



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

Windowlocks: YES NO

Other Security: _____



Deep Frying Units: Number of Units

Are all Deep Frying units fitted with thermostatic control: YES NO

Housekeeping:

How frequently are rangehood filters cleaned: Daily Weekly Less Frequently

How often are rangehood ducts cleaned: Monthly Quarterly 6 monthly

Cleaning carried out by: Staff Contractor Details

Licensed / Unlicensed or BYO: _____

Seating Capacity: _____

Number of Years in Business: _____

Annual Turnover: \$ _____

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

* Ever had an insurance policy cancelled, declined or terms imposed? YES NO

* Ever been declared bankrupt? YES NO

* Ever been involved in a company or business which became insolvent or subject to any form of insolvency or voluntary administration? YES NO

* Been convicted of any criminal offence within the last 5 years? YES NO

* Been liable for any civil offence or pecuniary penalty? YES NO

* Any other matters you should disclose? YES NO

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

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 NO

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

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.



Coverage Required

Business Property Cover Section

Building \$

Contents \$

Stock \$

Removal of Debris \$

Accidental Damage \$

Flood (Additional form to be completed if required) YES NO

Business Interruption Cover Section

Annual Revenue Basis \$

Insurable Gross Profit Basis \$

Gross Rentals \$

Additional Increased Costs of Working \$

Accounts Receivable \$

Claims Preparation Costs (In addition to Automatic \$25,000 limit) \$

Period of Indemnity _____

Theft Cover Section

Contents & Stock (Excluding Tobacco, etc) \$

Tobacco \$

Money Cover Section

Cash in Transit \$

Cash in Premises During Business Hours \$

Cash on Premises Outside Business Hours \$

Cash in Securely Locked Safe \$

Cash in Private Residence \$

Glass Cover Section

Internal Glass \$

External Glass \$

Public & Products Liability Cover Section

Liability Limit \$

Machinery & Electronic Equipment Cover Section

Part 1 – Machinery Cover Limit Any One Loss \$

Deterioration of Stock (Auto \$10,000) \$

Number of Machines