

HOSPITALITY PROPOSAL PUBLIC & PRODUCTS LIABILITY

IMPORTANT NOTICES

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 us or your insurance broker before signing the Declaration at the end of this document.

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 INSURER

SURA Specialty acts as an agent of the Insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document please read it carefully.

DUTY OF DISCLOSURE

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance. The duty applies until the policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time).

If anything changes between when the answers are provided to us or disclosures are made and the Relevant Time, you need to tell us.

Your duty however does not require disclosure of matters that:

- reduce the risk;
- are common knowledge;
- We know or, in the ordinary course of our business, ought to know; or
- We have indicated we do not want to know.

If You do not comply with Your duty of disclosure, We may be entitled to:

- reduce our liability for any claim;
- cancel the contract;
- refuse to pay the claim; or
- avoid the contract from its beginning, if your non-disclosure was fraudulent.

PRIVACY

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.

This proposal must be signed on the declaration page by the insured or a person employed and/or authorised by the insured. This form is not valid if signed by a broker. When completing proposal, if more space is needed, please supply additional details as an attachment.
All questions must be answered in full.

1. DETAILS OF THE INSURED

Insured's Details:

Name (including all trading names and all legal entities including trusts):

Main Business Address:

Address of other Locations:

Business Description:

Contact Name

Contact Telephone No:

Website (if applicable):

Date Insured Commenced Trading:

Has any insurer ever refused to renew, decline, cancelled or imposed special terms on any insurance held by you?

Yes No

If Yes, please provide full details:

Have you / your company / any director or any other entity owned by you ever been disqualified under any Liquor Act?

Yes No

If Yes, please provide full details:

2. PERIOD OF INSURANCE (PREMIUM TO BE AT PRO RATA IF LESS THAN 12 MONTHS)

to

3. LIMIT OF INDEMNITY REQUIRED (PLEASE TICK)

\$5m \$10m \$20m Other (please state)

4. BUILDING

Type of Construction

Roof	Walls
Floors	Age
Number of Storeys	Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the entrance have steps? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the entrance well illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No	Hoses <input type="checkbox"/> Yes <input type="checkbox"/> No
Extinguishers <input type="checkbox"/> Yes <input type="checkbox"/> No	Monitored alarm <input type="checkbox"/> Yes <input type="checkbox"/> No
Are all fire exits kept clear <input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed person capacity
Is car parking provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many cars?
Is the surface sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the car park well illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No

5. BUILDING SECURITY

CCTV <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of cameras
Period footage retained	Internal only <input type="checkbox"/> External only <input type="checkbox"/> Both <input type="checkbox"/> (please delete as required)
Incident book <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you use your own security / crowd controllers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hire external security / crowd controllers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, are they required to carry their own insurances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, name of insurer:	
Limits of indemnity \$	
If Yes to above please provide a valid C of C for each security company	

6. TURNOVER

Bar \$	Bottle Shop \$		
Gaming (net) \$	Food/Restaurant \$	Accommodation \$	
Entertainment \$	Other \$	Total \$	
Annual wage roll (next 12 months) \$	Annual turnover (last 12 months) \$		

If turnover is changing by more than 20%, please explain why.

No. of employees:	Full-time:	Part-time:
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7. ENTERTAINMENT

Dance floor	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, size in sqm	
DJ	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disco	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gaming Machines	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how many?	
Live music/Karaoke	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how often?	
Night club	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pool/Snooker Tables	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how many?	
Trading hours			

8. FACILITIES

Accommodation	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how many rooms	
Playground	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, is there a notice that children are to be supervised at all times?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Childcare facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming pool/spa	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restaurant	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, seating capacity?	
Mechanical rides	<input type="checkbox"/> Yes <input type="checkbox"/> No	Home transport	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. SUB-CONTRACTORS/LABOUR HIRE

Do you employ sub-contractors for the following activities:

Food/Restaurant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Entertainment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaning/Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes to any, are they required to carry their own insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Payments to Sub-contractors	\$	Do you employ Labour Hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payments to Labour Hire	\$		
If Yes, in what capacity?			

10. CLAIMS HISTORY

Have you had any claims made against you in the last 5 years? Yes No

Are you aware of any incidents in the last 5 years that may result in a claim against you? Yes No

DATE	DESCRIPTION	PAID	OUTSTANDING	EXCESS	INSURER
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* Please put gross amount before deduction of any policy excess.

DECLARATION

SIGNED:

NAME (PRINT):

POSITION HELD:

DATE:

(Must be within 4 weeks of start date of contract)
