

## Matrix Insurance – Hotel, Pubs, Taverns Property / Liability Proposal Form

### Guidelines to help you complete this Proposal Form

- Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
- Where the space provided is insufficient for your replies, please provide these separately and attach to this Proposal Form
- References to “us”, “we” and “our” in this Proposal Form are to the insurer.
- References to the “Proposer” and “you” in this Proposal Form means:
  - The entity and all subsidiary entities for whom cover is required;
  - The past and / or present employees or principals or partners of the entity; and
  - The directors of the entity and all subsidiary entities for whom cover is required.

### Important Facts relating to this Proposal Form

You should read the following notices, before proceeding to complete this Proposal Form.

#### 1. Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty, under the Insurance Contracts Act 1984, to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance, and if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of any matter:

- That is of common knowledge;
- That diminishes the risk to be undertaken by us;
- As to which compliance with your duty is waived by us; or
- That we know or, in the ordinary course of our business, ought to know.

#### Non-Disclosure

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

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

#### 2. Privacy Statement

The Privacy Act 1988 (as amended) now applies and requires us to inform you that:

##### Purpose of Collection

We collect personal information (*this is information or an opinion about an individual whose identity is apparent, or can reasonably be ascertained, and which relates to a natural living person*) for the purposes of providing insurance services to you, including to:

- evaluate your application;
- evaluate any request for a change to any insurance provided;
- provide, administer and manage the insurance services following acceptance of an application; and
- Investigate and, if covered, manage claims made in relation to any insurance you have with us or other companies within the same group.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose.

However for sensitive information, the secondary purpose must be directly related to one or more of the purposes listed above.

##### Disclosure

We may, when necessary and in connection with the purposes listed above, disclose your personal information to, and receive some personal information from, other companies within the same group, your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

##### Consequences if Information is not Provided

If you do not provide us with the information we need we may not be able to consider your application for insurance cover, administer your policy or manage any claim under your policy.

##### Access

You can request access to the personal information we hold about you by contacting us at Matrix Insurance Group (Aust) Pty Ltd.

In some circumstances we may not agree to allow you access to some or all of the personal information we hold such as when it is unlawful to give it to you. In such cases we will give you reasons for our decision.

##### Privacy Statement Issued: Matrix Insurance Group (Aust) Pty Ltd PO Box 1982, Malaga, Western Australia 694

We are committed to protecting the privacy of Your personal information in accordance with the terms of the *Privacy Act 1988* (Cth). We collect and Use the personal information You provide Us to quote on Your application for a Policy, to provide the insurance, administer the Policy and assess and manage any claims. In some circumstances, We may collect Your personal information from someone other than You, such as when we require third party information to assess a claim; however We will only do so when We are unable to collect it directly from You. Matrix Insurance Group's Privacy Policy can be phoned our office on 08 6555 7742 or by writing to Matrix Insurance Group at the address shown in this proposal form which is also available on our website, [www.matrixinsurance.com.au](http://www.matrixinsurance.com.au)

### Client Information

Please use an appendix if there is insufficient space on the proposal form to answer any question(s)

<b>Period of Insurance Required:</b>	From: ____/____/____ To: ____/____/____
<b>Insured Name:</b>	
<b>Trading As:</b>	
<b>Interested Party :</b>	Type of Interest Held:
<b>ABN#:</b>	
<b>Contact Phone:</b>	Work: ( ) Mobile:
<b>Email:</b>	@
<b>Current Insurer</b>	Expiry Date: ____/____/____
<b>Full Business Description:</b>	
<b>How many years in operation?</b>	

Have you either alone, or in partnership, or jointly with any other party, or if you are a corporation, has the corporation, or any of its directors:

- i. Made any claim under an Insurance Policy covering risks of the kind to which this Proposal Form relates in the last 5 years; **Yes / No**
- ii. Been involved in any incident in the last 12 months that may give rise to a claim and/or action against you in respect of risks of the kind to which this Proposal Form relates? **Yes / No**
- iii. Had an insurer decline, refuse to renew, cancel or impose special terms or conditions in respect of risks of the kind to which this Proposal Form relates . **Yes / No**  
 This question does not apply in circumstances where such declinature, cancellation or refusal was due to factors that did not relate to the assessment of the particular risk.
- iv. Been charged with a criminal offence or been declared bankrupt? **Yes / No**
- v. Any claims been made against the Company for professional negligence, error or omissions in the last 5 years? **Yes / No**

If you answered **Yes** to any of the above, please provide details below:

Date of Loss	Cause of Claim/Incident	Amount of Claim \$	Insurer

### Insured Location Details

Complete the following for **each** risk address to be insured (use a separate sheet if insufficient space)

**Important Notice:** Please note that average applies to this policy. This policy is subject to a co-insurance clause the effect of which is that you must make certain you are not insuring for less than the actual value of the insured item. If you do underinsure and suffer a loss, your insurance claim may be reduced according to the proportion that the insured value bears to the actual insurable value.

<b>Insured Location Address:</b>	Street: Suburb: State: Postcode:
<b>Construction Details Please Select</b>	
<b>Walls</b>	Brick / Concrete <input type="checkbox"/> Iron/Metal <input type="checkbox"/> Wood <input type="checkbox"/> Other _____
<b>Floor</b>	Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other _____
<b>Roof</b>	Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Tiles <input type="checkbox"/> AC Sheeting <input type="checkbox"/> Other _____
<b>EPS</b> (Expanded Polystyrene)	Is there any EPS construction on the premise: Yes <input type="checkbox"/> No <input type="checkbox"/> if yes % floor space ____ Any coolrooms on the premise: Yes <input type="checkbox"/> No <input type="checkbox"/> if yes how many _____
<b>Year Built</b>	Heritage Listed Yes <input type="checkbox"/> No <input type="checkbox"/> Year: _____ Last Rewired: _____
<b>Stairwells / Fire Stairs</b>	Number of internal: _____ Building level Total: _____ Number of external: _____

Fire Protection Details Please Select	
Fire Protection	No Protection <input type="checkbox"/> Fire Sprinklers Single Supply <input type="checkbox"/>
	Extinguishers <input type="checkbox"/> Fire Sprinklers Dual Supply <input type="checkbox"/> Fire Blankets <input type="checkbox"/>
	Smoke Detectors <input type="checkbox"/> Fire Hydrants / Hose Reels <input type="checkbox"/>
Fire Alarm connected back to the Fire Brigade or Alarm Monitoring Company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the Insured Premise connected to Town Reticulated Water Supply? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Local Fire Fighting Services	Full Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Bushfire Brigade <input type="checkbox"/>

Security Details Please Select	
External Doors	Dead Bolts <input type="checkbox"/> Dead Locks <input type="checkbox"/> Padlocks <input type="checkbox"/> Electronic Card <input type="checkbox"/>
External Windows	None <input type="checkbox"/> Bars / Grills <input type="checkbox"/> Dead Bolts <input type="checkbox"/> Lockable Shutters <input type="checkbox"/>
Burglar Alarms	None <input type="checkbox"/> Local Alarm <input type="checkbox"/> Digital Dialler <input type="checkbox"/> Monitored B2B <input type="checkbox"/>
	Securitel <input type="checkbox"/> Landline <input type="checkbox"/> GSM Back Up <input type="checkbox"/>

Kitchen / Cooking Areas Please Tick appropriate box					
Equipment	Quantity	Cleaned Weekly	Cleaned Fortnightly	Cleaned Monthly	Cleaned Every 6 months
Bench Top Fat Fryer					
Deep Fat Fryer < 5 Litres					
Deep Fat Fryer > 5 Litres					
Broiler					
Commercial Oven					
Ducted Range Hood Exhaust					
Range Hood Filters					
Grease Traps					

Do you use a commercial cleaning company for the above? Yes  No

Servicing / Cleaning Company Details: \_\_\_\_\_

### Property Section – Sums Insured

Fire & Perils	
Building	\$
Contents	\$
Stock	\$
Removal of Debris	\$
Accidental Damage Limit	\$
Total	\$

Business Interruption	
Indemnity Period	6 Month <input type="checkbox"/> 12 Month <input type="checkbox"/> 24 Month <input type="checkbox"/>
Annual Gross Profit	\$
Claim Preparation Costs	\$
Additional Cost of Working	\$
Loss of Rent	\$
Total	\$

Glass Cover	
Internal Fixed Glass – Replacement Value	Yes <input type="checkbox"/> No <input type="checkbox"/>
External Fixed Glass – Replacement Value	Yes <input type="checkbox"/> No <input type="checkbox"/>
Illuminated Signs / Pub Signs / Stained Glass Value \$7,500	Yes <input type="checkbox"/> No <input type="checkbox"/>

Theft Cover	
Contents	\$
Stock – Including Liquor / Alcohol	\$
Theft in Open Air	\$
Replacement of Keys & Locks (\$7,500)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Money Cover	
Money in Transit	\$
Money on the Premises – Business Hours	\$
Money on the Premises – Outside Business Hours	\$
Money in Residence	\$
Money in Locked Safe / Strong Room	\$
Damage to Safe	\$
Money in ATM	\$

Machinery Breakdown	
Do you require Machinery Breakdown cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Limit required:	\$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/>
Deterioration of Stock cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spoilage of Stock Limit	\$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/>

### Public & Products Liability

General Third Party Public & Products Liability: Sum Insured/ Limits of Liability Required. Please Tick:

\$10,000,000 Public Liability any one occurrence;

\$10,000,000 Products Liability any one occurrence & in the Aggregate during the Policy Period.

Property in Your Care, Custody or Legal Control

If different sum insured required please stipulate

\$20,000,000 Public Liability any one occurrence;

\$20,000,000 Products Liability any one occurrence & in the Aggregate during the Policy Period.

\$250,000, any one occurrence

\$ \_\_\_\_\_

Turnover Breakdown:	
Annual Turnover – Bar Receipts	\$
Annual Turnover – Bottle Shop	\$
Annual Turnover - Restaurant	\$
Annual Turnover - Gaming	\$
Annual Turnover - Accommodation	\$
Estimated Wages	\$
Annual Turnover - Total	\$

<b>Details / Food &amp; Liquor / Facilities:</b>	
Trading Hours	details _____
Cover Required: Occupier Only / Property Owners / Owner Occupier	details _____
Do you have a Caretaker live on the premise?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your liquor license ever been suspended or revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have Happy Hours or Free Drinks Cards?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do your staff monitor liquor consumption?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever has any food or health violations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your staff check regularly for spills and cleanliness of toilets?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a Dance Floor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Children's Playground?	Yes <input type="checkbox"/> No <input type="checkbox"/>
DJ's / Karaoke?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Strippers / Topless Staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Formalised Bucks / Hens Nights?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Solo / Duo / Trip Artists?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Nightclub?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Theme Nights?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Swimming Pool?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Security:</b>	
Do you have your own Security Staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you contract out your Security Staff?	Yes <input type="checkbox"/> No <input type="checkbox"/> details _____
Number of Security Staff	_____
Number of CCTV Cameras	Internal _____ External _____

<b>Accommodation:</b>	
Do you provide Accommodation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes – No of Rooms?	details _____
Describe style of rooms: Motel / Hotel / B&B / Backpackers	details _____

## Your Declaration

### Declaration

I/We the undersigned declare that:

- (i) I am/We are authorised by each of the Proposers to sign this Proposal Form; and
- (ii) The above statements are correct, true and complete; and
- (iii) No information material to this Proposal Form has been withheld; and
- (iv) I/We have read and understand the notices contained in this Proposal Form under the heading **Important Facts**
- (v) I/We have diligently made all necessary and detailed enquiries in order to comply with the **Duty of Disclosure**; and
- (vi) I/We understand that no insurance is in force until such times as the insurer has confirmed acceptance of the proposed insurance; and
- (vii) I/We undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and  
I/We acknowledge that the Insurer relies on the information and representations in this Proposal Form and otherwise made by me/us in relation to this insurance; and except where indicated to the contrary, we understand that any statement made in this application will be treated by Matrix Insurance Group as a statement made by all persons to be insured; and
- (viii) I / We have read Matrix Insurance Group's Privacy Statement on this Proposal Form and consent to the use, disclosure and obtaining of personal information about the Proposers for the purposes shown in the Privacy Statement.

Signed: \_\_\_\_\_

Name of Principal, Partner(s) or Director(s)

\_\_\_\_\_

On behalf of (name of firm or company):

\_\_\_\_\_

Date: \_\_\_\_\_