



Return this form to either:

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Email: quotes@matrixinsurance.com.au

Post: PO Box 1982, MALAGA WA 6944

Any questions?

Call: Oliver Whittingham

Mobile: 0420 220 007

Hospitality Insurance Specialists!

HOTEL & LEISURE INSURANCE - QUOTATION REQUEST

Client Contact		Company	
Facsimile:		Telephone Number	
Email Address		Quote Required by	
INSURED DETAILS			
Insured Name:			
Period of Insurance:		To	At 4.00pm local time
Business Description:			
Situation insured:			
Current Insurer		Current Expiry Date	
How long have you been operating this Hotel?			
Previous experience if less than 2 years:			
CONSTRUCTION DETAILS			
Walls	<input type="checkbox"/> Brick / Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Wood <input type="checkbox"/> Other _____ Is the building heritage listed?		
Floor	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other _____		
Roof	<input type="checkbox"/> Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Tiles <input type="checkbox"/> AC Sheeting <input type="checkbox"/> Other _____		
Year Built		Number of Storey's	
Stairwells / Fire Stairs	Please provide number of: _____ Internal _____ External		
Construction of:			
FIRE PROTECTION			
Fire Protection	<input type="checkbox"/> No Protection <input type="checkbox"/> Fire Sprinkler System <input type="checkbox"/> Smoke / Heat Detectors <input type="checkbox"/> Extinguishers <input type="checkbox"/> Fire Hydrants / Hose Reels		
Fire Alarm connected back to the Fire Brigade or Alarm Monitoring Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are the Insured Premises connected to Town Reticulated Water Supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fire Fighting Services	<input type="checkbox"/> Full Time <input type="checkbox"/> Volunteer <input type="checkbox"/> Bushfire Brigade		
SECURITY			
External Doors	<input type="checkbox"/> Dead Bolts <input type="checkbox"/> Dead Locks <input type="checkbox"/> Padlocks <input type="checkbox"/> Other Key Locks <input type="checkbox"/> Other		
External Windows	<input type="checkbox"/> Nil <input type="checkbox"/> Bars / Grills <input type="checkbox"/> Key Locks		
Burglar Alarms	<input type="checkbox"/> No Alarm <input type="checkbox"/> Local Alarm only <input type="checkbox"/> Dialler <input type="checkbox"/> Securitel <input type="checkbox"/> Dedicated Landline <input type="checkbox"/> GSM Back Up		
Do you or a Manager live on the Premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
KITCHEN / COOKING AREAS			
Are there Deep Fryers installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes:	Bench Top <input type="checkbox"/> Free Standing <input type="checkbox"/>
Do they have thermostatic controls or automatic cut off switches?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fire Blanket installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How often are the filters cleaned?	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____		
Do you have a Professional Contractor Clean the Extraction system?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How often is this carried out?			

PROPERTY SECTION			
FIRE AND ASSOCIATED PERILS			
Description	Sum Insured	Description	Sum Insured
Buildings	\$	Other	\$
Contents	\$	Other	\$
Stock	\$	Other	\$
Removal of Debris	\$	Other	\$
Total	\$		
BUSINESS INTERRUPTION		Description	Sum Insured
Indemnity Period	months	Annual Gross Profit	\$
<i>Gross Profit Definition: Turnover less cost of goods sold</i>		Claim preparation costs	\$
		Additional Cost of Working	\$
		Wages	\$
		Loss of Rent	\$
		Total	\$
ACCIDENTAL DAMAGE		Description	Sum Insured
		Accidental Damage Limit	\$
GLASS BREAKAGE			
Fixed Internal Glass?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Sum Insured
Fixed External Glass?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Glass	Replacement
Illuminated Signs Included?	Yes No		
BURGLARY			
Description	Sum Insured	Description	Sum Insured
Theft of Contents	\$	Replacement of Keys & Locks	\$
Theft of stock incl Liquor / Alcohol	\$	Employee Theft	\$
Theft in the open air	\$	Other	\$
MONEY			
Description	Sum Insured	Description	Sum Insured
Money in Transit	\$	Money on the Premises – Business Hours	\$
Money in Residence	\$	Money on the Premises – Outside Business Hrs	\$
		In Locked Safe / Strong Room / ATM	\$
MACHINERY BREAKDOWN			
Description		Optional Extension	
Do you require Machinery Breakdown cover?	Yes No	Deterioration of Stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limit per breakdown	\$10,000	Spoilage of stock limit:	<input type="checkbox"/> 2k <input type="checkbox"/> 5k
PROPERTY INSURANCE HISTORY			
Have the insured ever had insurance declined or cancelled or had special terms imposed by an insurance company? If 'Yes' please provide full details.			Yes No
Have the insured suffered any claims or losses during the past Five Years?			Yes No
Date of Loss	Description of loss	Amount Paid	Amount Outstanding
Please attach additional information if required			

LIABILITY SECTION

PUBLIC and PRODUCTS LIABILITY

Limit of Liability	<input type="checkbox"/> \$5,000,000 <input type="checkbox"/> \$10,000,000 <input type="checkbox"/> \$20,000,000	Estimated Annual Turnover – Bar Receipts	\$
		Estimated Annual Turnover – Bottle Shop	\$
		Estimated Annual Turnover – Restaurant	\$
		Estimated Annual Turnover – Accommodation	\$
		Estimated Annual Turnover - Total	\$
Licence capacity		Estimated Annual Wages	\$

Normal Trading Hours _____

Cover Required for: Occupier Only Property Owners Owner Occupier

Staff Numbers Full Time _____ Part Time / Casual _____

Food and Liquor

Has your liquor license even been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your staff trained in the responsible serving of liquor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Happy Hours or Free Drink Cards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do your staff monitor liquor consumption?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any food or health violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes to any question give full details:

Facilities

Does your hotel have any of the following:

Dance floor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Strippers or Topless Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sporting Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Formalised Bucks of Hens Parties	<input type="checkbox"/> Yes <input type="checkbox"/> No
Children's playgrounds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Solo / Duo / Trio Artists	<input type="checkbox"/> Yes <input type="checkbox"/> No
DJ's / Karoke	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nightclub	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discos	<input type="checkbox"/> Yes <input type="checkbox"/> No	Theme Nights	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other Live Entertainment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming Pool	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please advise frequency, attendance no's, and age groups involved:

Security

Do you have your own security staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the venue contract out security staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Security staff		Hours of Security staff	
Number of CCTV Cameras			

Please detail what areas Internally and Externally are covered by video surveillance:

Does your staff check regularly for spills and cleanliness of toilets? Yes No

Accommodation

Do you provide accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Number of rooms? _____
Describe the style of rooms.(ie Motel, Hotel, Backpackers)		
Are Smoke / Heat Detectors installed in the Rooms <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the building been re-wired in the past 30 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		

LIABILITY INSURANCE HISTORY

Have the insured ever had insurance declined or cancelled or had special terms imposed by an insurance company? If 'Yes' please provide full details. Yes No

Have the insured suffered any claims or losses during the past Five Years? Yes No

Date of Loss	Description of loss	Amount Paid	Amount Outstanding