

## 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

AIG Australia is a wholly owned subsidiary of the American International Group (AIG). AIG Australia has adopted the National Privacy Principles. The National Privacy Principles apply to any personal information collected by AIG Australia.

### Purpose of Collection

AIG Australia 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 AIG Australia 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 AIG 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 AIG Australia 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 \_\_\_\_\_ %

Postal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Occupation:** Restaurant Including Bar      Café      Caterer  
 (Please Circle) Fish & Chip Shop      Charcoal Chicken Shop      Kebab Shop  
 Fast Food Franchise      Takeaway (Less than 6 tables)      Pub/Tavern/Wine Bar  
 Road House      Nightclub      Mobile Food Vendor

**Hours of Operation:**

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

Years in Operation: This Business: \_\_\_\_\_ years Any Similar Business: \_\_\_\_\_ years

Years of Experience Chef: \_\_\_\_\_ 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

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

**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)

# Restaurant Application Form

## PREMISES DETAILS

Main Location: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Construction: Non Combustible:   
Mixed:   
Inferior:

Year Built: \_\_\_\_\_ Date Premises Last Rewired: \_\_\_\_\_

## SECURITY:

Does the Premises have a Burglar Alarm System?  Yes  No

Type?:  24 hour monitored  Security cameras  Securitel  Dialler / Radio  Local siren only

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

## FIRE PROTECTION:

Does the Premises have Fire Protection?  Yes  No

Type?:  Sprinkler system  Hose reels No. \_\_\_\_\_  Extinguishers No. \_\_\_\_\_

Does the Premises have an Automatic Fire Alarm and/or Smoke Alarm?  Yes  No

Type?:  Connected to a Fire Station  Connected to alarm monitoring company  Local siren only

## OTHER BUSINESS DETAILS:

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

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

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

Do you Provide Entertainment?  Yes  No

Type of entertainment: \_\_\_\_\_

Nights of the week: \_\_\_\_\_

# Restaurant Application Form



## SUM INSURED

### SECTION 1: MATERIAL DAMAGE

- a. Buildings: \$ \_\_\_\_\_
- b. Contents of Buildings: \$ \_\_\_\_\_
- c. Stock in Trade: \$ \_\_\_\_\_
- d. Other Property: \$ \_\_\_\_\_
- TOTAL SUM INSURED AND/OR LIMIT OF LIABILITY: \$ \_\_\_\_\_

#### 1.1.2 BURGLARY / THEFT

- a. Contents of Buildings: \$ \_\_\_\_\_
- b. Stock in Trade: \$ \_\_\_\_\_
- c. Other Stock in Trade (Tobacco and Cigarettes, Liquor, Bullion) \$ \_\_\_\_\_

#### 1.1.7 EQUIPMENT BREAKDOWN

Do you require Equipment Breakdown cover?  Yes  No

#### 1.1.10 GLASS

Cover is automatically provided – refer to PDS / Policy Wording

#### 1.1.12 MONEY

- a. Money in Transit: \$ \_\_\_\_\_
- b. Money at Your Business Premises during Business Hours and not in a securely locked burglary resistant safe or strongroom: \$ \_\_\_\_\_
- c. Money at Your Business Premises in a securely locked burglary resistant safe or strongroom: \$ \_\_\_\_\_
- d. Money at Your Business Premises outside Business Hours and not in a securely locked burglary resistant safe or strongroom: \$ \_\_\_\_\_
- e. Money in Your dwelling or that of any person to whom Money is entrusted: \$ \_\_\_\_\_

#### 1.1.24 TRANIST

- a. Is Transit cover required?  Yes  No
- b. Is cover required for Portable Electronic Equipment?  Yes  No

Description & Sum Insured: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 2: BUSINESS INTERRUPTION

- 2.1.2 Gross Revenue: \$ \_\_\_\_\_
- 2.1.3 Additional Increased Cost of Working: \$ \_\_\_\_\_
- 2.1.4 Claims Preparation Costs: \$ \_\_\_\_\_
- 2.1.5 Loss of Rents Receivable: \$ \_\_\_\_\_
- 2.1.6 Accounts Receivable: \$ \_\_\_\_\_
- Indemnity Period: \_\_\_\_\_ Months
- TOTAL SUM INSURED AND/OR LIMIT OF LIABILITY: \$ \_\_\_\_\_

COMBINED SECTION 1 & 2 LIMIT ANY ONE LOSS: \$ \_\_\_\_\_

# Restaurant Application Form



## SECTION 3: PUBLIC & PRODUCTS LIABILITY

3.2.1 Personal Injury / Property Damage each Occurrence:

3.2.2 Products Hazard each Occurrence and in the Aggregate any one Period of Insurance:

\$10,000,000

\$20,000,000

3.3.1 Goods in Care, Custody and Control each Occurrence and in the Aggregate any one Period of Insurance:

Total Turnover:

\$ \_\_\_\_\_

Number of Rooms:

\_\_\_\_\_

## SECTION 4: MANGEMENT LIABILITY: PRIVATE EDGE LITE

Limit of Liability

Yes  No

4.1.1 & 4.1.2 Management Liability \$250,000

- Insured Persons

- Reimbursement

4.1.3 Company Liability \$ 50,000

(Employment Liability)

4.1.4 Fidelity \$ 50,000

Please specify any special coverage requests/or other comments:

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Current Insurance Details:

Current Insurer:

\_\_\_\_\_

Current Broker:

\_\_\_\_\_

## DECLARATION

Please Note: Signing the Declaration does not bind You or the Insurer to complete this insurance.

I declare that I have made all necessary inquiries into the accuracy of the responses given in this application and confirm that the statements and particulars given in this application are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that should any of the information given by me alter between the date of this application and the inception date of the insurance to which this application relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the Important Notice contained in this application form and that I have read and understood the content of that Notice.

I confirm that I am authorised by the Company and its Directors to complete, sign and submit this application on behalf of the Company and its Directors.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:-

VIC / TAS [mmichell@freemanmcmurrick.com.au](mailto:mmichell@freemanmcmurrick.com.au);  
QLD [adethomasis@freemanmcmurrick.com.au](mailto:adethomasis@freemanmcmurrick.com.au);

NSW [asmith@freemanmcmurrick.com.au](mailto:asmith@freemanmcmurrick.com.au);  
SA / WA [rtierney@freemanmcmurrick.com.au](mailto:rtierney@freemanmcmurrick.com.au)