UNDERWRITING

Night Club Proposal Form

Instructions to proposer:

- Before completing this Proposal Form please read the 'Important Notices' on pages 6-7.
- The Declaration Section on Page 5 of this Proposal Form must be signed for this form to be complete.
- All questions must be answered in FULL. If there is insufficient space to complete your answer then please attach a separate, signed and dated sheet identifying the Night Club name and the question concerned.

Operator/insured name

Add License Number

Insured Name		
Situation Address		
Suburb State Postcode		
ABN		
Phone Email		
Full Description of Business Operations		
Do you wish for both Operator & Property Owner to be noted on this policy?	Yes 🗌	No 🗆
Name of Property Owner		
Policy period		
Date to		
How many year experience has the insured had operating this type of risk?		
Your Duty of Disclosure		
Has any insurer declined, refused, withdrawn or permitted withdrawal or cancelled a proposal or policy or imposed special terms?	Yes	No 🗆
Are there any circumstances of which the insurer should be advised which could be material to its decision to accept this risk?		
Claims experience – Last 5 years Please supply claims experience on previous Underwriter letterhead for minimum last 5 years.		
Trease supply claims experience on previous orderwhen lettermed for minimum assets years.		
Details of Insurers & U/W years		
What type of liquor license do you have?	00	

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1.	Limit of liability required	☐ \$10,000,000 ☐ \$20,000,000
2.	Previous year's actual revenue	
3.	Annual Revenue Figures	\$
Bar r	eceipts	\$
Gam	ing (Net gaming revenue less tax, excluding GST)	\$
Rest	aurant (Excluding GST)	\$
Acco	ommodation (Excluding GST)	\$
All C	other (Excluding GST)	\$
Desc	cription of other	
Tota	al of above	\$
Rent	al income (Excluding GST) – Property owners only	\$
4.	What is the estimated value of wages?	\$
5.	What was the value of actual wages for last year?	\$
6.	Number of employees Full time Part time	ne Casual
7.	What is the venue capacity?	
8.	Is an entry fee charged (i.e, cover charge)? Yes \square No \square If YES how r	many nights per week/ times per year?
9.	Is there a dance floor at this venue? Yes \(\subseteq \text{No} \subseteq \text{If YES average} \)	rage monthly usage Size of dance floor (sq metres)
10.	Do you have records of cleaning and inspection of spills on floor surfaces?	s? Yes No If YES please provide details:
11.	Do you have a policy to prevent drinks taken onto dance floors? Yes	No ☐ If YES please provide details:
12	How is the prevention of drinks policy enforced?	
	The first of an interpolation of an interpolat	
13.	Does the facility have any live entertainment? Yes \(\subseteq \) No \(\subseteq \) If YES please specify FULL details including estimated number of times per	er year (e.g. duos/rock bands/jazz quartet)



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14.	What are the actual trading hours of the facility? (No.	ot licensed hours)			
	Monday				
	Tuesday				
	Wednesday		_		
	Thursday		_		
	Friday				
	Saturday		_		
	Sunday				
15.	Do you engage contractors or subcontractors ? If so, please provide following:			Yes 🗌 N	No 🗌
	Nature of work performed	Value of Payments \$	Labour Only / Labour & Services / La	bour & Mater	ials:
	Security	\$			
	Cleaning	\$			
	General maintenance	\$			
	Entertainment (DJs / Musicians)	\$			
	Other (specify)	\$			
16.	Does the facility hire security staff (i.e. bouncers)? Is this security either:	a. Internal — staff employ b. External — contracted s c. Combination of a) and		Yes T	No
	If EXTERNAL, what is the name of security company	? (Insured should ensure that	contractor has current liability & workers	comp in place)	
17.	Does the facility have video surveillance? Is this surveillance Internal External	Both		Yes 🗆 N	No 🗆
18.	Number of CCTV cameras?				
19.	Is the footage recorded? Yes No If Y	YES how long is it kept for?			



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Are staff trained in completion of Day Book in respect of incident reports?	Yes 🗌	No 🗆
During trading hours, can you confirm if there is regular & routine inspections taken (including toilets & other facilities) & how often?		
Type of glassware used? Glass Plastic		
Do you have OH&S procedures in place?	Yes 🗌	No 🗆
Do staff receive formal training procedures prior to commencing work?	Yes 🗌	No 🗆
Are there Emergency Evacuation Procedures documented and posted in the premises in clear sight for patrons to see?	Yes 🗌	No 🗆
Is a Risk Assessment completed and Reviewed Annually (If YES please attach documentation to assist our assessment)	Yes 🗌	No 🗌
Please advise if you have any of the following facilities on site and, if so, provide the additional information required.		
Bistro/restaurant Own staff Yes No Contractors Yes No Contractors		
Please note that attached to this proposal is the following:		
Claims Experience RAMP (Risk and Management Plan) Yes No COVID Safety Plan Other		
	Are staff trained in completion of Day Book in respect of incident reports? During trading hours, can you confirm if there is regular & routine inspections taken (including toilets & other facilities) & how often? Type of glassware used? Glass Plastic Do you have OH&S procedures in place? Do staff receive formal training procedures prior to commencing work? Are there Emergency Evacuation Procedures documented and posted in the premises in clear sight for patrons to see? Is a Risk Assessment completed and Reviewed Annually (If YES please attach documentation to assist our assessment) Please advise if you have any of the following facilities on site and, if so, provide the additional information required. Bistro/restaurant Yes No Contractors Yes Yes No Contractors Yes Yes No Contractors Yes Yes Yes No Contractors Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	Are staff trained in completion of Day Book in respect of incident reports? Yes During trading hours, can you confirm if there is regular & routine inspections taken (including toilets & other facilities) & how often? Type of glassware used? Glass Plastic Do you have OH&S procedures in place? Yes Do staff receive formal training procedures prior to commencing work? Yes Are there Emergency Evacuation Procedures documented and posted in the premises in clear sight for patrons to see? Yes Is a Risk Assessment completed and Reviewed Annually (If YES please attach documentation to assist our assessment) Please advise if you have any of the following facilities on site and, if so, provide the additional information required. Bistro/restaurant Yes No Own staff Yes No Contractors Yes No Please note that attached to this proposal is the following: Claims Experience Yes No COVID Safety Plan Yes No COVID Safety Plan Yes No



Proposed Moral Hazard Question Set and Declaration

Directors and Owners details - Please provide the following details for all Directors and Owners of the proposed insured entities: **Full name** (including previous names) Date of birth Address **Disclosure** - Please have each of the above Directors and Owners complete and sign the following declaration: Yes No No Have you had any criminal convictions in the last 10 years? If yes, please provide details Are you or have you ever been a member of an Outlaw Motor Cycle Club? Yes No No If yes, please provide details Are any of your family members of an Outlaw Motor Cycle Club? Yes No No If yes, please provide detai Are you or have you ever been declared bankrupt? If yes, please provide details Yes No No **Declaration and agreement** As I confirm that: I am authorised on behalf of the insured(s) to sign this proposal. I understand that the duty of disclosure applies to all insured(s). The answers are provided on behalf of all persons/entities comprising the insured(s). I understand the questions in this proposal form. Whilst I may not answer some of these questions, I certify that I have checked them and that they are correct to the best of my knowledge and belief. I/We agree that this proposal shall be the basis of the contract between me/us & the Insurers and I/we agree to accept the Policy subject to it's terms, conditions & exclusions. Note: This proposal form can only be actioned once ALL questions have been answered and the above declaration has been signed and dated. If the proposal form is incomplete, no cover will be effected until all of the necessary information is received. Signature Date

Director: As defined under the Corporation Act 2001

Liability of the Insurer does not commence until the Insurer has accepted the application. Binding is contingent upon One Underwriting confirming that cover is in place.

Owner: A national person who has either a shareholding or financial interest in the professional insured entities.

Outlaw Motor Cycle Club: Any of the following named clubs and/or clubs that are prescribed by various government bodies, State and Federal to be defined as Outlaw Motor Cycle Clubs.

Satan's Riders Tramps (Wangaratta) Rebels Red Devils **Bandidos** Mongols Devil's Henchmen Notorious Gypsy Jokers Finks Hells Angels Coffin Cheaters Rock Machine Black Uhlans Comancheros Outlaws Satan's Soldiers Odin's Warriors Nomads Mongrel Mob Diablos (Bandido's) Vikings



Night Club Proposal Form

Important notices

A. Duty of Disclosure

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Cth) to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance. You do not need to tell the insurer anything that:

- · reduces the risk that is insured;
- is common knowledge;
- your insurer knows or should know as an insurer; or
- the insurer waives compliance with your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact your Aon Client manager.

B. Non-disclosure

If you do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

C. Utmost good faith

Every insurance contract is subject to the doctrine of utmost good faith which requires that parties to the contract should act toward each other with the utmost good faith. Failure to do so on your part may prejudice any claim or continuation of cover provided by the Insurer.

D. Not a renewable contract

Cover under this policy will terminate at expiry of the Period of Insurance specified in your policy document. If you wish to effect similar insurance for a subsequent period, it will be necessary for you to complete a new proposal form prior to the termination of the current policy so that terms of insurance and quotation/s can then be developed for your consideration.

E. Change of risk or circumstances

It is vital that you should advise us of any departure from your "normal" form of business (i.e. that which has already been conveyed to the Insurer). For example, acquisitions, changes in location or new overseas activities.

F. Waiver of rights

If you have entered into an agreement with another party, which prevents your Insurer from taking recovery action for compensation from that party it may affect Your rights to cover under this Policy. Should you now be a party to such an agreement or be requested to enter such an agreement in the future, please advise Your Broker in writing so we may notify the Insurer.

G. Excess

The policy provides that You will be required to bear a specified amount of all claims and this is for each and every claim made against you including defence costs. We will let you know when the excess is payable.

H. Your legal liability

The financial risk of court awards through litigation is ever increasing and we recommend that you select a Limit of Liability that takes into account the future cost of claims including legal fees and costs of defence. Even higher limits are available than your current limit if required. Defence costs are included within the limit of liability.

I. Your premium calculation

The key factors that affect your premium are reflected in the questions asked in this document and the information sought at the time of taking out your Insurance. Sensitive information we rely on you to have obtained their consent on these matters.

J. General insurance code of practice

One Underwriting is bound by the General Insurance Code of Practice and have processes are in place to adhere to the requirements of the Code. Refer to www.codeofpractice.com.au for details of the code



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K. Complaint and dispute resolution

Any enquiry or complaint relating to this policy or a claim should be address to your Client Relationship Manager or via an email sent to One Underwriting Pty Ltd's mailbox – oneunderwriting@oneunderwriting.com.au in the first instance.

If your complaint is not satisfactorily and promptly resolved, please contact One Underwriting Pty Ltd's National Complaints Manager Telephone No. 02 8298 0700 who will attempt to resolve it in accordance with our Complaints and Disputes Handling Policy. You may obtain a copy of this policy from the National Complaints Manager or from our website: one underwriting.com.au

Alternatively, if your concern is with the Insurer, you may contact the General Insurance Division of the Financial Ombudsman Service on 1300 780 808.

L. Privacy statement

- 1. One Underwriting Pty Ltd ('One Underwriting') is committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer our various insurance services we are involved in as set out in the One Underwriting Privacy Notice. In order to do this, we may also share your information with other persons or entities who assist us in providing or promoting our services as set out in the One Underwriting Privacy Notice. Further information about our privacy practices can be located in the One Underwriting Privacy Policy, a copy of which can also be sent to you on request by your One Underwriting representative. You may also gain access to your personal information, or modify your privacy preferences, by contacting your One Underwriting representative or our Privacy Officer through the means set out in the One Underwriting Privacy Notice.
- 2. If you are disclosing personal or sensitive information about any other person to One Underwriting, you confirm that you have obtained the consent of that person to disclose to One Underwriting their personal or sensitive information and you have made them aware that One Underwriting will or may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If you have not obtained consent from this other person to disclose their personal or sensitive information to One Underwriting, you will inform us before providing the relevant information to us.

will illion as before providing the	relevant information to us.	
By submitting this Proposal form, you a personal information you have provide	cknowledge that you have read the One Underwriting Privacy Notice and agree t d to us in the manner set out above.	hat we can handle any
Unless you tick here, we or any of about goods, services or promotic	our group of companies may be in touch by any means (including email or SMS) ans that may be of interest to you.	t any time to let you know
One Underwriting are committed to p website: oneunderwriting.com.au	otecting your privacy. For more information about One Underwriting's privacy po	licy, please refer to our

Submit your proposal form

adam.bevan@oneunderwriting.com.au phone 02 9253 7600

