

Motel Application Form IMPORTANT NOTICES

Your Duty of Disclosure

Section 21 of the Insurance Contracts Act 1984 provides that before You enter into a contract of general insurance with an Insurer, You have a duty to disclose to the Insurer every matter that You know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the Insurer before You renew, extend, vary or reinstate a contract of general insurance.

However, Your duty of disclosure does not require You to disclose matters that:

- diminish the risk to be undertaken by the Insurer;
- that are of common knowledge;
- that Your Insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with Your duty is waived by the Insurer.

This duty of disclosure continues after this application form has been completed up until the Period of Insurance commences.

Consequences of Non-Disclosure

If You fail to comply with Your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If Your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

Change of Risk or Circumstance

You should advise the Insurer as soon as practicable of any change to Your normal Business as disclosed in this application form, such as, but not limited to changes in location, acquisitions and new overseas activities.

Subrogation Clause

This Policy contains provisions which have the effect of excluding or limiting the Insurer's liability in respect of a Loss where You have prejudiced the Insurer's rights of subrogation, where You are a party to an agreement which excludes, or limits the Insurer's rights to recover the Loss from another party.

Cooling Off Period

Once cover has commenced You have a fourteen (14) day Cooling Off Period within which You may cancel this Policy and receive the full refund of all premiums paid.

To cancel Your Policy during the Cooling Off Period please send Us:

- Your written request to cancel this Policy
- This Policy document

The Cooling Off Period ceases if You make a claim before the fourteen (14) day Cooling Off Period has expired.

PRIVACY

Privacy Consent and Disclosure

Chartis follows the National Privacy Principles ("the NPPs") in the Privacy Act 1988 (Cth). The NPPs apply to any personal information collected by Chartis.

Purpose of Collection

Chartis collects information necessary to underwrite and administer Your insurance cover, to maintain and to improve customer service. You have a duty under the Insurance Contracts Act to disclose certain information. Failure to comply with Your Duty of Disclosure or to provide certain information may result in Chartis either declining cover, cancelling Your insurance cover or reducing the level of cover.

In the course of administering Your Policy We may disclose Your information to:

- Another member of the Chartis group of companies either in the Commonwealth of Australia or overseas;
- Contractors or third party providers providing services related to the administration of Your Policy;
- Banks and financial institutions for the purpose of processing Your application and obtaining Policy payments;
- In the event of a claim, assessors, third party administrators, emergency providers, and medical providers;
- Enable us to advise you of our insurance products or services.

We will only disclose Your personal information to these parties for the primary purpose for which it was collected. In some circumstances Chartis is entitled to disclose Your personal information to third parties without Your authorisation such as law enforcement agencies or government authorities.

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BUSINESS DETAILS:

Named Insured: _____

Trading as: _____

Website: _____

Tax Status: ABN: _____ Taxable _____ %

Occupation: (Please Circle)	Apartment/ Apartment Hotel	Camping/ Caravan Park	Holiday Unit
	B & B	Lodge	Guesthouse
	Backpackers/ Bunkhouse	Motel	Cottage
	Resort	Serviced Apartment	Hotel
	Villa	Chalet	House

Years in Operation: This Business: _____ years **Any Similar Business:** _____ years

Period of Insurance: From: ____/____/____ To: ____/____/____ **expiring 4pm EST**

Have you or any director/partner/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. had 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 offence? Yes No
- Any other matters you should disclose (see "Your Duty of Disclosure")? Yes No

BUSINESS ACTIVITY QUESTIONS:

Does the insured import or export any products? Yes No

Does the insured undertake welding or other hot cutting activities away from their premises? Yes No

Does the insured require cover for sub-contractors or hired labour? Yes No

Has the insured assumed any liability under any contract or agreement other than for the leasing of property or supply of services by a public utility? Yes No

Does the insured store, handle, manufacture, transport or dispose of any chemicals, bulk liquid gases, asbestos, or any explosive, flammable, hazardous or toxic goods or substances? Yes No

Does the insured knowingly supply safety critical products and/or provide services to the medical, pharmaceutical, nuclear, aviation, aerospace, motor, marine, rail, offshore, defence, agricultural, petrochemical or mining industries? Yes No

In the last 6 years or in the future, does the insured intend to undertake business or export to any of the following countries - Belarus, Burma (Myanmar), Cote d'Ivoire, Cuba, The Democratic Republic of the Congo, Iran, Iraq, Liberia, North Korea, Sudan, Syria or Zimbabwe? Yes No

If you answered "Yes" to any of the above questions please provide complete details on a separate piece of paper.

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CLAIMS HISTORY

In the last five (5) years has the Company or its Directors or Employees sustained loss or damage (insured or not) of a type against which insurance is now being sought? If "Yes" please provide details.

DATE:	INSURER:	DETAILS:
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____

(If insufficient space, please provide full details on a separate sheet of paper)

PREMISES DETAILS

Main Location: _____
 _____ State: _____ Postcode: _____

Construction: Roof: _____ **Year Built:** _____
 Walls: _____ **Number of Staff:** Full time _____
 Floor: _____ Casual _____

Expanded Polystyrene (EPS): _____% of construction
 (EPS – Please note underwriters focus closely on % of EPS in the construction of a building. EPS, otherwise known as sandwich panelling can found in diverse range of building structures including cold storage facilities and food processing areas)

Are you the owner of the Premises? Yes No

Interested Parties? _____

What interest do the above parties have? _____

Are any of the buildings or structures subject to heritage listing? Yes No

Are the premises situated within a major fully enclosed shopping centre? Yes No

Do you Provide Entertainment? Yes No

Type of entertainment: _____ Nights of the week: _____

Do you have a function facility? Yes No

Are functions supervised by a staff member? Yes No

SECURITY:

Does the Premises have a Burglar Alarm System? Yes No

24 hour monitored Security cameras Dialler / Radio Local siren only

Are there deadlocks and/or padlocks to all external doors? Yes No

Bars/grilles on windows Bollards Keyed window locks Swipe card / key pad entry on doors

FIRE PROTECTION:

Sprinkler system Hose reels No. _____ Extinguishers No. _____

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Does the Premises have an Automatic Fire Alarm and/or Smoke Alarm? Yes No
 Connected to a Fire Station Connected to alarm monitoring company Local siren only

Are the Premises connected to town reticulated water supply? Yes No

Is any commercial cooking done at the Premises? Yes No
 Thermostat Controlled? Yes No
 Fire Blanket Installed In the Kitchen? Yes No
 Dry Chemical Fire Extinguisher Installed? Yes No
 Filters Cleaned Fortnightly? Yes No
 Exhaust System Professionally Cleaned Annually? Yes No
 Deep Fat Frying? Yes No
 Wok Cooking? Yes No

MATERIAL DAMAGE

Buildings:	Sum Insured
Contents of Buildings:	\$ _____
Stock in Trade:	\$ _____
Other Property:	\$ _____
Removal Of Debris:	\$ _____
Excess Requested: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000	

BURGLARY / THEFT

Contents of Buildings:	Sum Insured
Stock in Trade:	\$ _____
Other Stock in Trade (Tobacco and Cigarettes)	\$ _____
Excess Requested: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000	

BUSINESS INTERRUPTION

Gross Profit:	Limit of Liability
Additional Increased Cost of Working:	\$ _____
Claims Preparation Costs (\$25,000 Standard)	\$ _____
Rent Receivable:	\$ _____
Outstanding Accounts Receivable	\$ _____
Indemnity Period:	_____ Months
Excess Requested: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000	

MONEY

In Transit:	Sum Insured
In the building during business hours	\$ _____
In a private residence	\$ _____
In the building in a locked safe or strongroom:	\$ _____
Excess Requested: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000	

GLASS (standard excess applies) Yes No

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EQUIPMENT BREAKDOWN

Yes No

Stock Spoilage: \$ _____

Excess Requested: \$250 \$500 \$1,000 \$2,000

PUBLIC & PRODUCTS LIABILITY

Yes No

Total Turnover: \$ _____

Public Liability (Any One Occurrence) and
Products Liability (Any One Occurrence and in the Aggregate any one Period of Insurance)

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

Goods in Care, Custody and Control each Occurrence and in the Aggregate any one Period of Insurance (Standard \$100,000): \$ _____

Excess Requested: \$500 \$1,000 \$2,000

GENERAL PROPERTY

Yes No

Tools of Trade and General Items \$ _____
Stock \$ _____

Specified Items _____

Excess Requested: \$500 \$1,000 \$2,000

MARINE TRANSIT

Is Transit cover required? Yes No

Import Exports Inland Transit Only Annual Insured Value \$ _____

Excess Requested: \$250 \$500 \$1,000 \$2,000

MANAGEMENT LIABILITY: PRIVATE EDGE LITE

Yes No

Limit of Liability \$250,000

Sublimits:

Fidelity \$ 50,000

Employment Liability \$ 50,000

Excess:

Direct Financial Loss \$ 5,000

All Other Claims \$ 2,500

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In the last 5 years have there been any claims made against the company or its directors or employees which may have been covered under this policy section if it were in force? Yes No

In the last 5 years has the company suffered any direct financial loss exceeding \$5,000 as a result of fraud or dishonesty committed by a staff member? Yes No

Has any director or officer of the company ever had proceedings (civil or criminal) instigated against them alleging misconduct or breaches of the law in their capacity as a director or officer of a company? Yes No

Are any of the directors or employees aware of:

(a) any facts which might give rise to a claim being made against the company or its directors or employees which may be covered under this policy section if it commences. Yes No

(b) any facts which would cause a reasonable person to think that the company might suffer a direct financial loss as a result of fraud or dishonesty committed by a staff member.

Does the company conduct business activities in the following countries - Belarus, Burma (Myanmar), Cote d'Ivoire, Cuba, The Democratic Republic of the Congo, Iran, Iraq, Liberia, North Korea, Sudan, Syria or Zimbabwe? Yes No

Please specify any special coverage requests/or other comments:

Current Insurance Details:

Current Insurer: _____
Current Broker: _____

Please return to:-

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