

Hospitality Proposal Public & Products Liability

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. Insured's Details:

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

Address of Main location and all other locations:

Business Description: _____

Contact Name and Telephone Number: _____

Website address (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 give 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 give details: _____

2. Period Insurance required (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: _____ No. of Storey's: _____ Is there a basement? _____

Does the entrance have steps? Yes No

Is the entrance well illuminated? Yes No

Sprinklers: Yes No Hoses: Yes No

Extinguishers: Yes No Monitored Alarm: Yes No

Are all fire exits kept clear? Yes No

Licensed person capacity: _____

Is car parking provided? Yes No How many cars? _____

Is the surface sealed? Yes No

Is the car park well illuminated? Yes No

5. Building Security:

CCTV: Yes No No. of cameras: Period Footage retained:

Internal Only / External Only / Both (please delete as appropriate)

Incident Book: Yes No

Do you use your own security / crowd controllers? Yes No

Do you hire external security / crowd controllers? Yes No

If yes, are they required to carry their own insurances? Yes 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: _____

7. Entertainment:

Dance Floor: Yes No If yes, size in sqm:

DJ: Yes No

Disco: Yes No

Gaming Machines: Yes No If yes, how many:

Live Music / Karaoke: Yes No If yes, how often?:

Night Club: Yes No

Pool / Snooker Tables: Yes No If yes, how many?: _____

Trading Hours: _____

8. Facilities:

Accommodation: Yes No If yes, how many rooms: _____

Playground: Yes No

If yes, is there a notice that children are to be supervised at all times? Yes No

Child Care Facilities: Yes No

Swimming Pool / Spa: Yes No

Restaurant: Yes No If yes, seating capacity: _____

Mechanical Rides: Yes No

Home Transport: Yes No

9. Sub Contractors / Labour Hire:

Do you employ sub contractors for the following activities?

Food / Restaurant: Yes No

Entertainment: Yes No

Cleaning / Maintenance: Yes No

If yes to any, are they required to carry their own insurance? Yes No

Is your business subject to EPA regulations? Yes No

Do you employ Labour Hire? Yes No

If yes, in what capacity? _____

10. Claims History:

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

Date	Description	Paid	Outstanding	Excess	Insurer

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

Declaration:

Your Duty of Disclosure

You have a duty under the Insurance Contracts Act 1984 before you enter into a contract of General Insurance with Lawsons Underwriting Australasia Limited to disclose to Lawsons Underwriting Australasia Limited every matter that you know, or could reasonably be expected to know, is relevant to Lawsons Underwriting Australasia Limited decision whether to accept the risk of the insurance and if so, on what terms.

If you fail to answer all questions fully and accurately, Lawson Underwriting Australasia Limited may find cause to reduce or cancel the cover. This disclosure includes any renewal, extension, variation or the reinstatement of a contract of general insurance.

While completing this proposal, you will have provided us with some private information. We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth). We will only use this information for the purpose of the consideration of application for this insurance or if required to do so by law. You are entitled to access your personal information and request any amendment, update or correction as deemed necessary.

I declare that to the best of my knowledge and belief that the answers given above are the truth and that I have not withheld any information that is considered to be material to this proposed insurance. I declare that any answers not given in my hand writing have been checked by me for their truth and accuracy.

Signed: _____

Name (Print): _____

Position held: _____

Date: ____ / ____ / ____ (Must be within 4 weeks of start date of contract)