




HOTEL AND PUB PROPOSAL FORM

Contact us

 (08) 6555 7742

 contact@matrixinsurance.com.au

 matrixinsurance.com.au



Important notice

This Proposal Form must be typed, or completed in ink and signed and dated by the Proposer: Please answer every question fully, and state “NIL” or “NONE” as applicable. Incomplete answers may not be accepted and can delay quotation.

Should there be insufficient room in the Proposal Form for full details, please use the additional information section at the end of the Proposal. Please also attach any supporting information which you feel may assist us in understanding your professional business practice

Your duty of disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Upon acceptance of the Underwriters' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Underwriters and the Insured.

Your Insurance includes a provision that has the affect of excluding or limiting OUR liability under the Insurance in respect of a loss by reason that you are, or have been, a party to an agreement that excludes or limits YOUR rights to recover damages from a party in respect of the loss.

Copies of the Proposal Forms should be retained for your records.

Privacy statement

Privacy – We are committed to protecting your privacy. We use the information you provide to us to assist with your insurance needs. We provide your information to insurance underwriters and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to various underwriters at Lloyd's if we are seeking insurance terms from them, or to reinsurers who are located overseas. You will be informed where those companies are located at the time any advice is given to you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected, and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by telephone to our Privacy Officer on (08) 6555 7742 or visit our website www.matrixinsurance.com.au.

Client Information

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

Period of Insurance Required:

From: _____ To: _____

Insured Name:

Interested Party:

Trading As:

ABN#:

Contact Phone: Work: _____ Mobile: _____

Email:

Current Insurer _____ Expiry Date: _____

Full Business Description:

Years of industry experience?

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 declination, 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
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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.

Insured Location Address:

Street:

Town/Suburb

State:

Postcode:

Construction Details Please Select

Walls Brick/Concrete Iron/Metal Wood Other

Floor Concrete Wood Other

Roof Concrete Iron Tiles AC Sheeting Other

EPS (Expanded Polystyrene)

Is there any EPS construction on the premise: Yes No if yes % floor space

Any coolrooms on the premise: Yes No if yes how many

Year Built Heritage Listed Yes No Year: Last Rewired:

Stairwells / Fire Stairs Number of internal: Number of external: Building levels:

Fire Protection Details Please Select

Fire Protection No Protection Fire Sprinklers Single Supply Extinguishers Fire Sprinklers Dual Supply

Fire Blankets Smoke Detectors Fire Hydrants / Hose Reels

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

Is the Insured Premise connected to Town Water Supply? Yes No

Water Tanks Yes No if yes how many? and how many litres?

Local Fire Fighting Services Manned Full Time Volunteer No

Distance to Fire Station Estimated KM's

Security Details Please Select

External Doors Dead Bolts Dead Locks Padlocks Electronic Card

External Windows None Bars/Grills Dead Bolts Window locks

Burglar Alarms None Local Alarm Monitored Alarm to Mobile to Security Company

CCTV if so how many?

Other Security

Kitchen / Cooking Areas Please Tick appropriate box

Equipment	Quantity	Cleaned Weekly	Cleaned Fortnightly	Cleaned Monthly	Cleaned Every 6 months	Cleaned Every 12 months	
Bench Top Fat Fryer							
Deep Fat Fryer < 5 Litres							
Deep Fat Fryer > 5 Litres							
Commercial Oven							
Ducted Range Hood Exhaust							
Range Hood Filters							
Do you use a commercial cleaning company for the kitchen exhaust system?						Yes	No
Servicing/Cleaning Company Details:							

Property Section - Sums Insured

Fire & Perils		Business Interruption			
Building	\$	Indemnity Period			
Contents, Plant & Machinery	\$	6 Month	12 Month	18 Month	24 Month
Stock	\$	Annual Gross Profit		\$	
Removal of Debris	\$	Claim Preparation Costs		\$	
Other	\$	Additional Cost of Working		\$	
Please specify		Rent payable/Rent receivable		\$	
Total	\$	Total		\$	

Glass Cover

Internal Fixed Glass – Replacement Value	Yes	No
External Fixed Glass – Replacement Value	Yes	No
Illuminated Signs / Pub Signs / attached to the building	Yes	No

Theft Cover

Contents	\$	Stock - Including Liquor / Alcohol	\$
Theft in Open Air	\$		

Money Cover

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

Machinery Breakdown

Do you require Machinery Breakdown cover?	Yes	No
Limit required:	\$5,000	\$10,000
Deterioration of Stock cover required?	Yes	No
Spoilage of Stock Limit	\$2,500	\$5,000

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;	20,000,000 Public Liability any one occurrence;
\$10,000,000 Products Liability any one occurrence & in the Aggregate during the Policy Period.	\$20,000,000 Products Liability any one occurrence & in the Aggregate during the Policy Period.
Property in Your Care, Custody or Legal Control	\$250,000, any one occurrence
If different sum insured required please stipulate	
\$	

Turnover Breakdown:

Annual Turnover – Bar Receipts	\$
Annual Turnover – Bottle Shop or Takeaway Alcohol	\$
Annual Turnover – Restaurant/Food Sales	\$
Annual Turnover – Gaming Commissions	\$
Annual Turnover – Accommodation	\$
Estimated Wages	\$
Annual Turnover – Total	\$

Trading Hours

Cover Required:	Occupier Only	Property Owners	Owner Occupier
Number of staff currently employed			
Licence Capacity			
Do you or a Caretaker live on the premises?			Yes No
Has your liquor license ever been suspended or revoked?			Yes No
Are your staff trained in the responsible serving of liquor?			Yes No
Do you manufacture any products, including brewing beer, distilling spirits?			Yes No
Do you have Happy Hours or Free Drinks Cards?			Yes No
Do your staff monitor liquor consumption?			Yes No
Have you ever had any food or health violations?			Yes No
Do your staff check regularly for spills and cleanliness of toilets?			Yes No
Do you have an incident register?			Yes No
Do you have a Dance Floor? If yes how many sqm			Yes No
Children's Playground?			Yes No
DJ's/Karaoke?			Yes No
Drive through bottleshop?			Yes No
Formalised Bucks/Hens Nights?			Yes No
Solo/Duo/Trip Artists?			Yes No
Nightclub?			Yes No
Swimming Pool?			Yes No

Security:

Do you have your own Security Staff?			Yes No
Do you contract out your Security Staff?			Yes No
Frequency of Security Staff?			
Number of Security Staff			
Number of CCTV Cameras	Internal	External	

Accommodation:

Do you provide Accommodation? If yes - No of Rooms?			Yes No
Describe style of rooms: Motel / Hotel / B&B / Backpackers			

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: