence Street
Sydney NSW 2000

P (02) 8284 8410
F (02) 8088 1024

Email: info@archinsurance.com.au