

Motel Insurance Quotation Form

Client Details

Insured Name: _____

Trading Name: _____

Email: _____

Period of insurance: From: ___/___/___ To: : ___/___/___ expiring 4.00pm

Phone/Email/Website: _____

ABN: _____

Current Insurance Details

Current Insurer: _____

Location

Address: _____

Current Broker: _____

Suburb: _____

Occupation

Apartment	Holiday Unit	Backpackers
Apartment	Bunkhouse	Apartment Serviced
House Cabin	B&B Self Catering Lodge	Camping Area
B&B Traditional	Motel	Caravan Park
Chalet	Resort	Hotel/Pub
Cottage	Villa	Houseboat
Guesthouse	Park Cabin	

Other: _____

Trading Activity

Is the business a AAA Tourism member? Yes No

If so what is the membership number?: _____

Star Rating: _____

How many accommodation rooms are there?

How many years has the business been in operation?

If operating for less than 2 years how many years experience does the owner/manager have? _____

Does the owner/manager/staff live or are present on-site 24 hours a day? Yes No

If No provide details of day to day site management? _____

What is the Annual turnover? _____

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Non-Accommodation turnover %: _____

Does the business have a license to sell alcohol? Yes No

If there is a bar what are the operating hours? am/pm TO am/pm

Is there a restaurant? Yes No

If there is a restaurant what is the seating capacity? _____

Is there a function centre? Yes No

If there is a function centre what is the seating capacity? _____

Is there a swimming pool or outdoor spa? Yes No

If so is it fenced to Australian Standards with signs posted specifying Usage, accepted behaviour and life saving procedures? Yes No

Are all other public/guest facilities in conformity with all local, regulatory and/or Australian Standards? Yes No

Premises

What is the age of the building?

If over 50 years has premises been fully renovated for its current purpose? Yes No

Has the building been rewired in the last 20 years? Yes No

If not rewired has a thermo graphic scan been completed within the last 5 years? Yes No

How many floors does the building have? Yes No

Is there a reticulated town water supply provided by a public supply authority?

Construction

Walls: Brick or concrete Iron Timber or fibro cement Other

Roof: _____

Floors: Ground Concrete Timber

Other Concrete Timber

Fire Protection

Are there two Dry or Wet chemical fire extinguishers of at least 4.5kg installed in the kitchen? Yes No

Is there a fire blanket installed in the kitchen? Yes No

Are the premises fitted with fire sprinklers? Yes No

Are the premises fitted with a monitored fire alarm? Yes No

Are the premises fitted with hard wired local smoke alarms? Yes No

Are the premises fitted with hose reels? Yes No

Are the premises fitted with fire extinguishers in addition to those in the kitchen? Yes No

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General

Has the insured or any partner(s) or director(s) of the business:

Had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer? Yes No

Ever been declared bankrupt? Yes No

Ever been involved in a company or business which became insolvent or was subject to any form of insolvency administration? Yes No

Been convicted of any criminal offence (other than minor traffic offences) within the last 5 years? Yes No

Been penalized or convicted under any Health or Food Act or other authority? Yes No

If you have answered Yes to any of these questions, please provide details below:

Claims

Has the insured or any partner(s) or director(s) of the business had any claims in the last 5 years OR suffered any loss or damage that would have been covered by the proposed insurance? policy? Yes No If Yes, please provide details:

Coverage Required

Property

Building \$ _____

Contents including Stock \$ _____

Removal of Debris; automatic cover \$25,000 \$ _____

Business Interruption

Gross Income \$ _____

*Money paid or payable to you for goods sold and/or services rendered or for rent received or payable (plus outgoings specified in any lease) in the course of the business **less** purchase cost of stock.

Increased Cost of Working; automatic cover \$25,000 \$ _____

Claims preparation costs; automatic cover \$20,000 \$ _____

Indemnity period 6 12 18 24 months

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Theft

Contents and Stock excluding Tobacco Products \$ _____

Money

Blanket cover subject to Limits for 3) & 5) below \$ _____

Covering Money Under items 1-5 below with Money on Business Premises during Business hours and in Private Residence limited to a maximum of \$ 5,000 or the sum insured whichever is the lesser

- 1) Money in Transit
- 2) Money on Business Premises
- 3) Money on Business Premises outside Business hours
- 4) Money on Business Premises in a locked Safe or Strongroom
- 5) Money in a Private Residence

Machinery Breakdown

Limit any one Item \$10,000 \$20,000

If cover required for any Item in Excess of \$ 20,000, provide full details of each Item: _____

Electronic Equipment

Limit any one Loss \$ _____

Electronic Data and Electronic Data Media \$ _____

Increased Cost of Working \$ _____

Broadform Liability

Limit of Liability \$10,000,000 \$20,000,000

Glass

Replacement Value Yes No

Cover Standard Limit Revised Limit

- 1) Temporary Protection and shuttering \$5,000
- 2) Items Affixed to glass \$5,000
- 3) Shopfronts \$5,000
- 4) Damage to Property \$5,000
- 5) Damage to electrical signs \$5,000

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General Property Items

Description: _____ \$

Description: _____ \$

Description: _____ \$

Description: _____ \$

Employee Dishonesty

Sum Insured	\$10,000	\$20,000	Not Required
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Tax Audit

Sum Insured	\$10,000	\$20,000	Not Required
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Transit

Sum Insured	\$10,000	\$20,000	Not Required
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Employment Practices

Sum Insured	\$100,000	\$250,000	Not Required
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Statutory Practices

Sum Insured	\$250,000		Not Required
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