

Bed & Breakfast / Farmstay Accommodation Application

DETAILS OF PROPOSER

Family na	ame	Mr □ Mrs □ Ms □]			
Given na	mes					
Trading N	lame					
Postal ad	dress					
				State	Postcode _	
Email				A.B.N. (if appli	cable)	
Phone No	umber			Mobile		
Website						
UNDERW	/RITING INFO	RMATION				
Period of	Insurance req	uired From		to		at 4.00pm
Address	of property to	be insured				
				State	Postcode _	
Name an	d address of a	ny other party interest	ted in the property t	to be insured - eg. Mo	rtgagee	
				State	Postcode _	
Have you	ı previously he	ld household insuranc	:e?			Yes □ No □
If yes, ple	ease provide: N	lame of Company:			Expiry Date	
Have you	ı or any joint o	wner of the property t	to be insured or any	member of your fam	ily permanently resid	ing with you:
(a)	Suffered any	loss during the past fi	ive years from any o	of the events you wish	to insure against?	Yes □ No □
(b)	Been charge	d or convicted of arso	n or any offence inv	olving dishonesty?		Yes □ No □
(c)	Been refuse	d insurance or been qu	uoted an increased p	oremium or had speci	al terms imposed	
	for any of th	e events you wish to ir	nsure against?			Yes □ No □
(d)	Have you ha	d any loss or damage ((insured or not) at th	he address to be insur	red?	Yes □ No □
(e)	Been declare	ed bankrupt, involved	in a company which	has gone into liquida	tion or receivership	Yes □ No □
(f)	Hold any oth	er insurance's in respo	ect of the property v	which is included in th	is proposal?	Yes □ No □
(g)	Have any oth	ner matters you should	d disclose?			Yes □ No □
	(Refer to the du	ty of disclosure contained w	ithin this application)			
If you ans	swered yes to	(a) to (g) above, please	e provide details			
Are you a	a member of a	Bed and Breakfast Ass	sociation?			Yes □ No □
If `Yes' w	hich Associatio	on				
Do you c	onduct any otl	ner business activities	from the property fr	rom which you derive	an income?	Yes □ No □
Vineyard	s 🗆 Orchards	☐ Livestock ☐ Oth	ier 🗆			



BUILDINGS

Your building sum insured should represent the full replacement value on your buildings (which includes an amount for architect's fees, removal of debris, all outbuildings, garages, carports, in-ground pools, walls and fences and any other home improvements).

Private Dwellings			\$		
Guest Dwellings			\$		
Sheds and other structures			\$		
Stables			\$		
Hay Sheds			\$		
Greenhouses or similar			\$		
Other			\$		
Age of Dwellings			Total size of property (i	e metres/acres)	
For Dwellings over 80 years old	please answer th	e following. W	here the dwellings are ov	ver 100 years specia	al conditions apply.
Has the home been re-roofe	ed?		Yes □ No □		
Is it currently is good condit	ion?		Yes □ No □		
When was the building last	re-wired?				
Have safety switches been i	nstalled?		Yes □ No □		
Area of Dwellings (sq or m ²)					
Up to 12 sq or 112m² □	12-15 sq or 113-	-140m² □	15-20 sq or 141-186m ²	Over 20 s	sq or 187m ²
Is the home in good condition?					Yes □ No □
Type of Construction?	Brick □ Tim	ber 🗆 Fibro	□ Other □		
Are the Guest Dwellings multipl	e storeys? Yes [□ No □	If Yes, how many storey	/s	
Are safety railings fitted? Y	'es □ No □	Are they in g	good condition and inspec	ted regularly?	Yes □ No □
Do you have fireplaces Y	'es □ No □	If Yes, are fir	e screens used?		Yes □ No □
Do all premises comply with Fire	e Protection Laws	5			Yes □ No □
Are buildings currently undergo	ing any renovatio	ons or alteratio	ons?		Yes □ No □
Do you provide room safes for (Guests?				Yes □ No □
Is the Building normally unoccu	pied for more tha	n 60 consecut	tive days in any year?		Yes □ No
Is the Building connected to tov	vn water supply?				Yes □ No
If No, is there an alternative	supply of water a	available for fir	re fighting:	Yes □ No □	
How far away is the nearest	Fire Brigade				
Is the Building subject to a State	e Heritage or Nati	onal Trust List	ing?		Yes □ No □
Have you applied for demol Does sum insured truly equal Are buildings in good condit	al the replacemer			Yes □ No □ Yes □ No □ Yes □ No □	
				163 LI 110 LI	
Please indicate if the Building h					_
Deadlocks to all externa Keyed window locks	al doors		Home safe Fire extinguishers/si	moke detectors	
	onitored cal		Neighbourhood wat		



CONTENTS

You will need to establish full replacement value on most major contents items.	The policy limits some high risk items and the cover available. Please refer to
the PDS for a full explanation	

Priva	ate Contents	\$	
Cont	tents of Guest Dwellings	\$	<u></u>
High	Risk Items (Specify Items)		
	Tisk reems (speemy reems)	\$	<u> </u>
		\$	<u> </u>
		\$	
		\$	<u> </u>
The	table below shows the most we will pay for High Risk item	s if they are not specified.	
	HIGH RIS	к Iтемs	
	Individual Limits	The mos	st we will pay
	any watches, pieces of jewellery or any items made of or containing gold or silver	\$1,00	0 per item
	any picture, work of art, fur, curio, portable musical instrument, registered or licensed firearm, collection of stamps, medals, coins, or other collectables, photographic camera, photographic lens, video camera, video recorder	\$2,00	0 per item
	Overall Limit	The most will pay	
	all the high risk items we list above together with televisions, sound recording or sound playing systems, and personal computers	20% of the general sum insured	
This	section provides cover anywhere in the world for loss of our jewellery, and photographic and sporting equipment.	or damage to your valuable \$\$ \$\$ \$\$	
BUSI	INESS INTERRUPTION INSURANCE		
	e building or contents are seriously damaged, you may n me. Bills such as mortgage payments and council rates mu		te guests and so you will have no
	ness Interruption Insurance pays your on-going expense rruption to your business, subject to the terms and conditi		which inevitably result from an
1.	Estimated Annual Income from your Bed and Breakfas	t Activities for next vear	\$
2.	Expected growth in the following year	, , , , , , , , , , , , , , , , , , , ,	\$
3.	Your Sum Insured		\$



LIABILITY

Do you wish to include \$20,000,000 Liability cover?	Yes □ No □
If yes, please complete the following questions.	
What is the maximum number of Guests you can accommodate?	
What is your estimated turnover/income for the next 12 months?	
Have you implemented a fire evacuation process and fire safety plan	Yes □ No □
Are all Fire exits clearly marked	Yes □ No □
Are Emergency contact details displayed in guest areas	Yes □ No □
Are all walkways and stairways well lit	Yes □ No □
Do you have a swimming pool, spa or hot tub	Yes □ No □
If yes,	
Is it fenced or securely locked?	Yes □ No □
Is a non slip coating used on wet areas?	Yes □ No □
Is the water tested regularly?	Yes □ No □
Do you have a regular cleaning schedule?	Yes □ No □
Do you conduct proper use of chemicals in accordance with instructions?	Yes □ No □
Are all chemicals kept in a dry, well ventilated storage area?	Yes □ No □
How frequently are pool ladders, peripheral walkways and other surfaces inspected for hazardo	ous conditions?
What signage is visible in the area? None ☐ Shallow End ☐ No Diving ☐ Other ☐	
Is there a dam, creek or river on the property?	Yes □ No □
If Yes,	
Is it: Active Dried Up Fenced off from the general public	Yes □ No □
What signage is displayed? None □. No swimming □ Keep Out □ Other □	
Do you provide a café / restaurant / cooking services?	Yes □ No □
Do you have deep fryers?	Yes □ No □
Do you have a regular cleaning program in place?	Yes □ No □
How often are filters, flues and exhaust systems cleaned and/or replaced?	
What training and/or experience does the staff providing food services have?	
Do you have a liquor license?	Yes □ No □
Are staff required to complete Responsible Serving of Alcohol courses?	Yes □ No □
Is the café / restaurant open to the general public?	Yes □ No □
Do you provide any recreational activities/facilities for your Guests?	Yes □ No □
ie. cycling, tennis, wedding facilities, playgrounds, exercise equipment, horse riding	
If yes, please complete the attached Addendum.	



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 that 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 the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:-

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows or, in the ordinary course of his business, ought to
- 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 his 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

Aon has always valued the privacy of personal information. When we collect, use, disclose or handle personal information, we will be bound by the Privacy Act 1988.

If you would like a copy of our Privacy Policy, or wish to seek access to or correct the personal information we collected or disclosed about you please telephone or email your Aon contact or access our website www.aon.com.au

DECLARATION

- I/We have read and understand the information set out within this Application.
- I/We have read and understand the policy and agree to be bound by the terms and conditions it contains.
- I/We understand that I/we am/are not insured until the Insurer confirms its acceptance of this Application.
- I/We authorise the Aon and the Insurer to give information to, or obtain information from any other insurer or an insurance reference bureau, and for them to disclose any information necessary to enable Aon and the Insurer to assess this application, administer the policy, investigate any claim and deal with any matter connected with this application
 and the proposed contract of insurance. This applies to any other insurance held by me/us in the past.
- The information I/we have provided is true and correct.

This declaration	must be signed	by the notice	holder AND the	insured nerson	(if different)
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Signature	Date / /	′ /
Signature	Date / /	



RECREATIONAL ACTIVITIES/FACILITIES ADDENDUM

Please complete the following questions where you provide recreational activities and/or facilities for guests.

Exercise Equipment				
Is all exercise equipment examined regularly for damage?	Yes □ No □			
Is signage displayed including how to use equipment?				
Tennis/Ball Courts				
Are surfaces free of potholes or and uneven surfaces	Yes □ No □			
Is equipment supplied to participants	Yes □ No □			
Playgrounds				
What type of equipment is provided? ie. Swing set				
Is it open to the general public?	Yes □ No □			
Is any of the equipment motorised?	Yes □ No □			
If yes, please provide details:				
Is the equipment inspected regularly for cracks and/or damage?	Yes □ No □			
Does the equipment meet Australian standards AS/NZS 4422 or AS/NZS 4486	Yes □ No □			
What signage is displayed? None \Box Children must be supervised at all times \Box	Keep Off □			
Other 🗆				
Events/Weddings/Functions				
Are events held in conjunction with Guest bookings?	Yes □ No □			
Number of events held each year?				
Number of people being catered for at any one time?				
Is food and or alcohol being served?	Yes □ No □			
Do you have a liquor license?	Yes □ No □			
Bicycles / Horse Riding / Similar high risk activities				
What activity do you provide?				
Do you supply equipment and/or animals?	Yes □ No □			
Do you supply helmets and safety gear?	Yes □ No □			
Do you have participants sign a Release and Waiver of Liability?	Yes □ No □			
Do you have dedicated riding areas on the property?	Yes □ No □			
Number of rides per year?				
Are rides supervised?	Yes □ No □			
If Yes, what is your rider to staff ratio				
Do you require cover for this activity?	Yes □ No □			