

# Restaurant **Liability**

Proposal Form



**Motor | Liability | Accident & Sickness**

Call **1300 650 670** or email **brokers@rynoinsurance.com.au**  
**rynoinsurance.com.au**



## IMPORTANT NOTICES

Please read these notices carefully. If you have any questions, please contact us.

### The Insurer's Agent

Ryno Insurance Services (we, us) act under a binding authority given to us by the insurer/s to arrange, issue and administer policies. Additionally, for those policies insured by certain Underwriters at Lloyd's, we also settle claims on their behalf. When acting under such authorities, we act on behalf of the insurer/s and not for you.

### Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

### If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### Reminder – your duty of disclosure

You have previously been given a notice informing you of your duty of disclosure in relation to a general insurance contract.

This is a duty to tell us about anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

### Change of your risk and/or circumstances

Advise us immediately of any change to the risk or your circumstances e.g. occupation/business activities, turnover, contractual obligations, use of subcontractors.

### Cooling-off

You are entitled to a minimum 14 day cooling-off period from the date cover commences during which you may return the policy and receive a premium refund (less amounts lawfully deducted). This is subject to legal requirements and terms and conditions of the policy. You should check your policy wording and schedule/certificate of insurance when you receive it to be sure you have the cover you need.

### Refunds and Our Remuneration

We reserve the right to retain any commission paid by the insurer or any fee paid by you in relation to any refund premium applicable to any policy transaction, other than under Cooling-off as above.

## Privacy

We are committed to protecting the privacy of the personal information you provide to us in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles. We collect your personal information to assess your application for insurance, administer your policy and pay your claim. We may need to share your information with others to decide whether to accept your policy, administer your policy and manage and pay your claims.

Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information. If you do not provide the information that we request, your insurance application may not be accepted or we may not be able to administer your policy or a claim and you may breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by phone 1300 650 670, email [privacy@rynoinsurance.com.au](mailto:privacy@rynoinsurance.com.au) or visit our website [www.rynoinsurance.com.au](http://www.rynoinsurance.com.au)

## Your satisfaction

If you have any complaints about how we handle your personal information or about our service or advice, please let us know. We have internal dispute resolution procedures in place.

As agent to insurer/s, any complaint about policies and associated service may also be handled under the relevant insurer's internal dispute resolution procedures, and the external dispute facility for insurers and consumers, the Financial Ombudsman Service. Further details can be viewed in each Product Disclosure Statement or Policy Wording and our Complaints and Disputes Policy, both located on our website. You can also call us or the insurer/s for a copy of the relevant Complaints Policy.

# Restaurant Liability Proposal Form

Please answer all questions in full. If there is insufficient space provided, please supply additional details as an attachment which will then form part of this proposal.

| PERIOD OF INSURANCE                |              |              |             |
|------------------------------------|--------------|--------------|-------------|
| From:                              | ___/___/___  | To:          | ___/___/___ |
| Both at 4.00pm Local Standard Time |              |              |             |
| LIMIT OF INDEMNITY                 |              |              |             |
| \$5,000,000                        | \$10,000,000 | \$20,000,000 | OTHER       |

| INSURED'S DETAILS                                                      |        |           |
|------------------------------------------------------------------------|--------|-----------|
| Full Insured Name:<br>(Including all trading names and legal entities) |        |           |
| ABN:                                                                   |        |           |
| Address:                                                               |        |           |
|                                                                        | State: | Postcode: |
| Phone Number:                                                          | Fax:   |           |
| Mobile:                                                                | Email: |           |
| Business Description:                                                  |        |           |
| Website Address:                                                       |        |           |
| Date Insured commenced trading:                                        |        |           |

|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Have You or any director / partner / manager of the business ever: | a) had insurance declined or cancelled? <b>Yes / No</b><br>b) had an insurer refuse or not invite renewal? <b>Yes / No</b><br>c) had any special conditions imposed on a policy of insurance? <b>Yes / No</b><br>d) had a special excess imposed on a policy of insurance? <b>Yes / No</b><br>e) had a claim rejected under a policy of insurance? <b>Yes / No</b><br>f) been declared bankrupt or put into receivership or liquidation? <b>Yes / No</b><br>g) been charged with or convicted of a criminal offence? <b>Yes / No</b><br><br>If Yes to any of the above questions, please provide complete details on a separate piece of paper |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**TURNOVER DETAILS**

| Turnover Split      | THIS YEAR       | LAST YEAR       |
|---------------------|-----------------|-----------------|
| Food Sales          | \$ _____        | \$ _____        |
| Bar / Alcohol Sales | \$ _____        | \$ _____        |
| Other (Specify)     | \$ _____        | \$ _____        |
| <b>Total</b>        | <b>\$ _____</b> | <b>\$ _____</b> |

**EMPLOYEE DETAILS**

|                     |                 |                 |
|---------------------|-----------------|-----------------|
| Number of Employees | Full Time _____ | Part Time _____ |
| Annual Payroll      | \$ _____        |                 |

**OPERATIONAL DETAILS**

|                     |                      |             |           |
|---------------------|----------------------|-------------|-----------|
| Hours of Operation: | Mon, Tues, Wed       | From: _____ | To: _____ |
|                     | Thurs, Fri, Sat, Sun | From: _____ | To: _____ |
|                     | Other                | From: _____ | To: _____ |

Licensed Capacity of Venue:

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Do You have: | <input type="checkbox"/> Happy Hour / Discounted Drinks      Frequency _____<br><input type="checkbox"/> Dance Floor      Size _____<br><input type="checkbox"/> Live Entertainment      Frequency _____<br><input type="checkbox"/> Children’s Playground / Child Minding Facilities<br><input type="checkbox"/> Security Personnel – If yes are they (Please Circle):<br><div style="display: flex; justify-content: space-around; margin-left: 40px;"> <span>Contractors</span> <span>Employees</span> </div> |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



**CONTRACTORS / SUB CONTRACTORS / LABOUR HIRE DETAILS**

Do you employ any of the following:

|                       |          |                                                                              |
|-----------------------|----------|------------------------------------------------------------------------------|
| Contractors           | Yes / No | If yes, please advise activities:<br><br>Estimated annual payments: \$ _____ |
| Sub Contractors       | Yes / No | If yes, please advise activities:<br><br>Estimated annual payments: \$ _____ |
| Labour Hire Personnel | Yes / No | If yes, please advise activities:<br><br>Estimated annual payments: \$ _____ |

If yes to any of the above, are they required to carry their own General & Products Liability and Workers Compensation Insurance? **Yes / No**

**CONTRACTUAL LIABILITY**

Have you assumed liability under any contract by way of hold harmless clauses, indemnities, waiver of subrogations or rights of recourse against any third party? **Yes / No**

If yes, please advise full details below and attach copies of all relevant contracts/agreements

**INSURANCE HISTORY**

In the past 5 years, have you ever claimed on this class of insurance before? **Yes / No**  
*Please provide details or attach separate sheet if necessary*

**Declaration**

**By signing this application form:**

**You hereby declare that:**

- You have received, read and understood the policy wording, in particular your duty of disclosure and what is excluded
- You agree to be bound by the terms and conditions
- The disclosed information is true and correct
- You have not withheld or suppressed any information concerning the details in this application
- If there is more than one insured and all have not signed this application, you are authorised to sign for and on their behalf.

You consent to the use and disclosure of your personal information for the purposes shown in the Privacy section of our Policy Wording and our Privacy Statement (available at [www.rynoinsurance.com.au](http://www.rynoinsurance.com.au)); and

You confirm that if you have disclosed personal information about any insured person or any other person you have made them or will make them aware that you have provided their personal information to us and the types of third parties we may provide it to, the relevant purposes we and third parties will use it for, and how the Insured Person or other person can access it.

**SIGNATURE**

**DATE**

**PLEASE PRINT NAME**

**POSITION HELD AT COMPANY**



East West Insurance Brokers Pty Ltd  
Trading As Ryno Insurance Services

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Coopers Plains Qld 4108

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Ref: RY.RESTL.LLO.V.010816

Follow us on :     

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