

ABN 61 060 176 543 AN AUTHORISED
 REPRESENTATIVE OF SURA PTY LTD
 ABN 36 115 672 350 AFSL 294313
 SUITE 8.1 ZENITH BUSINESS CENTRE
 6 RELIANCE DRIVE TUGGERAH NSW
 2259 T: 02 4357 3800
 WWW.SURA.COM.AU

ISR & LIABILITY PROPOSAL

Broker Contact	Brokerage	
Phone No.		
Insured Name To Appear On Policy		
Property Owner Name		
Occupier Name		
Situation	Suburb	Postcode
Full Business Description	Years In Operation	
License Capacity	License Trading Hours	
Inception Date	To	
Interested Parties		
Current Insurer	Current Exp. Date	

PROPERTY INSURANCE AND LIABILITY INSURANCE HISTORY

Has the insured, or any Director, ever had insurance declined or cancelled or had any special terms imposed by an insurance company? Yes No

Has the insured, or any Director, ever been convicted of any offence? Yes No

Has the insured, or any Director, suffered any **Property or Liability** claims in the last 5 years? Yes No

DATE OF LOSS	DESCRIPTION	AMOUNT PAID	AMOUNT OUTSTANDING
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

CONSTRUCTION DETAILS

Walls Brick / Concrete Iron Wood Other:
If Mixed construction please detail percentages of each: Brick / Stone % Wood % Other %

Floor Concrete Wood Other:

Roof Concrete Iron Tiles Asbestos Cement Sheeting

Number of Storeys _____ Year Built _____ Last Renovation _____

When were the switchboards last replaced? _____ Last Inspected _____

When was the property last rewired? _____ Last Inspected _____

FIRE PROTECTION

100% Fire Sprinkler System Coverage Hard Wired Smoke / Heat Detectors

Battery Operated Smoke / Heat Detectors Required Extinguishers Fire Hydrants / Hose Reels

Fire Alarm connected back to the Fire Brigade or Alarm Monitoring Company? Yes No

How far is the nearest fire brigade? _____

Are the Insured Premises connected to Town Reticulated Water Supply? Yes No

SECURITY

External Doors Dead Bolts Dead Locks Padlocks Other Key Locks Other:

External Windows All Fixed Plate Glass Bars / Grills Key Locks Nil

Burglar Alarms No Alarm Local Alarm Only Dialler Securitel Dedicated Landline GSM Back Up

CCTV Cameras Yes No _____ Number of Cameras _____

Are CCTV Cameras Installed and Operational In All Main Public Areas e.g. Main Bar & Seating Areas, Entry & Exits? Yes No

Gaming Machines Yes No _____ Number of Gaming Machines _____

Owner of Gaming Machines _____

Do you have an ATM on the premises? Yes No

Do you or a Manager live on the premises? Yes No

KITCHEN / COOKING AREAS

Are there Deep Fryers installed? Yes No _____ If Yes Bench Top Free Standing

Do you have thermostatic controls / automatic cut off switches on the deep fryers? Yes No

Fire Blanket Installed? Yes No How often are the filters cleaned Weekly Fortnightly Monthly 6 Monthly

Do you have a Professional Contractor Clean the Extraction System? Yes No

How often is this carried out? _____

PROPERTY SECTION

SECTION 1 – MATERIAL DAMAGE	SUM INSURED	SECTION 2 – BUSINESS INTERRUPTION	SUM INSURED
Building	\$ _____	Gross Profit	\$ _____
Contents	\$ _____	Additional Increased Cost of Working	\$ _____
Stock	\$ _____	Professional Fees & Claims Preparation Cost	\$ _____
Stock and Contents Combined	\$ _____	Outstanding Accounts Receivable	\$ _____
	\$ _____	Loss of Rent	\$ _____
			\$ _____

Indemnity Period 12 Months 18 Months 24 Months

MATERIAL LOSS (SUB LIMITS)

Burglary including up to \$10,000 Theft	\$ _____	Unspecified Damage (Accidental Damage)	\$ _____
Money In Transit	\$ _____	Removal of Debris	\$ _____
Money In Private Residence	\$ _____	Extra Cost of Reinstatement	\$ _____
Money on Premises During Business Hrs	\$ _____	Additional Cost of Reinstatement	\$ _____
Money on Premises Outside Business Hrs	\$ _____	Glass	\$ _____
Money on Premises in Locked Safe	\$ _____		

MONEY

Do you have a safe? Yes No Safe Location _____

Safe Type _____ Maximum in safe at any one time \$ _____

How many individuals have access to the safe(s)? _____ How often is banking done? _____

Average amount Banked _____ Are Professional money carriers used? Yes No

If Yes, Who? _____

If No, please describe banking procedures _____

LIABILITY SECTION

PUBLIC AND PRODUCTS LIABILITY

Limit of Liability	<input type="checkbox"/> \$10,000,000	Estimated Annual Turnover – Bar Receipts	\$
	<input type="checkbox"/> \$20,000,000	Estimated Annual Turnover – Bottle Shop	\$
		Estimated Turnover – Restaurant	\$
		Estimated Turnover – Accommodation	\$
		Estimated Turnover – Gaming Machines	\$
		Estimated Turnover – TAB	\$
		Estimated Annual Turnover – TOTAL	\$
		Estimated Annual Payroll	\$

- Has your liquor license ever been suspended or revoked? Yes No
- Do you have an incident register? Yes No
- Are all staff trained in incident response? Yes No
- Are your staff trained in the responsible serving of liquor? Yes No
- Do you have Happy Hours or Free Drink Cards? Yes No
- Do staff check for spills and cleanliness of toilets? Yes No
- Have you ever had any food or health violations? Yes No

If Yes to any question above give full details

FACILITIES

- Do you have any of the following?
- | | | | |
|------------------------------|--|---|--|
| Night Club | <input type="checkbox"/> Yes <input type="checkbox"/> No | A Drive In Bottle Shop | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Admission Fee / Cover Charge | <input type="checkbox"/> Yes <input type="checkbox"/> No | Children’s Playground | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Disco | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, does it meet government standards | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dance Floor | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
- Does the playground have appropriate disclaimer signage i.e. Parental Supervision etc Yes No

LIVE ENTERTAINMENT Yes No

Solo / Duo with Dancing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Performances Per Week
Solo / Duo Background Music Only (No Dancing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Performances Per Week
Bands	<input type="checkbox"/> Yes <input type="checkbox"/> No	Performances Per Week
DJ with Dancing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Performances Per Week
DJ Background Music Only (No Dancing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Performances Per Week
Strippers / Topless Bar Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	Performances Per Week
Event Nights i.e. Trivia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event Nights Per Week
Karaoke	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nights Per Week

SECURITY

Do you contract out all crowd control / security staff to 3rd Party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Security Staff	Hours of Security Staff
Do you employ any staff for the purpose of crowd control / security?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, for internal crowd control / security please provide details

ACCOMMODATION

Do you provide accommodation? Yes No Number of Rooms

Standard of Rooms Motel Hotel Backpackers Other:

Total No. of Licensed Caravan Park Type Sites

No. of Caravans No. of Tents No. of Park Owned Cabin or Caravan No. of Privately Owned Cabin or Caravan

Petrol / Service Station Yes No Number of Bowsers

ACTIVITIES

Do you provide any of the following activities? Yes No If yes, please complete the below

Swimming Pool Yes No Spa Yes No Child Minding Yes No

Playground Yes No Tennis Yes No Gaming Room Yes No

Mini Golf Yes No Horse Riding Yes No Snorkeling Yes No

Jumping Pillow Yes No (Jumping Pillows Excluded Under Policy)

Boat Hire Yes No Number of Boats: Under 8m Length Over 8m Length

Canoe / Boat Hire Yes No Number of Canoes

Push Bike Hire Yes No Number of Push Bikes

Sailing Boat Hire Yes No Number of Sailing Boats

Gymnasium Yes No Snow Equipment Hire Yes No Camp Kitchen Yes No

Jet Skis Yes No General Store Yes No LPG Gas Yes No

Sauna Yes No Boat Ramp Yes No Jetty Yes No

Kiosk Yes No Snorkelling Yes No Abseiling Yes No

Day Spa Yes No Water Slide Yes No Rock Climbing Yes No

Scuba Diving Yes No Bottleshop Yes No Bistro / Restaurant Yes No

Function Centre Yes No Pets allowed Yes No Segways Yes No

Animals (petting or the like) Yes No

Other

IMPORTANT NOTICES

IMPORTANT NOTICE

The information you provide in this document and through any other documentation, either directly or through your insurance broker will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including these Important Notices, please contact your insurance broker before signing the **Declaration**.

Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

AGENT OF THE INSURER

SURA Hospitality Pty Ltd will be acting as the agent of the insurers and not as your agent when issuing insurance policies, dealing with or settling claims.

DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know, or you 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, extend, 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 of common knowledge;
- That your insurer knows or, in ordinary course of its business, ought to already know;
- As to which compliance with your duty is waived by the insurer

NON DISCLOSURE

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of voiding the contract from its beginning.

PRIVACY STATEMENT

We are committed to protecting your privacy in accordance with the *Privacy Act 1988* (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at www.sura.com.au. Please access and read this policy.

If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask us.

If you wish to access your file please ask us.

GENERAL INSURANCE CODE OF PRACTICE

In accordance with our binding authorities, where we act on behalf of the insurer, we are bound by the General Insurance Code of Practice. The Code is designed to set minimum standards of practice and service in the insurance industry. Further information about the Code can be obtained from www.codeofpractice.com.au

DECLARATION

This Declaration must be signed by the intending insured as the Proposer(s). If the intending insured is a Company, Partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be authorised to sign on behalf of all persons / entities identified as the intending insured(s).

Before completing this document, I/We have read and understood the information herein, including the Important Notices.

I/We agree that this Proposal Form together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected.

I/We undertake to inform the insurer of any material alteration to this information occurring before the proposed insurance commences.

I/We declare that the statements and particulars contained within this Proposal Form are true and that I/We have not mis-stated or suppressed any material facts.

I/We understand that the insurer is relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld.

I/We acknowledge that by submitting this completed Proposal Form (with any other information) I/We consent that the insurer may use and disclose my/our personal information in accordance with the "Privacy Statement" in this Proposal. This consent remains valid until I/We alter or revoke it by written notice. I/We also undertake to advise any changes to my/our personal information.

I/We authorise SURA Hospitality Pty Ltd or its agent to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

NAME (PRINT): _____

POSITION: _____

SIGNATURE: _____

DATE: _____