



# Backpacker and Boarding House (Property) Proposal Form

## Important Notices:

Please read the following advice before completion of this Proposal Form

- The persons whose interests are to be insured under this policy should understand the terms, definitions and cover provided by this policy by reference to our Policy Wording. It is available from Your Insurance Adviser or our Website.
- When SRS Underwriting Agency Pty Ltd place this policy of insurance under an authority given to us by the Insurer, we will be effecting the contract as Agent of the Insurer.

## Your Duty of Disclosure.

When we provide Insurance terms for you, whether for a new policy, renewal of a policy or changes to or reinstatement of your policy, we rely on the information you provide to us. You must tell us anything that you know, or should know, that could affect

- Our decision to insure you,
- the amount of the premium we charge you or
- whether we should impose special conditions to this cover.

You do not need to tell us about anything which:

- Reduces the likelihood of a claim
- Is of common knowledge
- We know, or as an Insurer should know
- We indicate that we do not want to know

**What you must tell us.** When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

**Who needs to tell us.** It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

**If you do not tell us.** If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having existed

## Privacy Statement

We are committed to protecting your 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 do not provide us with complete information, we cannot properly quote for your insurance and we cannot insure you. You can check the personal information we hold about you 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, ask us for a copy or visit our website.

## No Cover if Rights "Signed Away"

This policy does not cover loss, destruction, damage or legal liability in respect of which any right which you may otherwise have had against any person, company or partnership is excluded or limited by reason of any agreement you may enter into.

Please be careful before you sign anything that you do not jeopardise your entitlement to be covered under this Policy.

## Persons Covered

Unless this insurance is otherwise extended, the insurance proposed here will, when incepted, cover only the interests of those persons/entities specifically named in this proposal and accepted by us. It will not cover the interests of any other persons / entities.

**Please note if there is insufficient space** provided to fully answer any question, please attach an additional sheet of paper with the extra information as required. All such attachments will form part of your application for insurance and be subject to the Declaration on the last page of this Proposal.

**Please answer all questions.** Any question left unanswered or answered as known to broker or insurer or otherwise answered in an incomplete way may delay the processing of your request for this insurance. **Ensure the cover you request is adequate for your requirements.**

**Your Insurance adviser** can assist you to complete this form. They will send it to us so that we may quote on your insurance request.

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Please print and/or tick the appropriate answers to the all questions below.

This application is for  New Business  Renewal - Policy Number (if known) is:.....

**1. Proposer(s)**

Name(s) in full of Principals/Partners/Directors: .....  
 Trading Name: .....  
 Address: ..... Postcode:.....  
 Contact Name: ..... Email:.....  
 Phone:..... Fax:.....  
 Years in Business at this Address: .....  
 Gross Annual Turnover: \$ .....

**2. Period of Insurance Requested:** From: ..... at 4pm To: ..... at 4pm

**3. Property Information**

- (i) Use of Building:  Backpackers Hostel  Hostel for the Elderley  
 Boarding House  Hostel for Mentally Infirm  
 Other (Please specify): .....
- (ii) Is Operator licensed?  Yes or  No
- (iii) Are premises licensed / approved?  Yes or  No
- (iv) Do premises comply with all Council and Fire Brigade regulations?  Yes or  No
- (v) Age of Building:  Less than 10 years old  30 to 50 years old  
 10 to 30 years old  Over 50 years old
- (vi) Is this a:  Purpose built facility  Substantially renovated for purpose.  
 Other (Please specify): .....
- (vii) Is the building Heritage Listed:  Yes or  No
- (viii) Number of Stories:  Single  Double  
 Other (please specify number):.....
- (ix) Condition of Building:  Excellent  Average  
 Good  Poor
- (x) Nearest Neighbours:  Adjoining  10 to 20m away  
 Less than 5m away  Over 20m away  
 5 to 10m away  
 Occupation of Neighbour: .....
- (xi) Is this a:  Single Tenancy  Multiple Tenancy

**4. Construction Information**

- (i) Wall:  Reinforced Concrete  Brick  
 Masonry  Asbestos  
 Iron  Wood  
 Mixed: Brick .....% Wood:.....% Other:.....%
- (ii) Roof:  Concrete  Tiles  
 Iron, Steel, Metal  Masonry  
 Asbestos  Alysynite Sheeting  
 Wood  
 Mixed: Brick .....% Wood:.....% Other:.....%

- (iii) Ground Floors:
  - Concrete
  - Iron, Steel
  - Earthen
  - Brick, Stone, Slate
  - Wood
- (iv) Upper Floors:  Concrete  Wood
- (v) Frame:  Concrete, Brick, Stone  Iron, Steel, Metal  
 Wood (100%)  Wood (roof only)

**5. Fire Protection**

- (i) Protection:
  - No Protection
  - Partially Sprinklered (min. 50%)
  - Fully Sprinklered (100%)
  - Hydrants and Hose Reels

Fire Alarms:  Local  
 Back to Base  
 To Brigade

Detection Type:  Thermal  
 Smoke

Hard wired detector in each accommodation room?  Yes or  No
- (ii) Extinguishers:
  - Dry Chemical
  - BCF
  - CO2
  - Water:
  - Foam
  - Number: .....
  - Number: .....
  - Number: .....
  - Number: .....
  - Number: .....

Date of Last Service:.....

Are there extinguishers on each floor?  Yes or  No
- (iii) Other Protection (please detail): .....
- (iv) Do higher than normal exposures exist in respect of:
 

Bush Fire	<input type="checkbox"/> Yes or <input type="checkbox"/> No	Earthquake	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Lightning	<input type="checkbox"/> Yes or <input type="checkbox"/> No	Storm and Tempest	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Sea and Tidal Surge	<input type="checkbox"/> Yes or <input type="checkbox"/> No	Malicious Damage	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Flood	<input type="checkbox"/> Yes or <input type="checkbox"/> No	Cyclone	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Explosion	<input type="checkbox"/> Yes or <input type="checkbox"/> No	Water Damage	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Impact	<input type="checkbox"/> Yes or <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes or <input type="checkbox"/> No
- (v) Is smoking allowed:
  - In common areas?  Yes or  No
  - In accommodation rooms?  Yes or  No
- (vi) Housekeeping:  Tidy  Untidy  Congested
- (vii) Waste Disposal:  Daily  Weekly  Accumulated

**6. Accommodation**

- (i) How many accommodation rooms are there? .....
- (ii) How many beds per room? .....
- (iii) Proportion of rooms tenanted by permanents:  None  All  Some – percentage:.....%

**7. Kitchen Facilities**

- (i) Is cooking allowed in rooms?  Yes or  No
- (ii) What kitchen facilities are in rooms? .....
- (iii) Are guest kitchens provided?  Yes or  No
- (iv) Number and locations of kitchens: .....

- (v) List of kitchen facilities and equipment: .....
- (vi) Protection within kitchen(s):  Fire Blanket  Extinguisher  Other.....
- (vii) Kitchens cleaned:  By Proposer  Outside Contractors  Other.....
- (viii) Frequency of cleaning: .....
- (ix) Frequency of ducting cleaning: .....
- (x) General cleanliness:  Good  Fair  Poor
- (xi) Is there any deep frying?  Yes or  No  
 If Yes, are deep fryers thermostatically controlled?  Yes or  No

**8. Electrical**

- Fuses  Circuit Breakers  Board Clear  Extension Cords
- Date of last electrical inspection: .....

**9. Security**

- (i) External Doors:  Dead Bolts  Dead Locks  
 Other key locks  Padlocks
- (ii) External Windows:  Bars / Grills  Key Locks
- (iii) Burglar Alarms:  Local  Back to Base  
 Dedicated  Smoke
- (iv) Other security: .....
- (v) Describe security to office: .....
- (vi) Guest / Resident lock out time: .....
- (vii) Safe:  Fixed  Floor  
 Wall  Free Standing  
 Not Applicable
- Make and Type: .....
- Torch / Drill resistant  Yes or  No

**10. Fire Escapes**

- (i) For buildings other than single storey, is there an external fire escape from each above ground floor?  Yes or  No
- (ii) What is the construction of external fire stairs?  Steel  Timber  Other:.....
- (iii) Are exits on each floor marked with battery back-up illuminated fire exit signs?  Yes or  No
- (iv) Are emergency escape procedures posted: In all sleeping areas?  Yes or  No  
 In common areas?  Yes or  No
- (v) Are internal fire escapes provided?  Yes or  No
- (vi) Are self-closing fire rated doors provided?  Yes or  No
- (vii) Construction of internal fire escape stairwells:  Double Brick / Block  Brick Veneer  
 Timber  Other:.....

Please attach a floor plan for each level showing location of rooms, kitchens and common areas relative to fire escapes and location of extinguishers / hose reels.

**11. Sum Insured Details**

*Sum Insured*

- (i) Property
  - Building \$ .....
  - Contents \$ .....
  - Stock and Customer Goods \$ .....
  - Accidental Damage \$ .....
  - Removal of Debris: \$ .....
  - Other: ..... \$ .....

- (ii) Business Interruption
  - Gross Profit \$ .....
  - Claims Preparation Costs \$ .....
  - Professional Fees \$ .....
  - Loss of Rent \$ .....
  - Indemnity Period \$ .....

- (iii) Theft
  - Contents \$ .....
  - Stock (excluding cigarettes and tobacco) \$ .....
  - Stock (cigarettes and tobacco) \$ .....
  - Other: \$ .....

- (iv) Money
  - In Transit \$ .....
  - On Premises – Business Hours \$ .....
  - On Premises – Outside Business Hours \$ .....
  - In Safe \$ .....
  - In Residence \$ .....
  - Damage to Safe \$ .....

- (v) Glass
  - Is Glass cover required?  Yes or  No
  - If Yes, which of the following is required:
    - (a)  Single Front
    - Double Front
    - Multi-Front
    - (b)  Internal
    - External

*Replacement Value*

(vi) Damage to Signs \$ .....

- (vii) Machinery Breakdown
  - All plant and machinery – limit any one loss \$ .....
  - Total number of machines: .....
  - Specified Machinery: .....
  - .....
  - .....
  - .....

- (viii) Electronic Breakdown
  - All electronic equipment – limit any one loss \$ .....
  - Total number of equipment: .....
  - Specified Equipment: .....
  - .....
  - .....

**12. After investigation with past and present insurers, please advise claims experience for the last five years.**

<i>Date of Loss</i>	<i>Loss Description</i>	<i>Incurred Amount</i>

**13. Duty of Disclosure**

Are there any other matters to disclose to us to fulfil your Duty of Disclosure?  Yes or  No

If yes, please provide relevant details:.....

.....

.....

**Declaration and agreement:**

I/We agree to make the property to be insured by this policy available for inspection by SRS or their representatives.

I/We acknowledge that no cover is provided unless and until, underwriters advise in writing of the cover and terms which they can provide, this cover and terms is then accepted by the Insured, Underwriters are advised of acceptance of their cover and terms offer and SRS acknowledges to the Insured that Cover is provided.

If additional pages are attached for inclusion in this proposal they form part of this proposal.

The answers and information given by me/us in this proposal are true and correct in all respects.

Where answers in this proposal are not in my/our own handwriting, they have been checked by me/us and I/we agree that they are correct and that the other person who completed this form did so as my Agent.

I/We acknowledge having been clearly informed of and understand the effect of all of the Notices on Page 1 of this Form.

I/We authorise SRS to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to or which may impact on this insurance cover, and any other insurances held by me/us and claims under those insurances.

By signing this application, I/We agree to SRS collecting, using and disclosing my/our personal information, including sensitive information if applicable, in accordance with the Privacy Statement and the SRS Privacy policy.

**Signature/s:**..... **Date:** .....

**Full Name of such Person:** ..... **Title:** .....