

SLE HOSPITALITY LIABILITY INSURANCE PROPOSAL

1. What is the trading name of the premises? _____

2. Have there been any changes to the business activities? _____

3. What type of liquor licence does the business have? _____

4. Has the relevant licensing authority imposed any specific conditions on the operation of the business?
 No Yes; Please specify _____

5. What are the trading hours for the premises?

	Opening time	Closing time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

6. Do the premises have any live entertainment or events? *(this may include but is not limited to live music, DJs, karaoke, dance acts)*

No Yes;

If yes, please tick what best describes the entertainment:

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Background music Live solo or duos Live bands DJs Dance Acts Karaoke

Other please specify _____

Please provide details of the events:

7. If answered yes to the above, is there usually a cover charge? No Yes

8. What best describes the frequency of entertainment/events at the premises?

Less than one event per month

More than one event per month, please specify _____

9. Is there a dancefloor at the venue? Please include details if a space is cleared for a dancefloor _____

10. Do the premises have a restaurant or other catering facilities?

No

Yes, operated by the Insured

Yes, operated by a contractor with their own liability insurance cover

11. Do the premises have:

	No	Yes
- Car park?	<input type="checkbox"/>	<input type="checkbox"/>
- Playground/play facilities	<input type="checkbox"/>	<input type="checkbox"/> (If yes, Internal <input type="checkbox"/> or external <input type="checkbox"/>)
- Child minding or children's rooms?	<input type="checkbox"/>	<input type="checkbox"/>
- Swimming pools?	<input type="checkbox"/>	<input type="checkbox"/>
- Mechanical rides?	<input type="checkbox"/>	<input type="checkbox"/>
- Nightclub?	<input type="checkbox"/>	<input type="checkbox"/>
- Topless/lingerie staff or entertainment?	<input type="checkbox"/>	<input type="checkbox"/>

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Please list any other facilities the venue may have, e.g. Petrol pumps, laundromat _____

Patron safety

12. Does the Insured hold a Master Security License?

No Yes

13. Does the Insured have security staff?

No Yes; the Insured employs staff internally for security duties only;
 Yes; the Insured engages external security contractors with their own liability insurance and a policy limit of:
 Less than \$10 million;
 Greater than \$10 million.

14. Does the Insured maintain an incident register?

No Yes

Revenue

15. Please estimate the annual gross revenue the business earns from...

- bar sales	\$ _____
- bottle shop sales	\$ _____
- accommodation	\$ _____
- food	\$ _____
- gaming	\$ _____
- entertainment	\$ _____
- other (please provide details)	\$ _____
- Total	\$ _____

Declaration

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16. Having been advised of their Duty of Disclosure, is the Insured, including any associated entity or operator, aware of any circumstances or matters of which the Insurer should be advised that may be material to its decision to accept the risk?

No

Yes; Please specify _____

Declared and signed by

The Insured

Date

____ / ____ / ____