

# **Complex Risks Property Proposal Form**

**(Including Hospitality)**

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360CRPFV124



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# Property Proposal Form



## Important Notices

The information you provide in this document and through any other documentation, either directly or through your insurance Broker, will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including these Important Notices, please contact us or your insurance Broker before signing the Declaration at the end of this document. Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

## Agent of Insurers

360 Complex Risks acts as an agent of the Insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document please read it carefully.

## Duty of Disclosure

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance. The duty applies until the policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between when the answers are provided to us or disclosures are made and the Relevant Time, you need to tell us.

Your duty however does not require disclosure of matters that:

- + reduce the risk;
- + are common knowledge;
- + We know or, in the ordinary course of our business, ought to know; or
- + We have indicated we do not want to know.

If You do not comply with your duty of disclosure, we may be entitled to:

- + reduce our liability for any claim;
- + cancel the contract;
- + refuse to pay the claim; or
- + avoid the contract from its beginning, if your nondisclosure was fraudulent.

## Privacy

We are committed to protecting your privacy in accordance with the *Privacy Act 1988 (Cth)* and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at [www.360uw.com.au](http://www.360uw.com.au)

Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask us.

## Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally.  
Filling the form out in your browser will not save your answers.

Please read this Proposal fully prior to answering the questions.

- + Answer all questions in full.
- + All responses relate to the target or primary place of operation (e.g. manufacturing, wholesaling and not the office risk).  
Where there is more than one insured address, please complete 'Appendix 1 – Additional Locations'.
- + All attached documents form part of this Property Proposal.

This Property Proposal is for  New Business  Renewal – Policy Number (if known) is:

### 1. Intermediary Information

Broker Name

Broker Contact

Email

Phone

### 2. Your Details

Period of Insurance from  /  /  to  /  /

Insured Name

Trading Name

Property Owner Name

Are they to be noted on the policy?

Yes  No

Are there any other parties with a financial interest to be insured?

Yes  No

If yes, please detail

Please provide an overview of all business activities

How long has the insured occupied the premises?

For hospitality businesses only – if under two years, how many years of experience does the insured have in hospitality?   N/A

### 3. Claims and Insurance History

(If more than one person, director, company or entity comprises the Insured, all questions apply to all persons, directors, companies and entities and answers provided will be regarded as answers by all parties to this proposal.)

- a. Has any insurer declined an application from you, or cancelled or refused to renew a policy of yours or imposed special terms on your insurance?  Yes  No
- b. Has the business been operating for less than 24 months?  Yes  No
- c. Is any portion of the property to be insured in a state of disrepair or poor condition?  Yes  No
- d. Has the business been operating without insurance for more than 3 months?  Yes  No
- e. Have you, or any person who will receive insurance protection under the proposed policy been charged with, or convicted of any criminal offence in the past 10 years?  Yes  No
- f. Have you, or any person who will receive insurance protection under the proposed policy been declared bankrupt or put into receivership or liquidation?  Yes  No
- g. Are there any relevant facts relating to the proposed risk which you should disclose to us?  Yes  No

If yes, to any of the above, please provide full details

- h. Is the business trading profitably?  Yes  No
- i. Estimated turnover  \$
- j. Estimated number of employees
- k. Are your financial accounts audited at regular periods?  Yes  No
- l. Is a complete record kept of stock received and sold?  Yes  No

If no, explain how a loss could be quantified and valued

Please detail any loss or damage to property (whether or not you made an insurance claim) in the last 5 years and, if applicable, the steps taken to prevent a recurrence:

<b>1</b>	Date of loss	Cause and description	
	/ /		
	Amount	Applicable excess	Insurer
	\$	\$	
<b>2</b>	Date of loss	Cause and description	
	/ /		
	Amount	Applicable excess	Insurer
	\$	\$	

3	Date of loss	Cause and description	
	/ /		
	Amount	Applicable excess	Insurer
	\$	\$	
4	Date of loss	Cause and description	
	/ /		
	Amount	Applicable excess	Insurer
	\$	\$	
5	Date of loss	Cause and description	
	/ /		
	Amount	Applicable excess	Insurer
	\$	\$	

Steps taken to prevent a recurrence

#### 4. Risk Details and Construction

+ All responses relate to the target or primary place of operation (e.g. manufacturing, wholesaling and not the office risk).  
Where there is more than one insured address, please complete 'Appendix 1 – Additional Locations'.

Situation of risk

Age of building/year built  No. of storeys  Heritage listed:  Yes  No

Are the premises connected to town/main water and gas supply?  Yes  No

If no, please provide details

Are electrical switchboards closed?  Yes  No Are circuit breakers present?  Yes  No

Has the plumbing wiring been replaced or upgraded since original?  Yes  No If yes, when?  / /

Has the electrical wiring been replaced or upgraded since original?  Yes  No If yes, when?  / /

Construction	Primary place of business
Walls	
Frame	
Roof	
Floors – Ground	
Floors – Upper	

Is there any asbestos in the structure or installation of the premises?  Yes  No

If yes, please detail areas

Is there any EPS Panelling in the structure or installation of the premises?  Yes  No

If yes, please detail areas and floor ratio (%)

Have Aluminium Composite Panels (ACP) been installed to the exterior of the building?  Yes  No

If yes, please provide details of the panelling

## 5. Neighbouring Risks

Provide details of the adjacent risks (eg. attached, detached, occupancy, etc)

## 6. Fire Protection

Is the nearest fire brigade:  Permanent  Retained  Volunteer

Does the premises have any of the following installed?

Fire Sprinklers:  Yes  No  Single  Dual Supply Area Coverage  %

Fire Alarm:  Yes  No  Local  Monitored Area Coverage  %

Smoke Detectors:  Yes  No  Battery  Hardwired Area Coverage  %

Hose Reels:  Yes  No Area Coverage  %

Fire Extinguishers:  Yes  No Number and Type

Are there fire blankets and extinguishers located in the kitchen area?  Yes  No

Is all fire equipment serviced bi-annually under a maintenance contract?  Yes  No

If yes, by whom

## 7. Kitchen/Cooking Areas

- Does a Bistro/Restaurant operate on the premises?  Yes  No
- Are deep fryers in use, and if so are they:
- a. Thermostatically controlled to 205 Degrees Celsius?  Yes  No
- b. Are extraction hoods, canopies and filters cleaned at least weekly and a written record kept thereof?  Yes  No
- c. Are extraction ducts and flues inspected internally and cleaned at least 3 monthly?  Yes  No
- If no, how often is cleaning carried out?
- d. Is cleaning of extraction ducts and flues carried out professionally by a recognised contractor?  Yes  No
- If no, advise who undertakes the cleaning?

## 8. Security Protection

- Are all perimeter doors and windows deadlocked?  Yes  No
- PIR (Motion Detectors)  Yes  No
- Bollards  Yes  No
- CCTV Cameras  Yes  No
- Is footage retained?  Yes  No
- If yes, for what period?
- Are security staff used?  Yes  No
- If yes, please specify the days and hours security is on site
- Local sounding alarm only  Yes  No
- Alarm connected to monitoring company  Yes  No
- If yes, what type of system?  GPRS  Dedicated Line  Digital Dialler
- Who is notified in the event the alarm is activated  Client  Patrol  Police
- Does the monitoring company have access to the premises to investigate alarm activation?  Yes  No

## 9. Money Handling

- Where is the cash kept on premises during non-business hours?
- Details of safe (Type)  Is a time delay installed?  Yes  No
- Is the safe torch, drill and fire resistant?  Yes  No Is the safe fixed to the floor?  Yes  No
- Is banking carried out daily?  Yes  No If no, how many times per week?
- Are external contractors used to undertake banking?  Yes  No
- If yes, how often are contractors used (per week)?



Do you have ATMs on the premises?  Yes  No If yes, how many ATMs are on the premises?

Do you own the ATMs on the premises?  Yes  No

If no, please provide details

Do you have Gaming Machines on the premises?  Yes  No If yes, how many machines are on the premises?

Do you have Cash Redemption Terminals on site?  Yes  No If yes, how many on site?

Are Note Stackers from the Poker Machines taken out at the end of the day or cleared early morning?  Yes  No

If taken out at the end of the day and stored in a locked safe, are the Poker Machines doors left open to reduce the possibility of malicious damage to the machines?  Yes  No

What is your average percentage turnover from gaming? \$

## 10. Accommodation

Does your business provide any accommodation on the premises?  Yes  No If yes, how many rooms?

Is any accommodation provided occupied by long term tenants (more than 3 consecutive weeks)  Yes  No  N/A If yes, how many rooms?

Are there cooking facilities in the rooms?  Yes  No  N/A

If yes, please provide details

## 11. Entertainment

Does your business operate a discotheque, nightclub or live music venue?  Yes  No

Does a separate business operate a discotheque, nightclub or music venue on your premises?  Yes  No

Is there a cover charge/door charge?  Yes  No

What are the trading days and hours of the discotheque, nightclub or live music venue?

Does the business have function rooms?  Yes  No

If yes, please provide details

## 12. Coverage Details

Section 1 Property Damage	Sum Insured	Section 2 Consequential Loss	Sum Insured
Buildings including fixtures and fittings	\$	Gross profit	\$
Plant, machinery and other contents	\$	Gross revenue	\$
Stock and merchandise	\$	Gross rentals	\$
Removal of debris	\$	Additional increased cost of working	\$
Extra cost of reinstatement	\$	Claims preparation costs	\$
Other (specify):	\$	Payroll (100%)	\$
Other (specify):	\$	Payroll (dual basis)	\$
Total Sum Insured	\$	Other (specify):	\$
Limit of Liability – Limit at any one occurrence	\$	Indemnity Period (months)	
Payroll 100% for (weeks)	%	For (weeks)	

## 13. Risk Management

Contractor management in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Insulated panel management in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Permit to work procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Hot/cold works procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Annual thermoscans complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Last Service Date <input type="text" value="/"/> <input type="text" value="/"/>
Forklift battery charging overnight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Battery chargers clear of flammables (3 meters)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Fire isolated plant room?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Electrical maintenance completed under contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Last Service Date <input type="text" value="/"/> <input type="text" value="/"/>
Fire appliances serviced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Last Service Date <input type="text" value="/"/> <input type="text" value="/"/>

# Appendix 1 – Additional Locations

## Construction

	Location 1	Location 2	Location 3	Location 4	Location 5	Location 6
Address						
Suburb/ State/Postcode						
Walls						
Frame						
Roof						
Floors						
Built						
No. of Storeys						

Town Water  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No

## Protection

	Location 1	Location 2	Location 3	Location 4	Location 5	Location 6
Fire Sprinklers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Area Coverage	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
Fire Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Area Coverage	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
Smoke Detection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Area Coverage	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
Hose Reels	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Burglar Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CCTV/PIR	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Signature and Declaration

This Declaration must be signed by the intending insured as the Proposer(s). If the intending insured is a Company, Partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be authorised to sign on behalf of all persons/entities identified as the intending insured(s).

Before completing this document, I/We have read and understood the information herein, including the Important Notices.

I/We agree that this Proposal Form together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected. I/We undertake to inform the insurer of any material alteration to this information occurring before the proposed insurance commences.

I/We declare that the statements and particulars contained within this Proposal Form are true and that I/We have not mis-stated or suppressed any material facts.

I/We understand that the insurer is relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld.

I/We acknowledge that by submitting this completed Proposal Form (with any other information) I/We consent that the insurer may use and disclose my/our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. This consent remains valid until I/We alter or revoke it by written notice. I/We also undertake to advise any changes to my/our personal information.

Name of firm

Signature

(This Proposal is to be signed by a Principal, Partner or Director of the Proposed Insured)

Title of signatory

Full Name

Date





# 360

Complex Risks

**NSW**

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