

If Other , please describe: _____

The Ground Floor is? Concrete Brick, Stone, Slate Wood Earthen
 If Other, please describe: _____

The Upper Floors are? Concrete Brick, Stone, Slate Wood
 If Other, please describe: _____

The Staircase is? Concrete Brick, Stone Wood
 If Other, please describe: _____

The Balcony is? Concrete Brick, Stone Wood
 If Other, please describe: _____

Is the Balcony enclosed? Yes No

If Yes, how is the area used? _____

Are there any outbuildings at the premises? Yes No

Please detail below:

Shed <input type="radio"/>	Toilet Block <input type="radio"/>	Other (Describe) _____
Brick <input type="radio"/>	Brick <input type="radio"/>	Brick <input type="radio"/>
Iron <input type="radio"/>	Iron <input type="radio"/>	Iron <input type="radio"/>
Wood <input type="radio"/>	Wood <input type="radio"/>	Wood <input type="radio"/>

FIRE PROTECTION

Protection:	Extinguishers:	Number:
No Protection <input type="radio"/>	Dry Chemical <input type="radio"/>	_____
Fully Sprinklered (100%) <input type="radio"/>	BCF <input type="radio"/>	_____
Partially Sprinklered (min 50%) <input type="radio"/>	CO2 <input type="radio"/>	_____
Hydrants & Hose Reels <input type="radio"/>	Water <input type="radio"/>	_____
Fire Alarms <input type="radio"/>	Foam <input type="radio"/>	_____
- Local <input type="radio"/>		
- Back to Base <input type="radio"/>	Last Day of Service: _____	
- To Brigade <input type="radio"/>	Maintenance Contract? Yes <input type="radio"/> No <input type="radio"/>	
- Thermal <input type="radio"/>		
- Smoke <input type="radio"/>		

Other Protection: _____

Do higher than normal exposures exist in respect of:

Bush Fire Storm & Tempest Flood Water Damage Cyclone Impact
Earthquake Sea & Tidal Surge Lightning Explosion Malicious Damage

Other: _____

Housekeeping: Tidy Untidy Congested

Waste Disposal: Daily Weekly Accumulated

Smoking Permitted Inside? Yes No

Smoking Permitted Outside? Yes No

How ashtray contents disposed of? _____

GLASS

Please complete only if cover for Glass (internal and external) is required:

Number of Windows: 1-5 5-10 10-15 15-20 21 +

How many Windows exceed 2m x 2m in dimension? _____

Is there any Stained Glass? Yes No Description: _____

KITCHEN

Fire Blanket Extinguishers

General Cleanliness: Good Fair Poor

Is there any deep frying? Yes No

Are the deep fryers: Portable Bench top Fixed Bench top Vat bays

Are the deep fryers: Electric Natural Gas LPG (bottled) gas: Other: _____

Are deep fryers thermostatically controlled? Yes No

Is there an automatic cut off? Yes No

Who cleans the Ducts and Flues? Self Contractor

How often are they cleaned? Weekly F/Nightly Monthly

Date of last ducting service? _____

ELECTRICAL

Fuses Circuit Breakers Board Clear Extension Cords

New Modern Old

Date of last Electrical Inspection? _____

SECURITY

External Doors:

Dead Bolts
Dead Locks
Other Key Locks
Padlocks

External Windows:

Bars/Grills
Key Locks

Burglar Alarms:

Local
Back to Base
Dedicated
Smoke

Which of these activates the Alarm:

Reed Switches Pressure Pads
Motion Detectors Heat Sensors
Tremblers Panic Buttons
Infra red beams

Other Security: _____

SAFE Complete this section if Money cover is required.

Fixed Floor Wall Free Standing Not Applicable

Make & Type: _____

Torch / Drill Resistant? Yes No Time Delay Lock Fitted? Yes No

Where is Money Counted (eg Office)? _____

What is the security to this area during counting? _____

TRADING FEATURES

Normal Trading Hours: _____ am/pm to _____ am/pm

Is there a dance floor? Yes No

Is Live Entertainment employed? Yes No

If 'Yes', what format does this take? E.g. singles, Duos, Discos: _____

What nights are entertainment employed? _____

Is there an entrance fee charged for entertainment? Yes No Rarely If so, how much? \$ _____

MACHINERY

Please complete only if cover for machinery breakdown is required:

Number of Motors: _____ Drink Fridges: _____ Electric Heating Units: _____
Cool rooms: _____ Fixed Room Air Con Units: _____
Household Fridges: _____ Split Cycle/Ducted Air Con: _____
Other Refrigerative: _____ Electric Heating Units: _____

Other Motors (Description and number): _____

INSURED'S EXPERIENCE

How many years has insured operated this business? _____ Years. Previous restaurant experience? _____ Years.

CLAIMS EXPERIENCE – LAST FIVE YEARS

Date of Loss	Loss Description	Incurred Amount
__/__/__	_____	\$ _____
__/__/__	_____	\$ _____
__/__/__	_____	\$ _____
__/__/__	_____	\$ _____
__/__/__	_____	\$ _____
__/__/__	_____	\$ _____
__/__/__	_____	\$ _____
__/__/__	_____	\$ _____

Please attach a separate page if insufficient space provided.

GENERAL COMMENTS

Quality of Risk: _____

Recommendations: _____

Surveyed by: _____ Date: _____

Underwriting Questionnaire

This form is not a proposal, but an underwriting questionnaire to be completed by the insured or by an agent of the insured. A proposal completed by the insured will still be required within thirty days of inception should cover be placed with Australis Group Underwriting. The information provided in this form is relied upon as an accurate description of the risk, and shall therefore form part of the contract as regards the duty of disclosure.

Your Duty of Disclosure

Before You enter into a contract of general insurance with an insurer, You have a duty, under the Insurance Contracts Act 1984 , to disclose to the insurer every matter which 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, on what terms. You have that same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that the insurer knows, or in the ordinary course of business as an insurer, ought to know;
- as to which compliance with your duty is waived by the insurer.

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.

Privacy

We are committed to protecting you and your clients' privacy. We only use the personal information you provide to us to quote on and insure your risks. We only provide personal information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with claims under your policy. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly quote for your clients' insurance and we cannot insure them. You can check the personal information we hold about you and your clients at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, please visit our website – www.ausuw.com.

AUSTRALIS GROUP (UNDERWRITING) PTY LTD (ABN 80 082 459 372, AFSL 238170)
INTERPACIFIC UNDERWRITING AGENCIES PTY LIMITED (ABN 38 077 515 327, AFSL 234964)
Level 3, 117 Clarence St Sydney NSW 2000, Australia
GPO Box 247 Sydney NSW 2001, Australia
Level 6, 443 Little Collins St Melbourne VIC 3000, Australia
PO Box 629 Collins St West VIC 8007, Australia

E-Mail: australis_underwriters@ausuw.com
Website: www.ausuw.com
Telephone: (02) 9200 4000
Facsimile: (02) 9200 4099
Telephone: (03) 9600 2614
Facsimile: (03) 9600 2628