



hospitality insurance

backpacker hostels - hotels - motels - resorts - strata

www.hospitalityinsurance.com.au

a division of
Northern Insurance & Finance
Brokers (Cairns) Pty Ltd
AFS Lic No. 245 456

PO Box 5944 CAIRNS QLD 4870

Phone: 1800 018 078

Fax: 07 4041 7636

Email: terry@nifb.com.au

QUOTE REQUEST FORM

New Business Renewal Start Date: ____/____/____

*Trading Name : _____ *Contact: _____

*Phone No: _____ *Email Address: _____

*Address: _____

State: _____ Postcode: _____

PROPERTY DETAILS

BUILDING USE:

- | | | |
|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Backpacker hostel | <input type="checkbox"/> Hotel | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Boarding house | <input type="checkbox"/> Motel | <input type="checkbox"/> Resort |
| <input type="checkbox"/> Café | <input type="checkbox"/> Night club | <input type="checkbox"/> Strata |
| <input type="checkbox"/> Other, specify other: _____ | | |

Is operator licensed? Yes No Are premises licensed/ approved? Yes No

Do premises comply with all council and fire brigade regulations? Yes No

Age of building: <10 years 10-30 years 30-50 years 50+ years

Purpose built facility: Yes No Renovated for purpose

Heritage listed: Yes No

Number of stories: Single Double Other (specify): _____

Condition of building: Excellent Good Average

Nearest neighbours: Adjoining <5m 5 - 10m 10 - 20m 20m +

Single tenancy Multiple tenancy

Occupation of neighbour: _____

CONSTRUCTION (please tick all that apply)

WALLS:

- Reinforced concrete
- Brick
- Masonry
- Asbestos

ROOF:

- Concrete
- Tiles
- Iron, steel, metal
- Masonry

GROUND FLOORS:

- Concrete
- Brick, stone, slate
- Iron, steel
- Wood

Iron	<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	Earthen	<input type="checkbox"/>
Wood	<input type="checkbox"/>	Alysynite sheeting	<input type="checkbox"/>	UPPER FLOORS (if applicable)	
Mixed	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Concrete	<input type="checkbox"/>
		Mixed	<input type="checkbox"/>	Wood	<input type="checkbox"/>
Brick	_____ %	Brick	_____ %		
Wood	_____ %	Wood	_____ %		
Other	_____ %	Other	_____ %		

FRAME:

Concrete, brick, stone	<input type="checkbox"/>	Wood 100%	<input type="checkbox"/>
Iron, steel, metal	<input type="checkbox"/>	Wood (roof only)	<input type="checkbox"/>

FIRE PROTECTION

PROTECTION TYPE:	EXTINGUISHER TYPE:	*NUMBER:
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No protection	<input type="checkbox"/>	Dry chemical	<input type="checkbox"/>	_____
Fully fitted with sprinklers	<input type="checkbox"/>	BCF	<input type="checkbox"/>	_____
Partially fitted with sprinklers (min 50%)	<input type="checkbox"/>	CO2	<input type="checkbox"/>	_____
Hydrants & hose reels	<input type="checkbox"/>	Water	<input type="checkbox"/>	_____
		Foam	<input type="checkbox"/>	_____

FIRE ALARMS:

Date of last service: ____/____/____

Local	<input type="checkbox"/>	Maintenance contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back to base	<input type="checkbox"/>	Extinguishers on each floor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
To brigade	<input type="checkbox"/>	Hard-wired detector in each room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DETECTION TYPE:

Thermal	<input type="checkbox"/>
Smoke	<input type="checkbox"/>

DO HIGHER THAN NORMAL EXPOSURES EXIST IN RESPECT OF:

Bush Fire	<input type="checkbox"/>	Sea & tidal surge	<input type="checkbox"/>	Lightening	<input type="checkbox"/>	Explosion	<input type="checkbox"/>
Earthquake	<input type="checkbox"/>	Flood	<input type="checkbox"/>	Explosion	<input type="checkbox"/>	Impact	<input type="checkbox"/>
Storm & tempest	<input type="checkbox"/>	Water damage	<input type="checkbox"/>	Cyclone	<input type="checkbox"/>	Malicious damage	<input type="checkbox"/>

ACCOMMODATION (if applicable)

How many accommodation rooms are there? _____

How many beds per room? _____

Proportion of rooms tenanted by permanent residents? None All Some Percentage: _____ %

Is smoking allowed – in common rooms? Yes No

In accommodation rooms? Yes No

KITCHEN FACILITIES

- Is cooking allowed in rooms? Yes No
- What Kitchen facilities are in rooms? _____
- Are guest kitchens provided? Yes No
- Number and location of kitchens _____
- List kitchen facilities/ equipment: _____
- Protection within kitchen(s): Fire blanket Extinguisher Other
- Is there any deep frying? Yes No
- Are deep fryers thermostatically controlled? Yes No
- Who cleans the ducts and flues? Self Contractor
- How often are they cleaned? Weekly Fortnightly Monthly

ELECTRICAL

- Fuses Circuit breakers Board clear Extension cords
- New Modern Old
- Date of last electrical inspection: ____/____/____

SECURITY

EXTERNAL DOORS:

- Dead bolts
- Dead locks
- Other key locks
- Padlocks
- Other security: _____
- Security to office: _____
- Safe: Fixed Floor Wall Free standing N/A
- Make & Type: _____

EXTERNAL WINDOWS:

- Bars/ grills
- Key locks

BURGLAR ALARMS:

- Local
- Back to base
- Dedicated
- Smoke

Guest/ residential lockout time? _____ pm

FIRE ESCAPES

- For buildings other than single storey, is there an external fire escape from each above ground floor? Yes No
- What is the construction of external fire stairs? Steel Timber Other: _____
- Does each exit have an illuminated exit sign? Yes No
- Are emergency escape procedures posted – in all sleeping rooms: Yes No
- Are internal fire escapes provided? Yes No
- Construction of internal fire escape stairwells? Double brick/ block Brick/ veneer Timber
- In common areas: Yes No
- Are there self closing fire rated doors: Yes No
- Other: _____

PUBLIC LIABILITY

Please tick: A \$5,000,000 A \$10,000,000 A \$20,000,000

Annual Turnover: A \$ _____

Turnover for: Accommodation: A \$ _____ Bottle shop: A \$ _____

Bar: A \$ _____ NET Gaming: A \$ _____

Any other source: A \$ _____

SECTION(S) INSURED

	SUM INSURED
FIRE & PERILS - PROPERTY	
Buildings	\$ _____
All contents excl. stock	\$ _____
Stock	\$ _____
Managers contents	\$ _____
Remove of debris	\$ _____
Accidental damage	\$ _____
Total	\$ _____
BUSINESS INTERRUPTION	
Gross profit	\$ _____
Wages (if required)	\$ _____
Additional Increased	\$ _____
Rent payable	\$ _____
Auditors of accountants fees	\$ _____
Total	\$ _____
BURGLARY	
Stock (excl. tobacco & cigarettes)	\$ _____
Other contents	\$ _____
Damage to premises	\$ _____
Total	\$ _____
MONEY	
In transit	\$ _____
In building – business hours	\$ _____
In building – non business hours	\$ _____
In safe	\$ _____
In ATM	\$ _____
In gaming machines	\$ _____
Your/ employees residence	\$ _____
Damage to safe	\$ _____
Total	\$ _____

If you also require quotes on the following please contact us for more information:

Machinery breakdown Tax audit Fidelity Glass Other

INSURED'S HISTORY

(Important: Ensure all relevant details are disclosed. Any wrong answers you provide may affect your future claims)

How many years has insured operated this business? _____

How many years previous industry experience? _____

Have you ever had any food or health violations against you? Yes No

Have you or any persons connected with this insurance ever had a revoked license? Yes No

HAVE YOU OR ANY PARTNER OR DIRECTOR:

Been declared bankrupt or had legal proceedings lodged against you? Yes No

Had an insurer that has declined to insure you? Yes No

Had an insurer that has declined to renew your insurance? Yes No

Had an insurer that has imposed special conditions on your insurance? Yes No

Have you within the last five (5) years, suffered a claim that would have been covered by this insurance and or claimed for any loss or damage or received any demand or writ for personal injury or damage to property? Yes No

After enquiry are you or any director or employees aware of or have any grounds for suspecting any circumstances which might give rise to a claim, against your or against any of the present or former directors during the last five (5) years? Yes No

Please provide full details, if any answers to the above questions are "yes". With any previous claims, please detail amount paid or reserved the year and your excess at the time, and background information on the claim.

Your Duty of Disclosure

Before you enter into an insurance policy, it is your duty to disclose every matter that you know, or could be reasonably expected to know, to be relevant to the insurance company's decision whether to give you insurance cover and, if so, on what terms.

Consequences of non-disclosure or misrepresentation – If you breach your duty of disclosure; the insurer(s) may be able to refuse to pay a claim or to cancel your policy. The same applies where you have made a misrepresentation, if fraudulent (ie. done deliberately for the purpose of obtaining insurance or for obtaining it on favourable terms) the insurance company may be able to 'avoid' your policy. This means that the insurance company can treat the policy as never having existed. Non-disclosure or misrepresentation in relation to one policy may affect your ability to obtain other insurance in the future. If you are unsure whether some information may be disclosable or not we suggest you call your insurance broker and seek guidance.

Privacy

We are committed to protecting your privacy. We only use the personal information you provide to us to quote on and insure the risk. We only provide your personal information to your insurer(s) and reinsurers (and their representatives) and those we appoint to assist us with claims under your policy (ies). We do not trade, rent or sell information. Some or all of the insurer(s) and reinsurers may be overseas. If you don't provide us with complete information, we cannot properly quote for your insurance and we cannot insure you. You can check the information we hold about you at any time. For more information about our Privacy Policy, ask us for a copy. Copies of the proposal form should be retained for your own records.

Risk Survey

Acceptance of the proposal risk may be subject to a survey to be carried out by or on behalf of the underwriters. In the event that the survey results in findings of misrepresentation underwriters may be able to decline any potential claim. Please note that by carrying out a site survey and report any ensuing requirements and/or recommendations shall not constitute any undertakings on the part of the underwriters or others to determine of warrant that the premises surveyed are safe, fit or compliant with any Federal, State, Local Government law, statute, by-law, rule, regulation, building code or the like.

Signed:

Date: