

## **Restaurant 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.

## Restaurant Application Form

**BUSINESS DETAILS:**

**Named Insured:** \_\_\_\_\_

**Trading as:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Tax Status:** ABN: \_\_\_\_\_ Taxable \_\_\_\_\_ %

<b>Occupation:</b> (Please Circle)	Restaurant Including Bar	Café	Caterer
	Fish & Chip Shop	Charcoal Chicken Shop	Kebab Shop
	Fast Food Franchise	Takeaway (Less than 6 tables)	Mobile Food Vendor

**Hours of Operation:**

<b>Sunday to Wednesday</b>	<b>Thursday to Saturday</b>
AM	PM
AM	PM

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**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.

## Restaurant Application Form

### 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. \_\_\_\_\_

## Restaurant Application Form

**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:**     \$250             \$500             \$1,000             \$2,000

**BURGLARY / THEFT**

**Contents of Buildings:** Sum Insured  
 \$ \_\_\_\_\_

**Stock in Trade:** \$ \_\_\_\_\_

**Other Stock in Trade (Tobacco and Cigarettes)** \$ \_\_\_\_\_

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

**GLASS** (standard excess applies)  Yes  No

**Restaurant Application Form**

**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

**Restaurant Application Form**

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:-**

**VIC, TAS, SA & WA**  
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