



Hospitality Liability

Licensed Premises Proposal Form

V0821

Important Notices

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

PRIVACY

Pen Underwriting and the Insurer(s) handle your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom, Singapore, Germany, Sweden and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw

your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit <https://www.penunderwriting.com.au/important-information/>.

Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

Please read this Proposal Form fully prior to answering the questions.

- Please answer all questions in full. Where appropriate, tick the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space provided, please provide further information on your letterhead.
- All attached documents form part of this Proposal.

1. Your Details

Full Name:

ABN:

Trading Name:

Interested Parties:

What interest do the above parties have?

Business Description:

Business Address:

Days and Hours of Operation	From:	To:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Years in Operation: This business:years

Any similar business:years

Website Address:

Do you provide any professional advice or instruction for a fee? Yes No

If **Yes**, please provide details:

What percentage of GST on Premium do you intend claiming as an Input Tax Credit?%

Are your books of accounts prepared by a public accountant each year? Yes No

Have you or any Director or Partner or Manager of the business ever:

(a) had insurance declined or cancelled? Yes No

- (b) had an insurer refuse or not invite renewal? Yes No
- (c) has any special conditions imposed on a policy of insurance? Yes No
- (d) had a special excess imposed on a policy of insurance? Yes No
- (e) had a claim rejected under a policy of insurance? Yes No
- (f) been declared bankrupt or put into receivership or liquidation? Yes No
- (g) been charged with or convicted of a criminal record? Yes No

2. Premises Details

Are you the owner of these premises? Yes No

Describe the business activities carried out by the occupants of the premises:

- (a) Your own business:
- (b) Other occupants:

Business Address		
Walls	<input type="checkbox"/> Brick/Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Iron Other:
Roof	<input type="checkbox"/> Concrete	<input type="checkbox"/> Timber	<input type="checkbox"/> Iron Other:
Floors	<input type="checkbox"/> Concrete	<input type="checkbox"/> Timber	Other:

3. Indemnity Limit required: \$ any one occurrence

4. Total Turnover – Please provide a split of annual turnover as follows:

	This Financial Year	Next Financial Year (estimated)
Bar Sales	\$	\$
Gaming Income	\$	\$
Bottle Shop Sales	\$	\$
Food and or Bistro Sales	\$	\$
Accommodation	\$	\$
Other Income	\$	\$
Total	\$	\$

Please provide turnover as a percentage split by state:

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Other
____%	____%	____%	____%	____%	____%	____%	____%	____%

5. Additional activities:

- (a) Gym.....
.....

(State if gym instruction proved. **If yes**, is instructor a contractor?)

(b) Children's playground.....
.....

(Provide details. Do you provide supervision?)

(c) Child minding.....
.....

(Provide details and qualifications of carers)

(d) Sporting Activities.....

(e) Other (please state).....

6. Give details of any agreements you have made under which you have:

(a) Accepted liability which would not normally be your responsibility:

(b) Given away your legal rights of recovery from other parties:

7. Do you engage any contractors to provide security services? Yes No

If **Yes**,

(a) Annual Cost: \$.....

(b) Do you conduct regular interviews to assess conduct and discuss improvements of systems? Yes No

(c) Are they required to have Public and Products Liability Insurance? Yes No

(d) What steps do you take to ensure that contractors have valid Public and Products insurance in place?

.....
.....

8. Do you have any staff employed to conduct security services? Yes No

9. Do you have a documented regular system of cleaning and inspection of the premises? Yes No

If **Yes**, please provide a description of what systems are in place that demonstrate inspection for spillages and provide examples of your procedures:

.....

10. Do you conduct regular inspections of common floor surfaces? Yes No

If **Yes**, please provide how regular these inspections are carried out:

(a) During peak hours:

(b) During off peak hours:

11. Do you conduct regular inspections of toilets and wash rooms? Yes No

If **Yes**, please provide how regular these inspections are carried out:

(a) During peak hours:

(b) During off peak hours:

12. Do you provide live entertainment? Yes No

If **Yes**,

(a) What type of entertainment (eg. solo, duo, bands, dj):

(b) How often do they play:

13. Do you operate a night club on the premises? Yes No

14. Do you charge an admission fee? Yes No

15. Do you have a dance floor? Yes No

(a) Do you supervise the dance floor to prevent drinks being taken onto it? Yes No

(b) Estimated size of dance floor (square metres)

(c) What is the surface of the dance floor?

16. What percentage of your premises would the following floor surfaces apply:

Timber/Parquetry	____%	Rough Concrete Finish	____%
Tile	____%	Smooth Concrete Finish	____%
Paved	____%	Non Slip treated surface	____%
Carpet	____%	Other: _____	____%

17. Do you have CCTV cameras covering the premises? Yes No

If Yes,

(a) How long is footage retained for?

(b) If an incident occurred, how long is the footage retained for? 1 – 2 years 3 years 4 – 6 years

18. Do you have OH&S procedures in place? Yes No

19. Do staff receive formal training procedures prior to commencing work? Yes No

20. Are there Emergency Evacuation procedure documents and posted in the premises in clear sight for patrons and staff to see? Yes No

21. Claims History

(a) In the last 12 months, have any incidents occurred that may give rise to a claim that has not been advised to Pen Underwriting? Yes No

If Yes, please provide details:

(b) In the last 5 years, was this liability cover insured by an Underwriter other than Pen Underwriting? Yes No

If Yes, please provide details of updated claims experience for this preceding period of insurance on Insurer Letterhead.

DECLARATION

I declare that:

- I am authorised by each of the Applicant(s) to sign this Proposal
- The statements in this Proposal are true and complete and no material information has been withheld
- I have read and understood the Important Notices accompanying this Proposal
- I have diligently made all necessary enquiries in order to comply with the duty of disclosure
- I have read the Pen Underwriting Privacy Statement on this Proposal and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement
- Where I have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement
- I acknowledge that Pen Underwriting relies on the information and representations in this Proposal and otherwise made by me or on my behalf in relation to this insurance
- Except where indicated to the contrary, I understand that any statement made in this Proposal will be treated as a statement made by all persons to be insured
- I undertake to notify Pen Underwriting of any material alteration to the information contained in this Proposal prior to inception of the proposed insurance
- I understand that no insurance is in place until such time as Pen Underwriting has confirmed acceptance of the proposed insurance

Signature:.....

Date:

Full Name:.....

Title: