

## IMPORTANT INFORMATION REGARDING THIS PROPOSAL

### DUTY OF DISCLOSURE

You must comply with your Duty of Disclosure when you apply for insurance with an Insurer and each time you renew or alter your cover.

You have a duty of disclosure to tell the Insurer everything you know or should know, that is relevant to their decision to insure anyone under the policy, including you, and on what terms.

It includes matters they specifically ask about when you apply for a policy, or renew or alter your policy, and any other matters which might affect whether they insure you and on what terms.

The information you tell them can affect:

- the amount of your premium and your excess,
- if they will insure you,
- if special conditions will apply to your policy.

You do not need to tell them anything which:

- reduces the chances of you making a claim,
- that they should know about because of the business they are in,
- they tell you they do not want to know.

If you are unsure it is better to tell the Insurer. If you do not tell them something which you know or should know is relevant, they might reduce a claim, refuse to pay a claim, cancel your policy, or if fraud is involved they can treat the policy as if it had never existed. The duty of disclosure applies to every person or organisation seeking insurance under this policy.

### SUBROGATION AGREEMENTS

If another person is, or could have been, liable to compensate you for any loss, damage or legal liability otherwise covered by this policy, but you have agreed with that person either before or after the loss, damage or legal liability occurred that you would not seek to recover any moneys from that person, the Insurer will not cover you under the policy for any such loss, damage or legal liability.

### INTERESTED PARTIES

The Insurer will not insure the interests of any person other than you, unless you have notified them in writing of such interest, and the interest has been noted in the policy schedule.

## GUIDANCE NOTES IN COMPLETING THIS PROPOSAL

This proposal will form the basis of your contract with the Insurer. Please complete the following questions in full.

- If there is insufficient space to answer, please add such pages as may be required, duly referencing the question.
- If a question does not apply, please DO NOT leave the question blank. Please mark it as "N/A" and make a brief note as to why the question does not apply

PERIOD OF INSURANCE REQUIRED: FROM  AT 4:00 PM TO  AT 4:00 PM

## APPLICANT'S DETAILS

Applicant # 1: Full Name

Phone No: (B)

(M)

Applicant #2: Full Name

Website:

Trading Name of B&B

Email:

Postal Address

Town

ABN

State

Postcode

Are you registered for GST?

Yes

No

If yes, what is your ITC %?

**CLAIMS HISTORY**

**In the last five years have you, or any person to receive insurance protection under this policy:**

- Suffered or claimed for any loss or damage to property? YES NO
- Received any demands or writ for personal injury or damage to property? YES NO
- Had any insurance declined or cancelled any renewal refused or had special conditions imposed or had a claim refused or declined? YES NO
- Been charged or convicted of any criminal offence relating to arson, drugs, burglary, housebreaking, theft, robbery, receiving stolen goods, fraud, dishonesty of any kind, malicious damage, damage to property, injury or assault to anyone? YES NO

**In the past 12 months have you:**

- Been declared bankrupt, been placed in voluntary receivership or had a receiver or administrator appointed? YES NO
- Been unable to pay any debts or liabilities as they fall due? YES NO

**If "yes" to any of the above, please provide details:**

**General Questionnaire:**

- Number of years experience in the industry? <12mths 1-5yrs 5-10yrs 10yrs+
- Is the business currently insured? Yes No
- Has the business been uninsured for more than 3 months? Yes No
- Name of current/previous insurer?

**PROPERTY DAMAGE INSURANCE**

|  |  |
|--|--|
| Address of the property to be Insured:<br><input style="width: 95%; height: 20px;" type="text"/><br>Town<br><input style="width: 95%; height: 20px;" type="text"/><br>State <span style="margin-left: 100px;">Postcode</span><br><input style="width: 40px; height: 20px;" type="text"/> <span style="margin-left: 40px;"><input style="width: 40px; height: 20px;" type="text"/></span> | Name of Interested Parties (ie. Mortgagees)<br><input style="width: 95%; height: 20px;" type="text"/><br>Nature of Interest:<br><input style="width: 95%; height: 20px;" type="text"/><br>Do you require a Certificate of Currency? <span style="margin-left: 20px;">YES</span> <span style="margin-left: 20px;">NO</span> |
|--|--|

**BUILDING INSURANCE**

|                | No of Guest Bedrooms ?                    | Description<br><i>(house, cottage etc)</i> | External Wall Construction<br><i>(brick, timber etc)</i> | Year Built                                | Sum Insured                                  | Monitored smoke Detectors | National Trust OR Heritage Listed |    |
|----------------|---|--|--|---|--|---------------------------|-----------------------------------|----|
| Main Residence | <input style="width: 40px;" type="text"/> | <input style="width: 150px;" type="text"/> | <input style="width: 100px;" type="text"/>               | <input style="width: 40px;" type="text"/> | \$ <input style="width: 60px;" type="text"/> | Yes No                    | Yes                               | No |
| Dwelling # 2   | <input style="width: 40px;" type="text"/> | <input style="width: 150px;" type="text"/> | <input style="width: 100px;" type="text"/>               | <input style="width: 40px;" type="text"/> | \$ <input style="width: 60px;" type="text"/> | Yes No                    | Yes                               | No |
| Dwelling # 3   | <input style="width: 40px;" type="text"/> | <input style="width: 150px;" type="text"/> | <input style="width: 100px;" type="text"/>               | <input style="width: 40px;" type="text"/> | \$ <input style="width: 60px;" type="text"/> | Yes No                    | Yes                               | No |
| Dwelling # 4   | <input style="width: 40px;" type="text"/> | <input style="width: 150px;" type="text"/> | <input style="width: 100px;" type="text"/>               | <input style="width: 40px;" type="text"/> | \$ <input style="width: 60px;" type="text"/> | Yes No                    | Yes                               | No |

- Is there any white ant/termite damage to any of the properties to be insured? Yes No
  - Is the property connected to mains water? Yes No
  - Are any of the buildings more than 50yrs old? Yes No
- If yes have these buildings been:
- Rewired in the last 20yrs? Yes No **N/A**
  - Has the plumbing been serviced in the last 10yrs? Yes No **N/A**
  - Has the roof been checked for structural defects in the last 10yrs? Yes No **N/A**

# BED & BREAKFAST ACCOMMODATION INSURANCE PROPOSAL

## CONTENTS INSURANCE

### SECURITY

- |  |     |    |   |     |    |
|--|-----|----|---|-----|----|
| • Are all external doors fitted with deadlocks?                          | Yes | No | • If there is an operating burglar alarm fitted, is it: |     |    |
| • Are all accessible external windows fitted with locks?                 | Yes | No | Local Alarm ?   | Yes | No |
| • Is the property fenced?  | Yes | No | Dialler Type Alarm?                                     | Yes | No |
| • Will the property be unoccupied for more than 60 days at any one time? | Yes | No | Security Monitored Alarm?                               | Yes | No |

### UNSPECIFIED CONTENTS INSURANCE

|              | Sum Insured             |
|--------------|-------------------------|
| Sum Insured  | \$ <input type="text"/> |
| Dwelling # 2 | \$ <input type="text"/> |
| Dwelling # 3 | \$ <input type="text"/> |
| Dwelling # 4 | \$ <input type="text"/> |

### SPECIFIED CONTENTS INSURANCE

|              | Sum Insured             |   |
|--------------|-------------------------|---|
| Sum Insured  | \$ <input type="text"/> | * Please attach a full list of the specified contents. In the event of a claim for a specified item, the insurer may require proof of ownership. We recommend that you maintain current valuations for ALL items together with receipts where possible. |
| Dwelling # 2 | \$ <input type="text"/> |   |
| Dwelling # 3 | \$ <input type="text"/> |   |
| Dwelling # 4 | \$ <input type="text"/> |   |

### UNSPECIFIED VALUABLES

Unspecified valuables insurance is automatically included with a limit of \$2,500 per item & with a further limit of \$10,000 per policy period.

### SPECIFIED VALUABLES

Please note that specified valuables can only be Insured when they are usually kept at the main residence.

Do you require cover for specified valuables? Yes No

Please attach a list of the specified valuables you require Insured to this application.

## MONEY INSURANCE

The policy covers loss of money including current coin, bank notes or negotiable instruments such as but not limited to cheques, stamps, vouchers and tickets.

|   |  |     |                      |
|---|--|-----|----------------------|
| Money on the Premises - \$5,000 automatic inclusion | Do you require higher limits of indemnity?       | Yes | No                   |
| Money in transit - \$5,000 automatic inclusion      | If yes, please specify what limits are required: | \$  | <input type="text"/> |

## BUSINESS INTERRUPTION INSURANCE

Do you require Business Interruption Insurance? Yes No

### Indemnity Period - 12 months

|                                       | Sum Insured             |                     |
|---------------------------------------|-------------------------|---------------------|
| Gross Annual Income OR Weekly Income  | \$ <input type="text"/> |                     |
| Wages                                 | \$ <input type="text"/> |                     |
| Additional Increased Costs of Working | \$ <input type="text"/> |                     |
| Claims preparation costs              | \$ 10,000               | automatic inclusion |
| Accounts Receivable                   | \$ <input type="text"/> |                     |
| <b>Total Sum Insured</b>              | \$ <input type="text"/> |                     |

### Are copies of your accounts:

- |   |     |    |
|---|-----|----|
| i. Held by your accountant?   | Yes | No |
| ii. Held for at least 12 months?  | Yes | No |
| iii. Held in a premises other than the ones described in this proposal? | Yes | No |

(if yes to iii, please supply address)

Do you require cover for losses to your business income incurred as a result of Business Interruption at your supplier(s) premises? (Please note that this cover may not be available in some instances)

Yes No

If 'yes', please indicate the sum insured required \$

**PUBLIC LIABILITY INSURANCE**

Please select the limit of liability required?

- \$5,000,000
- \$10,000,000
- \$20,000,000

Number of partners/principals

No of Employees

Annual turnover

\$

\*Goods in your custody or control - automatic limit of **\$250,000**

- Do you wish to insure your liability as a property owner? (if you are not the occupier?) Yes No
- Is your property completely fenced? (boundary fencing) Yes No
- Do you offer recreational activities to your guests? (eg Massage, guided tours, horse riding etc) Yes No

*Please describe the activity*

- Is there a swimming pool on your property? Yes No
- Do you keep a register of guests? Yes No
- What is the size of your property? (acres)
- What is the maximum number of rooms that can be used for accommodation purposes at any one time?
- What is the maximum number of guests that can be accommodated at any one time?
- On your property do you allow others to conduct any other business activity? Yes No
- If yes, do you ensure that the third party holds a current insurance policy? Yes No

*Please describe the business that the third party conducts:*

Where the proposed risk (property) has a body of water (dam, lake, river, stream, creek, pond or other major water feature aside from swimming pools and the like), please complete the following questions. Please note that for the purposes of this addendum, body of water is construed to mean "bodies" of water where applicable. It is your responsibility to declare and describe in detail all "bodies" of water to which this addendum may apply.

- Do you have a dam, lake, river, creek or other body of water on your property? Yes No
- If yes, please describe in detail:

- Is the dam, lake, river, creek or other body of water fenced off from public access? Yes No
- What is the size of the body of water?

| Description  | Max' Length (m)  | Max' Width (m)   | Max' Depth (m)   |
|--|--|--|--|
| <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> |
| <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> |
| <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> | <input style="width: 95%; height: 20px;" type="text"/> |

- What is the minimum distance from any building used for residential or accommodation purposes to a body of water as described above?  m
  - Is there signage on the property warning of the hazards associated with the body of water? Yes No
- If yes, please describe the location and the wording of the signage on the property warning of the water hazard.

- Does the Bed & Breakfast cater for children? Yes No
- If yes, do you impose a requirement that children be supervised at all times? Yes No

**PUBLIC LIABILITY INSURANCE continued**

- Are any other business activities (apart from the provision of accommodation and meals incidental to that accommodation) conducted by you at the situation to be Insured? Yes No
- Do you employ any staff (apart from cleaning or gardening "contractors" or the like) in the business and at the situation to be Insured? Yes No
- Do you operate a "commercially" rated and sized kitchen in the business and at the situation to be Insured? Yes No
- Do you live full-time at the situation to be Insured? Yes No

**DECLARATION**

- Are you aware that no insurance is in force until such time as the insurer has confirmed acceptance of this proposal in writing? Yes No
- Do you acknowledge that you have received, read and understood a product disclosure statement relevant to this insurance prior to your acceptance of the terms and conditions of this insurance? Yes No
- Do you acknowledge that the "Important Notices" at the beginning of this proposal were brought to your attention? Yes No
- Are all answers in this application correct? Yes No

Name and position of the person who signs for and on behalf of all proposers (please print)

Position



Signature

Date



In the event that this proposal for is submitted electronically, I acknowledge that all answers provided are true and correct, that I have read and understand the Duty of Disclosure and the Declaration.

**PAYMENT**

If you wish to pay your premium by credit card, please complete the details below.

*Please note that a credit card processing fee will apply when paying by credit card.*

Credit Card No.  /  /  /

Expiry Date  /  Credit Card Type: Mastercard Visa

Amount to be paid \$

Cardholders Name

Cardholders Signature

Date