



Restaurant & Cafe Quotation Form

INSURED DETAILS

Insured Name:

Trading Name:

Period of Insurance:

BROKER DETAILS

Brokerage:

Broker:

Phone: Email:

SITUATION

Address:

DESCRIPTION OF CAFE/RESTAURANT

CURRENT INSURER DETAILS

Current Insurer:

Due Date:

UNDERWRITING INFORMATION

Construction of:

Walls: Roof:

Floors:

Age of Building:

Has the building been rewired & replumbed in the last 20 years? Yes No

Is the building Heritage listed? Yes No

Fire Protection

Sprinkler Systems: Yes No Is premises connected to town water: Yes No

Extinguishers: Yes No Fire Blankets: Yes No

Fire Alarms: Yes No Smoke Detectors: Yes No

Security

Alarm System: Yes No If **YES**, Back to base or local?

Deadlocks: Yes No Window locks: Yes No

Other Security:



Deep Frying Units

Number of units: [input box]

Are all deep frying units fitted with thermostatic control: Yes [input box] No [input box]

Housekeeping

How frequently are rangehood filters cleaned: Daily [input box] Weekly [input box] Less Frequently [input box]

How often are rangehood ducts cleaned: Monthly [input box] Quarterly [input box] 6 Monthly [input box]

Cleaning carried out by: Staff [input box] Contractor [input box]

Details: [input box]

License: Licensed [input box] Unlicensed [input box] BYO [input box]

Seating Capacity: [input box] Years in business: [input box]

Annual Turnover: [input box]

Has the Insured or any partner(s) or director(s) of the business

Ever has an insurance policy cancelled, declined or terms imposed? Yes [input box] No [input box]

Ever been bankrupt? Yes [input box] No [input box]

Ever been involved in a company or business which became insolvent or subject to any form of insolvency or voluntary administration? Yes [input box] No [input box]

Been convicted of any criminal offence within the last 5 years? Yes [input box] No [input box]

Been liable for any civil offence or pecuniary penalty? Yes [input box] No [input box]

Any other matters you should disclose? Yes [input box] No [input box]

If you have answered YES to any of the above questions, please provide details below:

[input box]

CLAIMS

Has the Insured or any partner(s) or director(s) of the business has any claims in the past 5 years or suffered any loss or damage that would have been covered by this insurance policy? Yes [input box] No [input box]

If you have answered YES to the above question, please provide details below including Date of Loss, Loss Amount and Description of Loss:

[input box]

DUTY OF DISCLOSURE

Under the Insurance Contracts act 1984 (the Act), you have a duty of disclosure. You are required before you enter into, renew, vary extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

You don't need to tell us about any matter:

- that reduces the risk,
• is of common knowledge,
• that we already know, or ought to know in the ordinary course of our business as an insurer, or
• we indicate we do not want to know.

If you do not tell us

If you do not comply with your Duty of Disclosure we may:

- reduce or refuse to pay a claim, or
• cancel your Policy.

If your non-disclosure is fraud, we may also have the option of avoiding the Policy from its beginning.

