



Underwriting Agency Pty Limited

A.F.S Licence 244370

A.C.N 096 939 169

**LEISURE
QUESTIONNAIRE
& PROPOSAL FORM**

Please complete one form for each individual establishment within a Group.

If more than 5 locations please phone us to agree presentation format

A copy of the standard policy form is available on request

A copy of this completed proposal Form is available upon request

Submitting Broker Details	
Broker Name and Address	
Contact Phone Number	
Contact Email Address	
Current Insurer	
Quotation Required By	
Expiring Premium	\$
Expiring Excess	\$
Guide Price Required (net premium)	\$

Proposer's Details	
Full Name of Insured	
Business Description	
Registered Address	
Renewal Date	
No of Premises Proposed in this Request	

Establishment General Details	
Address Line 1	
Address Line 2	
Town/City	
Describe All Business Activities at Premises	
What type of Licences are held?	

Section 1 – Material Damage

IT IS IMPORTANT THAT YOU SHOULD ENSURE THAT THE VALUES GIVEN BELOW ARE ADEQUATE AS UNDER INSURANCE MAY REDUCE THE AMOUNT OF RECOVERY IN THE EVENT OF A CLAIM. IF IN DOUBT YOU SHOULD CONSULT YOUR BROKER.

Material Damage	Sum Insured
Buildings	\$
Machinery, Plant and Associated Contents	\$
Gaming Amusement and Entertainment Equipment	\$
Liquor and Tobacco	\$
All other Stock and Materials in Trade (Replacement Values)	\$
Rent Payable (if required)	\$
Please also detail indemnity period required	months
Guests and Visitors Personal Effects (Limit \$2,000 any one person)	\$
Note: There is an automatic cover of \$500 in the policy.	
Specify Any Other Property:	
a)	\$
b)	\$
c)	\$

Building Information:	
Are premises detached, semi-detached or terraced?	
No of Storeys	
Is there a basement?	
Age of Buildings	
General Construction Details:	
Walls	
Floor	
Roof	

Fire & Security Details:		
Has the Fire Brigade inspected the premises?	Yes	No
If yes, is there a Fire Certificate in Force?	Yes	No
Describe Fire Detection Equipment		
What is the distance to the nearest Police Station?		
What is distance to nearest Fire Brigade		

Describe Age and General Condition of Electrical Installation		
Is there any rubber coated Electrical wiring on the premises?	Yes	No
Do you hold an up to date electrical certificate?	Yes	No
Describe Security Equipment		
Is a Night Watchman employed?	Yes	No

Other Property Risk Details	If answer Yes please add known details in this column			
Is there any history of the premises flooding?	Yes		No	
Is there any history of malicious damage to premises	Yes		No	
In What Type of Area are Premises situated?	Residential	YES		NO
	Commercial	YES		NO
	Industrial	YES		NO
	Rural	YES		NO
Do you Occupy the Whole of the building?	YES		NO	
If NO, What part do you occupy?				
What is the occupancy of the other parts?				
What Form of Heating Do you use?				
If you use any form of portable heating, please specify				

Section 2 – Business Interruption & Section 3– Book Debts

Calculating Your Income	
1.Detail Estimated Turnover in next 12 months	\$ _____
2. Less cost of consumables	\$ _____
3. Sub-Total	\$ _____
4. Add any anticipated increase in the next 12 months	\$ _____
Total =	\$ _____ For 12 months
Note : When a longer indemnity period is required (18, 24 or 36 months), the Loss Limit should be increased accordingly with due regard to anticipated business trends.	

Loss of Gross Revenue	Loss Limit / Sum Insured	Indemnity Period in Months
Loss of Gross Revenue	\$ _____	
Increased Cost of Working	\$ _____	
Loss of Rent Receivable	\$ _____	
Book Debts	\$ _____	

Additional Information
Are there any factors which would delay re-opening?

Section 4 – Money

Money & Personal Accident (Assault) Extension

Please state your estimated annual carryings	\$	
Specify Negotiable Money loss limit required whilst		
a) Contained in locked specified safe (s)	\$	
b) Not in specified safe (s)	\$	
c) in transit	\$	
On premises during business hours	\$	
Please specify Manufacturer and Model of Safe.		
<p>Note :</p> <p>A Special Condition applies in respect of cash carrying limits – one able-bodied person \$15,000, 2 able-bodied persons \$15,001 to \$25,000, 3 able-bodied persons \$25,001 to \$50,000, Over \$50,000 by a specialist Security Carrier as agreed with The Underwriters.</p>		

Section 5 – Goods in Transit

Goods In Transit

State Value of estimated annual carry	\$	
Note: Maximum any one vehicle \$5,000		
Do you ask and take up references for all drivers?	Yes	No
Are vehicles left loaded overnight?	Yes	No
If 'Yes' please note the vehicle(s) and/or trailer(s) must be in a securely locked building or locked compound between the hours of 8pm to 6am.		

Section 6 – Glass

Glass

Is Internal and External Glass Cover required	Yes	No
Neon Signs are included.		
State Value of any special glass i.e. glass that is bent, lettered, embossed, etc.	\$	

Section 7– Deterioration of Stock

Deterioration of Stock

Please state the Value of Food contained in refrigeration units	\$	
Are any units over ten years old?	Yes	No
Are the Units maintained under contract?	Yes	No

Section 8– Fidelity Guarantee

Fidelity Guarantee	
Number of employees.	
Please state Limit of Indemnity Required. (Any one Occurrence and in the Aggregate) Maximum Limit \$50,000)	\$

Section 9– Public and Products Liabilities

Public & Products Liability – Limit \$ 10,000,000 any one occurrence/in the aggregate in respect of products:		
Estimated annual turnover:	\$	
How much of this turnover is derived from Gambling:	\$	
How much of this turnover is derived from your Bottleshop:	\$	
Do you have accommodation?		
If yes, how many rooms do you have:		
Do you have entertainment?		
If yes, please provide full details:		
Do you have a Night Club?		
If yes, how often:	How many days per months _____	Opening Hours _____
Do you retain Security Guards	Yes	No
If yes, are Security Guards Contracted	Yes	No

Claims Information

Claims Details		
Have there been any incidents in the past three years which have or could have given rise to claims under any section for which cover is required?	Yes	No
If 'Yes', please detail all claims below including any payments made or reserves outstanding.		

Material Damage/Business Interruption:

Year	Number	Type of Claim	Paid	Outstanding	Total

Public / Products Liability

Year	Number	Type of Claim	Paid	Outstanding	Total

Other Classes (If applicable): Please Specify

Year	Number	Type of Claim	Paid	Outstanding	Total

Large Losses Details

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DECLARATION

<i>Have any of the Proposer's / or any person who effectively controls the business ever been the subject of any action in Bankruptcy or Involuntary Liquidation or had any conviction involving arson, violence or dishonesty?</i>	YES	NO
If yes, please give full details:		
<i>Has any insurer ever cancelled, refused to insure, or imposed special terms to any policy for any of the Proposer's / or any person who effectively controls the business?</i>	YES	NO
If yes, please give full details:		

To the best of my knowledge and belief the information provided in connection with this declaration, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misinterpretation of a material fact may entitle insurers to void the insurance. (N.B. a Material fact is one likely to influence acceptance or assessment of the risk by Insurers. If you are in doubt as to whether a fact is material or not, please disclose it). I understand that signing this declaration does not bind me to complete, or Insurers to accept, this insurance. I understand and agree that Insurers may seek information from credit and other agencies in connection with this proposal.

Signed:	
Position:	
Dated:	